Dear Student:

Congratulations! We would like to welcome you as a new member of the Le Moyne College community and give you some very important information related to your admission to the college.

We would like to call your attention to the following critical items:

- Le Moyne College requires all students to provide proof of immunization, regardless of number of credit hours. Our **Immunization Report** and the **Meningitis Response Form** must be submitted and approved 3 weeks before the start of your classes.

- This policy is based on New York State Public Health Law Sections 2165 and 2167 that requires proof of specific immunizations for all students who are enrolled in 6 credit hours or more.

- If the required **Immunization Report** and the **Meningitis Response Form** are not received by Le Moyne College by the 3 weeks before the start of your classes the student will incur a **$100 non-refundable fine** that will be placed on their account.

- New York State law requires the college to de-register all students taking 6 or more credit hours who are not in compliance with the regulation. Students will be unable to attend classes until the report is received and approved.

- Lastly, students who are not in compliance will also have a “hold” placed on their account, and they will be unable to register for the upcoming semester.

- The original **Immunization Report** and the **Meningitis Response Form** may be returned in person or by mail. No faxed will be accepted. Both forms can also be found at: www.lemoyne.edu/wellness.

We believe that good health is the foundation of a good education. Ideally, all of our students should have a health insurance policy. If you do not currently have health coverage, Le Moyne College offers a Student Health Insurance policy through Haylor, Freyer & Coon, Inc. that is reasonably priced. More information on the insurance can be found at: www.haylor-college.com/lemoyne or by calling 1-800-289-1501.

If you have questions regarding the **Immunization Report** and/or the **Meningitis Response Form**, please contact M. Kathleen Adams, RN, BS at 315-445-4440 or healthservices@lemoyne.edu

The health and safety of our students is very important to us, and compliance with these Le Moyne policies helps insure the health of our community. We appreciate your full cooperation with these requirements.

Sincerely,

M. Kathleen Adams, RN, BSN
Nurse Manager
CONTINUING EDUCATION and GRADUATE STUDENT (non-Nursing)
IMMUNIZATION AND HEALTH REPORT

Name: _______________________________ Date of Birth: __________________

Address: __________________________________________________________________

Telephone Home: _____________________________ Work: __________________________

Program:

_____ Adult Education   _____ Graduate Education   _____ MBA   _____ Adult Undergrad

New York State and Le Moyne College require that all students must comply with Public Health Law Sections 2165 and 2167. **Persons born on or after 1/1/1957** must complete the requirement for Measles, Mumps, Rubella. **All students** must complete the Meningitis Response Form or show documented proof of vaccine. All vaccines must have been given on or after the first birthday.

1. Meningitis Vaccine (ACWY) (Required by the State within the last 5 years):
   Circle One: Menactra  Menveo  Menomune  #1___/___/___
   OR
   Meningitis B, Trumenba , Bexsero  #1_____  #2 _____ OR  Sign the enclosed Meningitis waiver

   **AND**

2. MMR 2 doses required: 1. ____________ 2. __________
   OR
   Measles – 2 doses 1. ____________ 2. __________ or Titer __________
   Mumps – 1 dose 1. ____________ or Titer __________
   Rubella – 1 dose 1. ____________ or Titer __________

Titer reports must be positive and must include a copy of the lab report.

Health Care Provider must sign:

Health Care Provider Signature: ___________________________ Printed Name: ___________________________

Address: __________________________________________________________________

Phone Number: ___________________________ Date: ___________________________
* THIS FORM MUST COMPLETED BY ALL STUDENTS * MENINGITIS WAIVER RESPONSE FORM

New York State requires that you be informed about meningococcal illness and why it is dangerous. Briefly, it is a bacterial infection that is potentially life-threatening. It often begins with symptoms that can be mistaken for flu, but unlike more common infections it can get worse very rapidly and can cause death in as little as 24 – 48 hours. It can also cause permanent disabilities such as amputations, scarring, hearing loss and brain damage. It is spread from person to person by droplets that are released by coughing or sharing eating utensils, or kissing. While anyone can get this disease, college students living in residence halls are at modestly increased risk for meningitis and may wish to consider vaccination. While the vaccine does not eliminate the risk of meningococcal illness, it is very effective in protecting against 4 of the strains of bacteria including the strain most commonly found on college campuses. More information including our meningitis policy is found on Le Moyne College Health Services website (www.lemoyne.edu/wellness), and can also be found at the CDC website (www.cdc.org) or at the American College Health Association website (www.acha.org). You can also speak with your physician regarding this important decision.

New York State Public Health Law requires that all college students complete and return this form to Le Moyne College Health Services. All students must complete this form and have it on file in the Student Health Services office by **August 1st for the fall semester and by January 15th for the spring semester.** Students will be held out of class and will not be able to register for any further classes until compliance is achieved.

Check the statement and sign below.

I have:

____ read, or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis.

Signed: _______________________________ Date: ________________

(Parent or Guardian if student is a minor)

Print Student’s Name: _______________________________ Date of Birth: ________________