

CANISIUS COLLEGE STUDENT HEALTH CENTER IMMUNIZATION FORM

Part time undergraduate and all graduate students taking 6 or more credits are required by New York State Public Health Laws 2165 and 2167 to complete this form. Return form to Canisius College Student Health Center, 2001 Main Street, Buffalo, New York 14208 FAX: (716) 888-3217 PHONE: (716) 888-2610. www.canisus.edu/student_health

Name _____ Student ID # _____ Date of Birth: ____/____/____
M D Y

Address: _____
street city state zip

Social Security # _____

Phone No.: (____) _____ E-mail address: _____ Cell phone No: (____) _____

Emergency Contact name _____ Address _____ Phone No (____) _____

PART I MEASLES, MUMPS, RUBELLA- HEALTH CARE PROVIDER TO COMPLETE

- Dates of two doses of live measles vaccine after first birthday and 30 days apart or positive titer or health care provider documentation of disease, and
- Date of one dose of live mumps vaccine after first birthday or positive titer or health care provider documentation of disease, and
- Date of one dose of rubella vaccine after first birthday or positive titer.

Please note that students born before 1957 are exempted from the measles, mumps and rubella requirement

Vaccination (Record: Month/Day/Year)

MMR vaccination (measles, mumps, rubella) Dose #1: ____/____/____ Dose #2: ____/____/____
M D Y M D Y

Live Measles vaccination Dose #1: ____/____/____ Dose #2: ____/____/____
M D Y M D Y

Live Mumps vaccination Dose #1: ____/____/____
M D Y

Rubella vaccination Dose #1: ____/____/____
M D Y

Titer Results (Record: Month/Day/Year)

Measles Date of titer ____/____/____	Interpretation	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune
Mumps Date of titer ____/____/____	Interpretation	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune
Rubella Date of titer ____/____/____	Interpretation	<input type="checkbox"/> Immune	<input type="checkbox"/> Non-immune

Disease Dates (Record: Month/Day/Year)

Measles Disease Date ____/____/____

Mumps Disease Date ____/____/____

I attest to the accuracy of this information

Signature health care provider _____ Health care provider printed name _____ Date _____

Address _____ City _____ State _____ Zip _____
(____)

Telephone No. _____

Part II MENINGITIS – STUDENT TO COMPLETE AND SIGN

Part II requires all students, regardless of year of birth, to read the information provided on the back of this form about meningococcal disease and either provide date of vaccine in the past 10 years or select the box refusing the vaccination. This section must be signed by the student or if a minor by the parent or guardian

Select one box: (Record: Month/Day/Year)

Quadrivalent polysaccharide vaccine (Menomune™) Date _____

Quadrivalent conjugate vaccine (Menactra™, Menveo™) Date _____

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.

Signature of Student or Parent/Guardian if a minor _____ Date _____

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Communicable Disease Control

Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had the disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

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, daycare center playmates, etc.) need to be considered for preventative 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?

There are three vaccines available for the prevention of meningitis. The preferred vaccine for people ages 2-55 years is Meningococcal conjugate vaccine (MCV4). This vaccine is licensed as Menactra (sanofi Pasteur) and Menveo (Novartis). Meningococcal polysaccharide vaccine (MPSV4; Menomune [sanofi Pasteur]), should be used for adults 56 and older. The vaccines are 85 to 100 percent effective in preventing the four kinds of meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease. Is the vaccine safe? Are there adverse side effects to the vaccine?

The three vaccines available to prevent meningococcal meningitis are safe and effective. However, the vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is routinely recommended for all adolescents ages 11-12 years, all unvaccinated adolescents 13-18 years and persons 19-21 years who are enrolling in college. The vaccine is also recommended for people ages 2 years and older who have had their spleen removed or have other chronic illnesses, as well as some laboratory workers and travelers to endemic areas of the world.

Who needs a booster dose of meningococcal vaccine?

CDC recommends that children age 11 or 12 years be routinely vaccinated with Menactra or Menveo and receive a booster dose at age 16 years. Adolescents who receive the first dose at age 13-15 years should receive a one-time booster dose, preferable at ages 16-18 years. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors.

All people who remain at highest risk for meningococcal infection should receive additional booster doses. If the person is age 56 years or older, they should receive Menomune.

How do I get more information about meningococcal disease and vaccination?

Contact your physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, <http://www.health.state.ny.us/>; the Centers for Disease Control and Prevention, <http://www.cdc.gov/DiseasesConditions/>; and the American College Health Association <http://www.acha.org.au/info/general/Home/get/0/0/>.