PROCEDURES
This form (Form A) or a signed and/or stamped official immunization record must be submitted to Health Services at or prior to registration. New York State Public Health Law requires that all students born on or after January 1, 1957 who wish to enroll in a New York State college have evidence of protection against measles, mumps, and rubella. Persons born before January 1, 1957, are exempt from this requirement.

A. M.M.R. (Measles, Mumps, Rubella) (Two doses required.)
1. Dose 1: given no sooner than 4 days prior to first birthday .......................................................... Date / / 
2. Dose 2: given at least 28 days after first dose ............................................................................ Date / / 

- OR IF INDIVIDUAL VACCINES GIVEN -

B. Measles (Rubella)
1. Dose 1: Immunized with LIVE measles vaccine after 1/1/68, and not sooner than 4 days prior to first birthday .......................................................... Date / / 
2. Dose 2: Immunized with LIVE measles vaccine at least 28 days after first dose ...................... Date / / 
   -or-
3. Measles antibody titer (IGG) Titer Date / / Result........................................ (attach lab report)
   - or-
4. Date of physician diagnosed measles disease .......... / / and signature of diagnosing Physician

C. Rubella
1. Immunized with LIVE Rubella vaccine after 1/1/69, not sooner than 4 days prior to 1st birthday. Date / / 
   -or-
2. Rubella antibody titer (IGG) Titer Date / / Result........................................ (attach lab report)

D. Mumps
1. Immunized with LIVE Mumps vaccine after 1/1/69, not sooner than 4 days prior to 1st birthday. Date / / 
   -or-
2. Mumps antibody titer (IGG) Titer Date / / Result........................................ (attach lab report)
   -or-
3. Date of physician diagnosed mumps disease .......... / / and signature of diagnosing Physician

HEALTH CARE PROVIDER ........................................................................................................ (signature or stamp required)

Name _______________________________________________________________
Address ___________________________________________________________________
Phone (____) __________________________ Date _________________________
ATTENTION ALL STUDENTS

On July 22, 2003 Governor Pataki signed a piece of legislation that has a direct impact on your attendance at Orange County Community College. Therefore, your immediate attention to this matter is urgent. If you have not yet completed the Meningitis Information Response Form, you must complete this requirement as soon as possible, but no later than 30 days after the start of the semester.

The new law requires all colleges and universities in New York State to provide students with information about Meningitis disease, and the availability of the meningitis vaccine (Menomune). Students are required to complete a Meningitis Information Response Form indicating they have either received the vaccine in the past 10 years, or that they have read the information and have chosen not to receive the vaccine.

After reading the Meningococcal Disease Information, printed on the reverse side, please complete the Meningitis Information Response Form below and return it to the campus Health Services Office. If you have any questions about this requirement please visit the Health Services office located on the 2nd floor of the College Commons or call 341-4870.

MENINGITIS INFORMATION RESPONSE FORM

All students enrolled for six or more credits must complete this form and return it to Health Services. For those wishing to receive the vaccine it is available through your private health care provider, or by appointment only from the Department of Health in Goshen. Cost ranges from $75 to $100. Call 291-2369 to schedule an appointment with the Department of Health.

Please note that according to NYS Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply. For extension contact Health Services.

Check one box and sign below.

I have (for students under 18, my child has):

- [ ] had the meningococcal meningitis immunization Menomune  □ or Menactra □ within the past ten years.
  Date received: ____________________________

- [ ] 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 (my child) will not obtain immunization against meningococcal meningitis disease.

Signed ___________________________________________ Date ___________________

Student Signature (Parent/Guardian if student is under 18)

Student’s Name __________________________________ Date of Birth ____/____/____

Please Print

Student’s Address __________________________________ Student ID# ______________

_________________________________________________________ Phone ___________________