

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.

MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of **bacterial meningitis** in children 2 through 18 years old in the United States. Meningitis is an infection of the fluid surrounding the brain and spinal cord.

Meningococcal disease also causes blood infections.

About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who survive, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age.

This dose is normally given during the routine pre-adolescent immunization visit (at 11-12 years). But those who did not get the vaccine during this visit should get it at the earliest opportunity.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups. MPSV4 can be used if MCV4 is not available and for adults over 55.

How Many Doses?

People 2 years of age and older should get 1 dose. Sometimes a second dose is recommended for people who remain at high risk. Ask your provider.

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

4

Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your provider if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your provider. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their provider before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

5

What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A serious nervous system disorder called **Guillain-Barré Syndrome** (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

6

What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever, weakness, or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not provide medical advice.

7

The National Vaccine Injury Compensation Program

A federal program exists to help pay for the care of anyone who has had a rare serious reaction to a vaccine.

For information about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit their website at www.hrsa.gov/vaccinecompensation.

8

How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)**
 - Visit CDC's National Immunization Program website at www.cdc.gov/vaccines
 - Visit CDC's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers' Health website at wwwn.cdc.gov/travel



<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>