

| Last            |      |      |           |  |
|-----------------|------|------|-----------|--|
| First:          |      |      | MI:       |  |
| Date of Birth:  | 1    | /    |           |  |
| Student ID/SS#: |      |      |           |  |
| П Residential П | Comm | uter | □ Athlete |  |

#### PROOF OF IMMUNIZATIONS MUST BE SUBMITTED PRIOR TO BEGINNING CLASSES

A copy of an official record (such as a high school record) MUST 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. Students who have not submitted proof of immunity by the 30<sup>th</sup> day of the semester will be excluded from classes.

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.

| MMR (Combined)          | OR            |                       | MMR (Separate)      | OR  | Tite       | r                |             |
|-------------------------|---------------|-----------------------|---------------------|---|------------|------------------|-------------|
| #1 / /                  |               | Measles               | #1 <u>/ /</u>       | Measle  | es/_       | /                | _ Result    |
| #2 / /                  |               | Measles               | #2 <u>/ /</u>       | Mumps   | s <u>/</u> | /                | Result      |
|                         |               | Mumps                 | //                  | Rubella   | a <u>/</u> | /                | Result      |
|                         |               | Rubella               |                     |   |            |                  |             |
| MENINGITIS VACCIN       | E OR WAIV     | ER (ATTA              | CHED) <u>REQUIR</u> | ED FOR ALL ON-CAMP                              | US STUDEN  | <u>rs</u> : (Red | ords        |
| must be dated within th | ne last 5 yea | rs)                   |                     |   |            |                  |             |
| Date of last vaccine: _ | /             | _/                    | Dose #2/_           | / Dose #3 _                                     | /          | /                | _           |
|                         |               |                       |                     | IBERCULOSIS SCREE<br>ond 'yes' to any of the so |            |                  | IG REQUIRED |
| Date: /                 | /             |                       | Chest x-ray (if Ma  | antoux is positive)                             |            |                  |             |
| Date:/<br>Result(       | in mm)        |                       | Date/               |   |            |                  |             |
|                         | ,             |                       | Result              |   |            |                  |             |
| OTHER VACCINATION       | IS RECEIVE    | n <mark>(OPTIO</mark> | <u>ΝΔΙ</u> ):       |   |            |                  |             |
| STILLIC VACCINATION     | IO RECEIVE    | ( <u>01 110</u>       | ).                  |   |            |                  |             |
| Hepatitis B Vaccine:    | Dose #1       | /                     |                     | TD Booster or TDap:                             | Dose #1 _  | /                | /           |
|                         | Dose #2       | /                     | /                   | (Circle which)                                  | Dose#2     | /                | /           |
|                         |               |                       |                     |   |            |                  |             |
|                         | Dose #3       | /                     |                     | ,   |            |                  |             |
| Hepatitis A Vaccine:    |               |                       |                     | Varicella Vaccine:                              | Dose #1    | /                | /           |

### 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



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| Student ID/SS#: |       |      |         |    |
| □ Residential □ | Commi | ıter | □ Athle | te |

## 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.

| Stud | dent's Signature  | Date:            | <u> </u> |        |
|------|---|------------------|----------|--------|
| ;    | ☐ I have read, or had explained to me, the inform meningococcal meningitis disease. I understand the risks and I have decided that I (my child) will not obtain immunizameningitis disease. | of not receiving | ng the v | accine |
|      |   |                  |          |        |

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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.

# **TUBERCULOSIS SCREENING**

### THIS FORM IS REQUIRED FOR ALL STUDENTS

| Last name                                | First name  | Middle                  | Birth date:           | 1     | /    |
|--|---|-------------------------|-----------------------|-------|------|
|  |   |                         | Month                 | n Day | Year |
| or traveled in any o<br>If yes, where?   | of countries on the back of this of these countries for a period g? |                         |                       | Yes   | No   |
| Have you had HIV<br>disorder?            | infection or AIDS, diabetes,  | leukemia, lymphoma, o   | r a chronic immune    | Yes   | No   |
| Have you ever live<br>sick with TB?      | d with or been in close contac                                      | et to a person known or | suspected of being    | Yes   | No   |
| [18] [18] [18] [18] [18] [18] [18] [18]  | esident, volunteer, or employe<br>long-term care facilities, and    |                         | te settings (ex. cor- | Yes   | No   |
| Have you ever been income, or using d    | n a member of any of the follorugs and alcohol?                     | owing groups: medically | y underserved, low-   | Yes   | No   |
| Have you been a v<br>risk for active TB? | olunteer or health care worker                                      | who served clients wh   | o are at increased    | Yes   | No   |
| Signature                                |   | Date                    |                       |       |      |

If you answered YES to any of the above questions, Herkimer College requires that you receive TB testing prior to the start of your first enrolled term.

