

**CANISIUS COLLEGE STUDENT HEALTH CENTER IMMUNIZATION FORM
COMPLETE PART I AND II**

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 (____) _____

Students taking 6 or more credits are required by New York State Public Health Laws 2165 and 2167 to complete **Part I** and **Part II**. Return form to Canisius College Student Health Center, 2001 Main Street, Buffalo, New York 14208, or FAX to (716) 888-3217. For information about the immunizations, visit our web site at www.canisius.edu/student_health.

PART I MEASLES, MUMPS, RUBELLA

Part I must be signed and dated by your health care provider and provide:

- 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 ____/____/____

Live Measles vaccination Dose #1: ____/____/____ Dose #2 ____/____/____

Live Mumps vaccination Dose #1: ____/____/____

Rubella vaccination Dose #1: ____/____/____

Titer Results

Measles Date of titer ____/____/____ Interpretation Immune Non-immune

Mumps Date of titer ____/____/____ Interpretation Immune Non-immune

Rubella Date of titer ____/____/____ Interpretation Immune Non-immune

Disease Dates

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

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:

Quadrivalent polysaccharide vaccine (Menomune™) Date _____

Quadrivalent conjugate vaccine (Menactra™) 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

Information for College Students and Parents of Children at Residential Schools and Overnight Camps

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).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as a result of infection. Currently, no data are available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% 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.

How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

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

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.