



STUDENT IMMUNIZATION RECORD

Semester: **FALL:** _____
SPRING: _____
SUMMER: _____

RETURN IMMUNIZATION FORM TO:

SUNY Orange WELLNESS Center 115 South St., Middletown, NY 10940
P: (845) 341-4870 F(845) 341-4872

Please **PRINT** or **TYPE** all information

NAME: _____		
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS: _____		
STREET	CITY	ZIP
DATE OF BIRTH: _____	ID Number: A _____	HOME PHONE: _____
		CELL PHONE: _____

NYS Public Health law states that all students must meet the following immunization requirements

MENINGITIS RESPONSE (COMPLETE BY STUDENT/PARENT FOR MINOR) (Vaccine is optional, but a response is required)

Check appropriate box and sign below

I have/my child has:

☐ **had** the meningococcal meningitis immunization within the past 10 years.

DATE RECEIVED: _____ (attach Medical Documentation)

☐ read, or had explained to me, the information (*see reverse side*) 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 Meningitis disease at this time.

SIGNED: _____ DATE _____

To be completed by Health Care Professional (MD, PA, NP, RN)

IMMUNIZATION/DISEASE	DOSE #1 Date	Dose #2 Date	Dose #3 Date	Disease History (Medically Documented)	Titer Date	Titer Result* Attach ALL Laboratory Results
REQUIRED: MMR (Measles, Mumps, Rubella) 2 Doses required <u>ON</u> or <u>AFTER</u> 12 months of age. The second MMR vaccine must be 30 days after the first vaccine. MMR requirement is only for those born on or after 01/01/57. After 1/1/68 – vaccines must be “LIVE”						
OR				Disease Date:	MD Signature:	
MEASLES (<i>Rubeola</i>) 2 Doses REQUIRED						
				Disease Date:	MD Signature:	
MUMPS 1 Dose REQUIRED						
				Disease Date:	MD Signature:	
RUBELLA (<i>German Measles</i>) 1 Dose REQUIRED						
ADDITIONAL RECOMMENDED IMMUNIZATIONS						
TD (<i>within last 10 years</i>)						
TDap (<i>within last 10 years</i>)						
HEPATITIS “B” – required 3 doses for all students or attach lab report showing evidence of immunity (<i>Hep.B Antibody</i>)						
				Disease Date:	MD Signature:	
VARICELLA (Chickenpox) or (Varicella Titer-attach a copy of lab report) <i>Recommended if you are not immune</i>						

*All equivocal results require an additional vaccine.

Provider Name (printed): _____

PROVIDER STAMP:

Provider Signature: _____

Phone Number: _____

Date: _____

For Office Use Only

Ent'd _____ NC ___ NP ___ NN ___

Letter Sent _____

Action needed _____

Reviewer _____



Orange County Community College
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 of cases 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 the bacteria that causes meningococcal disease, data also indicates 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 members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact as 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 freshman 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 to 100 percent 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 Menomune meningococcal vaccine is approximately three to five years. The Menactra vaccine may last up to ten years. The duration of protection from the Menveo vaccine, introduced in 2010, is not known.

COST AND AVAILABILITY –Vaccine cost is \$75 to \$110, and is available from your health care provider or the Department of Health. Call 291-2369 to schedule an appointment with the Department of Health.