If the answer to all the above questions is NO, no further testing is required.

Please email completed forms to DeanofStudents@herkimer.edu or submit in-person in the Classroom Administration Building, office suite 264.



## **High Burden TB Country List 2025**

## (Countries with TB incidence rates of ≥ 20/100,000 population)

## Data obtained from 2024 WHO Global Tuberculosis Report and reflects 2023 data

| Country  | Country                             | Country                          | Country                            |
|--|-------------------------------------|----------------------------------|------------------------------------|
| Afghanistan  | Dominican Republic                  | Maldives                         | Singapore                          |
| Algeria  | Ecuador                             | Mali                             | Solomon Islands                    |
| Angola   | El Salvador                         | Marshall Islands                 | Somalia                            |
| Anguilla   | Equatorial Guinea                   | Mauritania                       | South Africa                       |
| Argentina  | Eritrea                             | Mexico                           | South Sudan                        |
| Armenia  | Eswatini                            | Micronesia (Federated States of) | Sri Lanka                          |
| Azerbaijan   | Ethiopia                            | Mongolia                         | Sudan                              |
| Bangladesh   | Fiji                                | Morocco                          | Suriname                           |
| Belarus  | Gabon                               | Mozambique                       | Tajikistan                         |
| Belize   | Gambia                              | Myanmar                          | Thailand                           |
| Benin  | Georgia                             | Namibia                          | Timor-Leste                        |
| Bhutan   | Ghana                               | Nauru                            | Togo                               |
| Bolivia  | Greenland                           | Nepal                            | Trinidad and Tobago                |
| Bosnia and Herzegovina   | Guam                                | Nicaragua                        | Tunisia                            |
| Botswana   | Guatemala                           | Niger                            | Turkmenistan                       |
| Brazil   | Guinea                              | Nigeria                          | Tuvalu                             |
| Brunei Darussalam  | Guinea-Bissau                       | Niue                             | Uganda                             |
| Burkina Faso   | Guyana                              | Northern Mariana Islands         | Ukraine                            |
| Burundi  | Haiti                               | Pakistan                         | United Republic of Tanzania        |
| Cabo Verde   | Honduras                            | Palau                            | Uruguay                            |
| Cambodia   | India                               | Panama                           | Uzbekistan                         |
| Cameroon   | Indonesia                           | Papua New Guinea                 | Vanuatu                            |
| Central African Republic   | Iraq                                | Paraguay                         | Venezuela (Bolivarian Republic of) |
| Chad   | Kazakhstan                          | Peru                             | Vietnam                            |
| China  | Kenya                               | Philippines                      | Yemen                              |
| China, Hong Kong SAR   | Kiribati                            | Qatar                            | Zambia                             |
| China, Macao SAR   | Kyrgyzstan                          | Republic of Korea                | Zimbabwe                           |
| Colombia   | Lao People's Democratic<br>Republic | Republic of Moldova              |                                    |
| Comoros  | Lesotho                             | Romania                          |                                    |
| Congo  | Liberia                             | Russian Federation               |                                    |
| Cook Islands   | Libya                               | Rwanda                           |                                    |
| Côte d'Ivoire  | Lithuania                           | Sao Tome and Principe            |                                    |
| Democratic People's Republic of Korea Democratic Republic of the | Madagascar                          | Senegal                          |                                    |
| Congo  | Malawi                              | Seychelles                       |                                    |
| Djibouti   | Malaysia                            | Sierra Leone                     |                                    |

Persons from these countries should be screened for TB and TB infection. Persons from countries not found on this list should only be tested if symptomatic or if they have risk factors.