PROOF OF IMMUNIZATIONS MUST BE SUBMITTED PRIOR TO BEGINNING CLASSES

A copy of an official record (such as a high school record or military record) may be submitted in lieu of completing this section. A titer proving immunity for each is an acceptable alternative to receiving the immunizations. A copy of the result is required. Please attach to this form.

**MEASLES, MUMPS & RUBELLA (MMR) REQUIRED:** New York State Public Health Law requires that ALL students attending college, taking 6 or more credit hours, provide proof of immunity to Measles, Mumps and Rubella. Two doses are needed. Must be given after 01/01/1969 and ON or AFTER the first birthday and must be at least 28 days apart. If you were born prior to January 1, 1957, you are exempt from this immunization requirement, but must complete the rest of the requirements.

<table>
<thead>
<tr>
<th>MMR (Combined) OR</th>
<th>MMR (Separate) OR</th>
<th>Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 <em><strong>/</strong></em>/_____</td>
<td>Measles #1 <em><strong>/</strong></em>/____</td>
<td>Measles <em><strong>/</strong></em>/___ Result ___</td>
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<tr>
<td>#2 <em><strong>/</strong></em>/_____</td>
<td>Measles #2 <em><strong>/</strong></em>/____</td>
<td>Mumps <em><strong>/</strong></em>/___ Result ___</td>
</tr>
<tr>
<td></td>
<td>Mumps <em><strong>/</strong></em>/___</td>
<td>Rubella <em><strong>/</strong></em>/___ Result ___</td>
</tr>
</tbody>
</table>

**MENINGITIS VACCINE OR WAIVER (ATTACHED) REQUIRED:** (Needs to be within the last 5 years)

Date of last vaccine: ___/___/____

**COVID-19 REQUIRED:** (If you will have a physical presence on campus-please provide evidence of, at minimum, the initial course of COVID Vaccinations)

COVID Vaccine: Manufacturer ____________ COVID Booster: Manufacturer ____________
Dose #1 ___/___/____  Date ___/___/____
Dose #2 ___/___/____

**Tb MANTOUX (ONLY REQUIRED for International Students and Students enrolled in the PTA, Early Childhood, and Childhood Education Programs)**

Date: ___/___/____  Chest x-ray (if Mantoux is positive)
Result _____ (in mm)  Date ___/___/____
Result ______________

**OTHER VACCINATIONS RECEIVED (OPTIONAL):**

- Hepatitis B Vaccine: Dose #1 ___/___/____
  - Dose #2 ___/___/____
  - Dose #3 ___/___/____
- Hepatitis A Vaccine: Dose #1 ___/___/____
  - Dose #2 ___/___/____
- TD Booster or TDap: Dose #1 ___/___/____
  - (Circle which) Dose#2 ___/___/____

**RETURN FORM TO:***
Herkimer College
State University of New York
Dean of Students Office
100 Reservoir Road
Herkimer, NY 13350

FAX: 315.866.1808
E-mail: DeanofStudents@Herkimer.edu
Questions? Call 315.574.4009

(Revised 06.24.22)
Meningococcal (Meningitis) Vaccination Response Form

MENINGITIS VACCINATION OR WAIVER REQUIRED:

New York State Public Health Law makes it mandatory that ALL college students taking 6 or more credits on campus receive information about Meningitis Disease and provide a record of receiving the Meningitis Vaccine within the past 5 years OR sign a waiver declining the vaccine.

Check one box and sign below:

I have (for students under the age of 18: My child has):

- had meningococcal meningitis immunization within the past 5 years. *(The vaccine record is attached).*

  Date of Vaccination: ____/____/____

If refusing the meningococcal vaccine:

- I have read, or had explained to me, the information attached, regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine and I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease.

Student’s Signature _______________________________ Date: ____/____/____

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State University of New York
Dean of Students Office
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Herkimer, NY 13350

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The State University of New York  
Meningococcal Meningitis Fact Sheet

**What Is Meningococcal Meningitis?** Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters or outbreaks are rare in the United States.

**How Is The Germ Meningococcus Spread?** Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with bacteria that causes meningococcal disease, data also indicated certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case and travelers to endemic areas of the world are also at increased risk.

**What Are The Symptoms?** The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally fatal.

**How Soon Do The Symptoms Appear?** The symptoms may appear two to 10 days after exposure but usually within five days.

**What Is The Treatment For Meningococcal Disease?** Antibiotics, such as Penicillin G or Ceftriaxone, can be used to treat people with meningococcal disease.

**Should People Who Have Been In Contact With A Diagnosed Case Of Meningococcal Meningitis Be Treated?** Only people who have been in close contact (household member, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventative treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either Rifampin, Ciprofloxacin or Ceftriaxone) from their physician. Casual contact that might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

**Is There A Vaccine To Prevent Meningococcal Meningitis?** Presently, there is a vaccine that will protect against some of the strains of meningococcus. It is recommended in outbreak situations and for those traveling to areas of the world where high rates of the disease are known to occur. For some college students, such as freshmen living in dormitories, there is a modestly increased risk, of meningococcal disease, students and parents should be educated about meningococcal disease and the availability of a safe and effective vaccine.

**How Effective Is The Vaccine?** The meningococcal vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has shown to be 85-100% effective in serogroups A and C in older children and adults.

**Is The Vaccine Safe?** Are there Adverse Side Effects to the Vaccine? The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

**What Is The Duration Of Protection?** The duration of the meningococcal vaccine’s efficacy is approximately three to five years.