

Alfred University Health Services

19 Park Street, Alfred, NY 14802 Phone: (607) 871-2400

OFF CAMPUS/CITE/HIGH SCHOOL/ SUMMER SCHOOL PART-TIME STUDENT

HEALTH FORMS CHECK LIST

- Read through entire Immunization Form
- Placed **Banner Student ID** number on Immunization Form.
- MENINGITIS RESPONSE**(Section A or B) completed.
Student signature required for Part A or Part B. (parent, if under 18)
IMMUNIZATION FORM (completed) with health care provider signature. This may be signed by any person authorized by law to administer an immunization.
- All STUDENTS** must comply with Immunization requirements set forth by New York State law. Failure to do so may result in the inability to register for classes or create additional costs to you as a student.

*If you plan to submit proof of immunity by using measles, mumps or rubella titers rather than using vaccination records, you **MUST** submit actual laboratory results including reference range and the results **MUST** verify immunity.*

- COMPLETED FORMS** returned on: _____
Date

**PLEASE DO NOT RETURN THIS CHECKLIST TO AU HEALTH SERVICES
KEEP FOR YOUR REFERENCE.**

NOTE: To assure your form is received by the Health Services, please mail it directly to:

Alfred University Wellness Center
Health Services
Attention: Health Forms
19 Park Street
Alfred, NY 14802

For information on meningococcal vaccines, visit:
<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>

**OFF CAMPUS/ HIGH SCHOOL/CITE/SUMMER SCHOOL/PART TIME
STUDENT IMMUNIZATION FORM**

This is the only official accepted form

ALL STUDENTS REGARDLESS OF AGE OR CREDIT HOURS MUST COMPLETE TOP SECTION

Name: _____ Banner ID #: _____ Date of Birth: _____
Phone Number where student can be reached _____ Email: _____

A. **Meningitis Vaccination:** Date Received: _____ Check One: Menactra™ Menomune™ Menveo
(Recommended not required) **Student Signature (Parent, if under 18):** _____ Date: _____

OR

B. If Meningitis Vaccine not received **complete** the following:

MENINGOCOCCAL MENINGITIS VACCINATION ACKNOWLEDGEMENT

Please read the enclosed information regarding Meningococcal Disease and the availability of a vaccination against this disease. This vaccination is available can be obtained through special order for administration by AU Health Services.

Check one box and sign below:

I have 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. I understand that although I have declined the vaccine at this time, I have the right to request the vaccine at any time in the future.

Student Signature (Parent, if under 18): _____ Date: _____

C. **For those born after January 1, 1957**, the following must be completed **and** signed by your healthcare provider to document compliance with New York State Public Health Law 2165. The form must have the month, day, and year typed or printed in the English language. **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.**

Measles (Rubeola): Two live doses of measles are required. First dose must be given no more than 4 days prior to student's first birthday and the second dose must be given after fifteen months of age and at least twenty eight (28) days after the first dose.

MMR: (Combined measles, mumps, rubella): #1 _____ #2 _____
(Month/Day/Year) (Month/Day/Year)

OR

Date of first live dose of measles given: #1 _____
(Month/Day/Year)

Date of second live dose of measles given: #2 _____
(Month/Day/Year)

OR

Date of positive measles titer: **(Copy of actual laboratory report including reference range must be attached.)**

Mumps: One live mumps dose is required and must be given after the first birthday.

Date of live mumps vaccination given: #1 _____
(Month/Day/Year)

OR

Date of positive mumps titer: **(Copy of actual laboratory report including reference range must be attached.)**

Rubella (German Measles): One live rubella dose is required and must be given after the first birthday.

Date of live rubella vaccination given: #1 _____
(Month/Day/Year)

OR

Date of positive rubella titer: **(Copy of actual laboratory report including reference range must be attached.)**

Healthcare Provider Signature: _____ **(Required)** Date: _____
(Must be licensed to provide vaccines: RN, NP, PA, or MD)

Mailing Address: _____ Phone: _____ Fax: _____

*Completed form must be received before the student can register for classes.