

IMMUNIZATION RECORD
Le Moyne College
Wellness Center for Health and Counseling
Health Services
1419 Salt Springs Road
Syracuse, NY 13214
Office: 315-445-4440 Fax: 315-445-4714

Name: _____ Date of Birth: _____

Address: _____

Telephone Home: _____ Work: _____

Social Security or College ID number: _____

Program:

____ Adult Education ____ Graduate ____ MBA ____ Nursing ____ 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 01/01/1957** 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.

Meningitis Vaccine: Date: _____ Please circle one: Menomune or Menactra

MMR 2 doses required: 1. _____ 2. _____

OR

Measles – 2 doses 1. _____ 2. _____ or Titer _____

Mumps – 2 doses 1. _____ 2. _____ or Titer _____

Rubella – 1 dose 1. _____ or Titer _____

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

Physician, health care provider or school official must sign:

Physician Printed Name: _____

Physician Signature: _____

Physician Address: _____

Physician Phone Number: _____

Date: _____

MUST BE COMPLETED AND SUBMITTED

Le Moyne College Wellness Center for Health and Counseling Health Services

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State requires that you be informed about meningococcal disease 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 disease, 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 Wellness Center for Health and Counseling, Health Services Website (www.lemoyne.edu), and can also be found at the CDC website (www.cdc.org) or at the American College Health Association website (www.acha.org). You also can speak with your physician regarding this important decision.

New York State Public Health Law requires that all college students complete and return the following form to Le Moyne College Health Services. **All students** must complete this form and have it on file in the Le Moyne College Health Services Office within 30 days of the beginning of the semester. Students will be held out of class and will not be able to register for any further classes until compliance is achieved.

Check One: My Child Has (for students under the age of 18) **OR**
 I Have

Check one statement and sign below:

had the meningitis vaccine (meningococcal polysaccharide serogroups A/ C/Y/ W135) within the past 10 years **and I am providing the documentation, from a doctor or school.**

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

Signature: _____ Date: _____
(Parent/Guardian if Student is a Minor)

Print Student's Name: _____

Student's Date of Birth: _____

Student's Social Security Number: _____