

IMMUNIZATION RECORD (TO BE COMPLETED BY THE STUDENT)

This form is required before registration

1. Please complete this form and upload through the **DOCUMENT UPLOAD** link on Student Health Services Center webpage (<https://www.york.cuny.edu/student-development/health>).
2. All documents must be legible. Please submit certified translations for all foreign language documents.
3. Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement.
4. All students registering for 6 credits or more (or its equivalent) **must also complete Part 3 - Meningococcal Vaccination Response on reverse side.**

PART 1: Student Information			
Name (please print) _____			
Last name	First name	Middle Initial	
Date of Birth	EMPL ID #	Daytime phone	Email address
____/____/____ <i>mm dd yyyy</i>	_____ - - - - -	() _____	_____
Address			

Street	Apt.#	City	State
Zip _____			

Information to Complete Immunization Requirements

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus.

ANY OF THE FOLLOWING PROOF OF IMMUNITY MAY BE SUBMITTED WITH THIS FORM:

- (1) Immunization cards from childhood (yellow card), signed and stamped **OR**
- (2) Immunization records from college, high school or other schools you attended **OR**
- (3) Immunization records from your health care provider or clinic, signed and stamped **OR**
- (4) Immunization records from the Citywide Immunization Registry online system (if born after 1994) **OR**
- (5) Lab report, titer report or serology report, showing immunity to measles, mumps and rubella **OR**
- (6) Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending receipt of the immunization records from the armed services.

If you attended a CUNY college, you may verify your immunization with your new college

PART 2: Immunization History		*PROVIDE PROOF*		
Place an "X" in the appropriate boxes and enter month, day, and year.				
A.	Measles, mumps and rubella must be live vaccine, given no more than 4 days prior to 1st birthday.	month	day	year
	MMR (measles, mumps, rubella) – if given as combined dose instead of individual vaccine.			
	<input type="checkbox"/> Dose 1: No more than 4 days prior to first birthday, AND on or after April 23, 1971 <input type="checkbox"/> Dose 2: At least 28 days after 1 st vaccine			
OR	<input type="checkbox"/> Measles (Rubeola) Dose 1: Immunized on or after Jan. 1, 1968 and first birthday AND			
	<input type="checkbox"/> Measles (Rubeola) Dose 2: Immunized at least 28 days after the first dose			
	<input type="checkbox"/> Rubella Immunized after 1969 and on or after first birthday			
	<input type="checkbox"/> Mumps Immunized after 1968 and on or after first birthday			
OR	Titer (blood test) showing positive immunity (<i>Dated lab results MUST be attached</i>)	month	day	year
	<input type="checkbox"/> Measles			
	<input type="checkbox"/> Mumps			
	<input type="checkbox"/> Rubella			

New York State Public Health Law PH 2167 requires that all college and university students, enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter complete the Meningitis form below. Use the **DOCUMENT UPLOAD** link on Student Health Services Center webpage (<https://www.york.cuny.edu/student-development/health>) to submit this form when completed.

New York State Public Health Law 2167 requires post-secondary institutions to distribute information about meningococcal disease to the students, parents or guardians of students under the age of 18 (see attached).

PART 3: Meningococcal Meningitis	To be completed by the STUDENT
Instructions: <i>Please check one box in Section A below and sign and date in Section B</i>	
A.	<p>I have (for students under the age of 18: My child has):</p> <p><input type="checkbox"/> had meningococcal immunization within the past 5 years. The <u>proof</u> of the vaccination is attached. Date vaccine received: ____/____/____ <i>mm dd yyyy</i></p> <p>[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults, aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]</p> <p><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider or York College Student Health Services Center or other health facility.</p> <p><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will <u>not</u> obtain immunization against meningococcal disease.</p>
B.	<p style="text-align: right;">TODAY'S DATE:</p> <p>_____/_____/_____ <i>mm dd yyyy</i></p> <p>_____ Student Signature or Parent Signature if student is under 18 years.</p>

How do I get more information about meningococcal disease and vaccination?

- Contact your primary care provider or your Student Health Services Center at StudHealthSvcCtr@york.cuny.edu or visit our website at: <https://www.york.cuny.edu/student-development/health> and click on Forms.

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

TO SUBMIT THIS FORM & MEDICAL DOCUMENTS

Visit:

<https://www.york.cuny.edu/student-development/health>

PART 4: For Student Health Services Staff Use Only	
Staff Initial: _____ Date: _____ 1 st Semester _____	<input type="checkbox"/> I/S <input type="checkbox"/> H/S <input type="checkbox"/> T/S <input type="checkbox"/> I/P <input type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> T/R <input type="checkbox"/> T/V <input type="checkbox"/> NOF <input type="checkbox"/> NOF <input type="checkbox"/> NA <input type="checkbox"/> Missing Parent Signature <input type="checkbox"/> Yr. Graduated _____

Meningococcal ACWY Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Meningococcal ACWY vaccine can help protect against **meningococcal disease** caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available that can help protect against serogroup B.

Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*, the bacteria that cause meningococcal disease
- People at risk because of an outbreak in their community

2 Meningococcal ACWY vaccine

Adolescents need 2 doses of a meningococcal ACWY vaccine:

- First dose: 11 or 12 year of age
- Second (booster) dose: 16 years of age

In addition to routine vaccination for adolescents, meningococcal ACWY vaccine is also recommended for **certain groups of people:**

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a type of drug called a complement inhibitor, such as eculizumab (also called Soliris®) or ravulizumab (also called Ultomiris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in residence halls
- U.S. military recruits

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of meningococcal ACWY vaccine**, or has any **severe, life-threatening allergies.**

In some cases, your health care provider may decide to postpone meningococcal ACWY vaccination to a future visit.

Not much is known about the risks of this vaccine for a pregnant woman or breastfeeding mother. However, pregnancy or breastfeeding are not reasons to avoid meningococcal ACWY vaccination. A pregnant or breastfeeding woman should be vaccinated if otherwise indicated.



People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting meningococcal ACWY vaccine.

Your health care provider can give you more information.

4 Risks of a vaccine reaction

- Redness or soreness where the shot is given can happen after meningococcal ACWY vaccine.
- A small percentage of people who receive meningococcal ACWY vaccine experience muscle or joint pains.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's www.cdc.gov/vaccines

