

**STUDENT HEALTH FORMS FOR ALFRED UNIVERSITY CITE STUDENTS: IMPORTANT INFORMATION!**

**PLEASE READ THE FOLLOWING HEALTH FORM REQUIREMENTS. NON-COMPLIANCE WILL RESULT IN A HOLD ON YOUR ACCOUNT, PREVENTING YOU FROM REGISTERING FOR CLASSES AND RECEIVING ANY ACADEMIC CREDIT.**

**Measles, Mumps, Rubella:** (NOT required if you were born BEFORE January 1, 1957)

- NYS Public Health Law #2165 requires that we receive written documentation of measles, mumps, and rubella vaccination or immunity. This can be achieved by one of the following:
  - Documentation of vaccination of measles (2 doses), mumps (1 dose), and rubella (1 dose). Vaccinations may be given individually or collectively as the MMR. OR,
  - Documentation of titers that demonstrate immunity. This is a blood test that measures antibodies you have for measles, mumps, and rubella. If immunity is NOT demonstrated with titers, you must be vaccinated as is outlined above.
- Documentation for measles, mumps, and rubella vaccinations MUST be signed by your primary care provider. A copy of your vaccination record with your name on it will be accepted. If titers are submitted, a copy of the actual documentation from the performing laboratory is required. Alternatively, if you have attended another secondary institution and have records indicating compliance with this requirement, we will accept a copy of this as proof.

**Meningitis:**

- Alfred University requires one of the following:
  - Proof of a meningitis vaccination within the last five years. OR,
  - Signed form (see below) indicating that you are making an informed decision to decline receiving a meningitis vaccine at this time.

**MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM**

Please read the enclosed information regarding Meningococcal disease and the availability of a preventative vaccine. Note that NYS Public Health Law 2167 requires you to complete the following section in the absence of vaccination.

***If you have chosen to decline the Meningitis vaccine, please check the box below and sign on the line indicated.***

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: \_\_\_\_\_

Student Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Banner ID \_\_\_\_\_

If you have received the Meningitis vaccine, this MUST have been within the last five years and documentation must be provided, using the guidelines outlined above for proof of vaccination.

**ONCE COMPLIANCE IS MET WITH THE ABOVE TWO REQUIREMENTS, YOUR HEALTH SERVICES HOLD WILL BE REMOVED. THERE ARE NO EXCEPTIONS, AS WE ARE STRICTLY FOLLOWING NYS LAWS AND ALFRED UNIVERSITY POLICIES. PLEASE ALLOW YOURSELF ADEQUATE TIME TO COMPLETE THESE REQUIREMENTS SO YOU CAN REGISTER FOR CLASSES.**

**PLEASE SUBMIT ALL DOCUMENTATION VIA MAIL, EMAIL, OR FAX (INFORMATION IN LETTERHEAD ABOVE)**

**(NOTE: Email is not a confidential means of communication)**

**IMMUNIZATION FORM:** Please complete the following form and have it signed by your primary care provider; OR submit a complete immunization record.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Banner ID \_\_\_\_\_

**Measles, Mumps, Rubella:** Must document either dates of vaccinations or proof of immunity (titers).

- **Measles (Rubeola):** Two live doses of measles are required. The first dose must be given after the first birthday and the second dose must be given after fifteen months of age and at least thirty (30) days after the first dose.
- **Mumps:** One mumps dose is required and must be given after the first birthday.
- **Rubella (German Measles):** One rubella dose is required and must be given after the first birthday.

*Please document date received (M/D/Y):*

MMR: (Combined measles, mumps, rubella) 1: \_\_\_\_\_ 2: \_\_\_\_\_

OR Measles vaccine: 1: \_\_\_\_\_ 2: \_\_\_\_\_

Mumps vaccine: \_\_\_\_\_ Rubella vaccine: \_\_\_\_\_

OR **Positive** titers for measles, mumps, and rubella: ***(Copy of result from performing laboratory with reference range for each antibody must be attached)***

**Meningitis Vaccination:** Within 5 years (Recommended, not required, please sign acknowledgement if declined)

*Please document date received (M/D/Y): (second line included for booster if first dose prior to age 16 years)*

1: \_\_\_\_\_ Circle one: Menactra<sup>TM</sup> Menomune<sup>TM</sup> Menveo<sup>TM</sup>  
2: \_\_\_\_\_ Circle one: Menactra<sup>TM</sup> Menomune<sup>TM</sup> Menveo<sup>TM</sup>

**Hepatitis B:** (Recommended, not required)

*Please document date received (M/D/Y):*

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

**Hepatitis A:** (Recommended, not required)

*Please document date received (M/D/Y):*

1: \_\_\_\_\_ 2: \_\_\_\_\_

**Varicella:** (Recommended without other evidence of immunity)

*Please document date received (M/D/Y):*

1: \_\_\_\_\_ 2: \_\_\_\_\_ OR Date of Disease: \_\_\_\_\_

**Tdap/Td:** (Within 10 yrs) \_\_\_\_\_ **HPV Vaccines:** 1: \_\_\_\_\_, 2: \_\_\_\_\_, 3: \_\_\_\_\_

**Polio:** (Date series was completed) \_\_\_\_\_

**Healthcare Provider Signature: (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Please provide stamp/contact information)

# Alfred University Wellness Center

## Health Services

Dear Student/Parent

As the Health Services director at Alfred University, I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, to distribute information about meningococcal disease and the available vaccine to all students meeting the enrollment criteria, whether they live on or off campus.

Alfred University is required to maintain a record of the following for each student:

- A record of meningococcal immunization within the past 5 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal immunization signed by the student or student's parent or guardian (if < 18 yrs. of age).

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illnesses such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacterium that causes meningococcal disease even before they know they are sick. There have been several outbreaks of meningococcal disease at college campuses across the United States.

*The single best way to prevent meningococcal disease is to be vaccinated.* The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States. The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16<sup>th</sup> birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider.

All private insurance plans not grandfathered under the Affordable Care Act are required to cover the cost of MenACWY and MenB vaccines. Contact your health insurance plan to determine whether it covers MenACWY and MenB vaccines. The federal Vaccines for Children (VFC) and NYS Vaccines for Adults (VFA) programs will cover both MenACWY and MenB vaccines for children and adults who have no health insurance or whose health insurance does not cover these vaccines, as well as for children less than 19 years of age who are American Indian or Alaska Native or eligible for Medicaid or Child Health Plus.

While Alfred University Health Services does not offer meningococcal vaccines, we can assist in a referral to the Allegany County Health Department Immunization Clinic who does offer them or consult your primary care physician.

On the Health History Form, complete the meningococcal vaccination response form only if you decide not to receive the vaccine prior to arrival on campus.

To learn more about meningococcal disease and the vaccine, please feel free to contact our health service and/or consult your physician. You can also find information about the disease on the Centers for Disease Control and Prevention website at [www.cdc.gov/meningococcal/](http://www.cdc.gov/meningococcal/).

Sincerely,

Susan Hendee, NP  
Assistant Director of Wellness Center