



**NEW YORK CITY  
COLLEGE OF TECHNOLOGY**

THE CITY UNIVERSITY OF NEW YORK

300 JAY STREET, GENERAL BUILDING ROOM 414 • BROOKLYN, NY 11201-1909  
718.260.5910 • Fax 718.254.8549

**Immunization Record**

*Immunization records are required prior to registration.*

**Submit via CUNY's [Student Document Upload](#) in CUNYfirst Student Self-Service (Document Class: Health Services).**

**You must email [WellnessCenter@citytech.cuny.edu](mailto:WellnessCenter@citytech.cuny.edu) when you upload your documents. Failure to email the office will result in your document not being processed.**

**Note: All students must complete Part 1 and Part 3 (Meningococcal Vaccination Response).**

Part 1: Student Information (Please Print)			Date of Birth	Age
Name: _____			____/____/____	____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>		
Empl ID #	Daytime Telephone #	Evening Telephone #	E mail Address	
_____	( ) _____ - _____	( ) _____ - _____	_____	

**MEASLES, MUMPS & RUBELLA REQUIREMENT**

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at a CUNY campus.

**Acceptable Documentation** (*Students are responsible for obtaining an official translation of foreign records prior to submission.*)

- Immunization records can be obtained from a public health department immunization information system. Students born after 1994 who were immunized in the five boroughs of New York City can check the Citywide Immunization Registry for their records by calling 3 11.
- Original signed and stamped childhood immunization card (yellow card).
- Signed and stamped immunization record from your high school, college, employer or other institutions you attended.
- Signed and stamped immunization record from your health care provider or clinic.
- Dated positive blood test lab result (known as a titer or serology) with reference ranges showing immunity to measles, mumps and rubella.

**Waivers/Exemptions**

- Religious:** Submit a written statement of sincere and genuine religious belief that prohibits immunization.
- Medical:** Submit documentation from a health care provider indicating medical reason for and length of the contraindication.
- Veterans:** Proof of honorable discharge (Form DD214) from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services. Immunization records must be submitted within one year of the waiver date.

Part 2: Immunization History (Submit the documents indicated above or have Part A and B completed by a health care provider.)						
<b>Measles, Mumps and Rubella must be a live vaccine given no more than 4 days prior to the first birthday.</b>						
<i>Instructions: Check the appropriate box below and include the vaccination date. (All dates must include the month, day and year.) Sign and stamp where indicated.</i>						
A.	MMR ( <i>Measles, Mumps, Rubella</i> ) – If given as a combined dose instead of individual vaccines.			Month	Day	Year
	<input type="checkbox"/> <b>Dose 1:</b> Immunized after April 22, 1971 and no more than 4 days prior to the first birthday.					
	<input type="checkbox"/> <b>Dose 2:</b> Immunized at least 28 days after the first vaccine.					
OR	<b>Individual Vaccines</b>			Month	Day	Year
	<input type="checkbox"/> <b>Measles (Rubeola) Dose 1:</b> Immunized after March 21, 1963 and no more than 4 days prior to the first birthday. <i>Note: For vaccines administered prior to 1968 the record must indicate that the measles vaccine was live.</i>					
	<input type="checkbox"/> <b>Measles (Rubeola) Dose 2:</b> Immunized at least 28 days after the first dose.					
	<input type="checkbox"/> <b>Mumps:</b> Immunized after December 28, 1967 and no more than 4 days prior to the first birthday.					
	<input type="checkbox"/> <b>Rubella:</b> Immunized after 1969 and no more than 4 days prior to the first birthday.					
OR	<b>Positive IgG Titer</b> (blood test) showing immunity. ( <i>Dated lab results with reference ranges MUST be attached</i> )			Month	Day	Year
	<input type="checkbox"/> Measles					
	<input type="checkbox"/> Mumps					
	<input type="checkbox"/> Rubella					
<b>B. Health Care Provider Information (Office Stamp Required)</b>						
B.	Name: _____		Address: _____			
	Signature: _____		License #: _____	Phone #: (____) _____ - _____		



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**Part 3: Meningococcal Vaccination Response**

**To be completed by the student or parent/guardian.**

**Instructions:**

- (1) Please read the attached Meningococcal Disease Fact Sheet.
- (2) Check only one box in Section A.
- (3) Sign and date Section B. *If you are under 18 years old, Part B must be signed by your parent/guardian.*

I have (for students under the age of 18: My child has):

- had the meningococcal immunization within the past 5 years. (**You must attach the vaccine record.**)

*Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.*

- read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease **within 30 days** from my private health care provider.
- read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) **will not** obtain immunization against meningococcal disease.

A.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Student Signature* MM DD YYYY

B.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Parent/Guardian Signature (if student is under 18 years old.)* MM DD YYYY

**Additional information about meningococcal disease and vaccination is available on the following websites:**

- [www.health.state.ny.us](http://www.health.state.ny.us) (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- [www.acha.org](http://www.acha.org) (American College Health Association)

**For Official Use Only**

Received: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (\_\_\_\_)  
MM DD YYYY Staff Initials

Entered: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (\_\_\_\_)  
MM DD YYYY Staff Initials

# Meningococcal Disease

## What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become infected, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen or have sickle cell disease
- Being treated with the medication Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

## What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

## How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

## Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

## What are the complications?

Ten to fifteen percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss

- Brain damage
- Kidney damage
- Limb amputations

### **What should I do if I or someone I love is exposed?**

If you are in close contact with a person with meningococcal disease, talk with your healthcare provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

### **What is the best way to prevent meningococcal disease?**

**The single best way to prevent this disease is to be vaccinated.** Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y, also known as MenACWY or MCV4 vaccine. The first dose is given at 11 to 12 years of age, and the second dose (booster) at 16 years.
  - It is very important that teens receive the booster dose at age 16 years in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Teens and young adults can also be vaccinated against the “B” strain, also known as MenB vaccine. Talk to your healthcare provider about whether they recommend vaccine against the “B” strain.
- Others who should receive meningococcal vaccines include:
  - Infants, children and adults with certain medical conditions
  - People exposed during an outbreak
  - Travelers to the “meningitis belt” of sub-Saharan Africa
  - Military recruits
- Please speak with your healthcare provider if you may be at increased risk.

### **Who should not be vaccinated?**

Some people should not get meningococcal vaccine or they should wait.

- Tell your doctor if you have any severe allergies. Anyone who has ever had a severe allergic reaction to a previous dose of meningococcal vaccine should not get another dose of the vaccine.
- Anyone who has a severe allergy to any component in the vaccine should not get the vaccine.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they are better. People with a mild illness can usually get the vaccine.

### **What are the meningococcal vaccine requirements for school attendance?**

- For grades 7 through 9 in school year 2018-19: one dose of MenACWY vaccine. With each new school year, this requirement will move up a grade until students in grades 7 through 11 will all be required to have one dose of MenACWY vaccine to attend school.
  - 2019-20: grades 7, 8, 9, and 10
  - 2020-21 and later years: grades 7, 8, 9, 10, and 11
- For grade 12: two doses of MenACWY vaccine
  - The second dose needs to be given on or after the 16<sup>th</sup> birthday.
  - Teens who received their first dose on or after their 16<sup>th</sup> birthday do not need another dose.

**Additional Resources:**

- [Meningococcal Disease – Centers for Disease Control and Prevention \(CDC\)](#)
- [Meningococcal Vaccination – CDC](#)
- [Meningococcal ACIP Vaccine Recommendations](#)
- [Travel and Meningococcal Disease](#)
- [Information about Vaccine-Preventable Diseases](#)