

Immunization records are required prior to registration.
 Please complete this form and return it to 307 North Building or fax it to **212.650.3254**.
If any portion of this document is illegible, it will not be processed.

Part 1: Student Information *To be completed by the student.*

name of student:
 Please print. _____ last name first name m.i.

date of birth **social security number** **daytime phone #** **email address**

____/____/____ _____ () _____ _____

mm / dd / yyyy

Part 2: Meningococcal Meningitis *To be completed by the student.*

Instructions to the student: *Please check one box only, and sign and date Part 2, Section B.*

A. I have read the attached information, and I received the vaccine on: ____/____/____
 mm / dd / yyyy

I have read the attached information, and I **will not** receive the vaccine.

B. _____
 student's signature ____/____/____
 mm / dd / yyyy

Part 3: Immunization History *To be completed by a health care provider.*

Instructions to the health care provider: *All dates must include month, day and year. Please mark an (X) in the appropriate boxes.*

MMR (measles, mumps, rubella) – if given as a combined dose instead of individual immunizations		month	day	year
A.	<input type="checkbox"/> Dose 1: Immunized after 1 year of age and after 1972			
	<input type="checkbox"/> Dose 2: Immunized after 1972 and at 5 years of age or older			
OR	<input type="checkbox"/> measles Dose 1: Immunized on or after 1 Jan 68 or after first birthday AND			
	<input type="checkbox"/> measles Dose 2: Immunized at least 28-30 days after the first dose			
	<input type="checkbox"/> rubella Immunized with vaccine on or after 1 year of age			
	<input type="checkbox"/> mumps Immunized with live vaccine after 1 year of age and after 1969			
OR	titre (blood test) showing positive immunity (<i>Dated lab results must be attached.</i>)	month	day	year
	<input type="checkbox"/> measles			
	<input type="checkbox"/> rubella			
	<input type="checkbox"/> mumps			

B. **medical waiver:** *Please provide a statement from your physician on his/her stationery with stamp and signature.*
 If one or more of the required immunizations may be detrimental to the student's health or are otherwise medically contraindicated, the vaccine requirements shall be waived until such immunizations are determined to no longer be detrimental. A health care provider's written statement specifying which immunizations are detrimental and when, if ever, the vaccines can be administered to the student must accompany this completed form.

C. **health care provider information:** *Instructions to the health care provider (physician or other): Include official stamp.*

name: _____ **address:** _____

signature: _____ **telephone:** () _____

Part 4 *To be completed by a member of the Hunter College Health Services Staff.*

I certify that the above information is a complete and accurate transfer of the student's immunization history, as provided by the health care provider.

name: _____ **signature:** _____

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Office of Health Services

695 Park Avenue
307 North Building
New York, NY 10021
212.772.4800

www.hunter.cuny.edu

Measles, Mumps and Rubella

As of the Spring of 1990, Hunter College has required that **all** students comply with New York State's Public Health Law #2165. This law requires that college students born **on or after January 1, 1957**, present proof of immunizations or laboratory results indicating immunity against measles, mumps and rubella. Proof of age must be submitted for those students born prior to 1957.

Exemptions

Documentation of medical contraindications, provided by a physician.

Meningococcal Disease

As of August 15, 2003, Hunter College requires that all students comply with New York State Public Health Law (NYS PHL) #2167. This law requires institutions, including colleges and universities, to distribute information about meningococcal disease to all students meeting the enrollment criteria, whether they live on or off campus.

Hunter College, CUNY, is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian. This must include information on the availability and cost of meningococcal meningitis vaccine (Menomune™).

and either

- A record of meningococcal meningitis immunization within the past 10 years.

or

- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column, as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 3,000 lives. Between 100 and 125 meningitis cases occur on college campuses, and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States, types A, C, Y, and W-135. These types account for nearly two-thirds of meningitis cases among college students. Vaccines are available from a primary care physician or visit the CDC Travel Clinic web site for clinics offering the meningitis vaccine. The cost of the vaccine is approximately \$75.00.

To learn more about meningitis, the vaccine, and other immunizations for college students, please contact the Office of Health Services at Hunter College and/or consult a physician. Information about the disease is also available at the web sites of the New York State Department of Health, www.health.state.ny.us; The Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo; and the American College Health Association (ACHA), www.acha.org.