SUNY Broome Community College

Student Health Services
P.O. Box 1017, Binghamton, NY 13902
Phone: 1-607-778-5210 Fax: 1-607-778-5530

Certificate of Immunization

Last Name: First Name:

Date of Birth (Month/Day/Year): Student ID Number (B Number):

By New York State (NYS) law, any students born on or after January 1, 1957, attending a public college or university, and registered for six (6) or more credits with any credits on campus ("on campus" is defined by NYS as traditional, blended, and hyflex classes; clinicals; and classes held at affiliated sites), must submit proof of immunizations/immunity for Measles, Mumps, Rubella (MMR) and for Meningococcal/Meningitis. SUNY Broome must have on file:

For Measles, Mumps, and Rubella (MMR) one (1) of the following:

- Proof of two (2) MMR (combined Measles, Mumps, Rubella) vaccinations given at least 28 days apart and after your first birthday. Students who are in process of obtaining their MMR vaccinations have 28 days from the first dose until the second dose is due. Students missing the 2nd dose will be excluded until compliant.
- Proof of individual vaccinations for Measles (2 vaccinations given at least 28 days apart), Mumps (1 vaccination), and Rubella (1 vaccination) given after your first birthday.
- TITER blood lab results showing antibody levels (numbers must be included on the lab results) indicating immunity to all three diseases.

For Meningococcal/Meningitis one (1) of the following:

- Proof of one (1) vaccination received within the last 5 years.
- A completed and signed Meningococcal Meningitis Vaccination Response/Waiver form (page 2 of this form). If you fill the form out electronically, it must contain an electronic signature.

Submit this form by: **Fax:** 1-607-778-5530. **Email:** healthservices@sunybroome.edu. **In Person:** Student Health Services, The Commons, Room 102. **Postal Mail:** SUNY Broome, Student Health Services, P.O. Box 1017, Binghamton, NY 13902.

Proof must be submitted by the first day of first semester. Failure to comply with NY State Public law could result in holds placed on student accounts and deregistration. Students are responsible for any fines incurred for non-compliance and any financial obligations for deregistration. For further information or questions, visit sunybroome.edu/immunization or contact Student Health Services.

<table>
<tr><th colspan="6">Immunization Record Must Be Submitted By All Students Born On Or After January 1, 1957</th></tr>
<tr><td>IMMUNIZATION</td><td colspan="2">DATE VACCINE GIVEN (Month/Day/Year)</td><td></td><td></td><td></td></tr>
<tr><td>MMR (Combined 2 Doses or TITER Results)</td><td>MMR - Dose 1</td><td>MMR - Dose 2</td><td>TITER Date (Enter Below)</td><td>TITER Level (Enter Below)</td><td></td></tr>
<tr><td colspan="3">List Individual Vaccines Below</td><td colspan="3">List Individual TITER Results and Dates Below</td></tr>
<tr><td>Measles (2 Doses)</td><td>Measles - Dose 1</td><td>Measles - Dose 2</td><td></td><td></td><td rowspan="4">History of individual disease or diseases is not acceptable</td></tr>
<tr><td>Mumps (1 Dose)</td><td colspan="2"></td><td></td><td></td></tr>
<tr><td>Rubella (1 Dose)</td><td colspan="2"></td><td></td><td></td></tr>
<tr><td>Meningococcal/Meningitis</td><td></td><td></td><td colspan="2">Meningococcal/Meningitis vaccination must have been received within 5 years</td></tr>
</table>

I certify that the above is complete and accurate to the best of my knowledge.

Signature of Official: Name of Official (Print):

Official's Office (Print): Phone Number:

The above table must be filled out and signed by a medical or school/college/university official.

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Meningococcal Meningitis Vaccination Response/Waiver

Last Name: First Name:

Date of Birth (Month/Day/Year): Student ID Number (B Number):

By New York State (NYS) law, any students born on or after January 1, 1957, attending a public college or university, and registered for six (6) or more credits with any credits on campus ("on campus" is defined by NYS as traditional, blended, and hyflex classes; clinicals; and classes held at affiliated sites) must submit proof of immunization/immunity for Meningococcal Meningitis. SUNY Broome must have on file one (1) of the following:

- Proof of one (1) vaccination received within the last 5 years.
- A completed and signed Meningococcal Meningitis Vaccination Response/Waiver form (this page of form). If you fill the form out electronically, it must contain an electronic signature.

PLEASE CHECK ONE OF THE OPTIONS BELOW. INVALID IF BOTH OPTIONS ARE CHECKED.

☐ I have read, or had explained to me, the information below regarding Meningococcal Meningitis disease. I understand the risks of not receiving the vaccine. I (my child) will not obtain immunization against the Meningococcal/Meningitis disease. I understand that I (my child) may choose to seek vaccination in the future with community providers and will be responsible for the cost of the vaccination.

☐ I (my child) had the Meningococcal/Meningitis vaccine within the last 5 years. I have provided separate documented proof as it was not provided on reverse (page 1).

Signature: Date:

(Parent or guardian must sign if student is under the age of 18 years. Must have electronic signature if filled out electronically.)

Meningococcal Meningitis Fact Sheet

Please refer to https://www.health.ny.gov/publications/2168/ for more information about Meningococcal/Meningitis

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

What are the symptoms?
Symptoms appear suddenly – usually three (3) to four (4) days after a person is infected. It can take up to ten (10) days to develop symptoms. Symptoms of meningococcal meningitis may include:

- Fever, headache, stiff neck, nausea, vomiting, photophobia (eyes being more sensitive to light), altered mental status (confusion)

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.

Is there treatment?
Early diagnosis of meningococcal disease is very important. If it is caught early, it can be treated with antibiotics. However, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems.

What should I do if I or someone I know 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 six (6) weeks of age and older. Various vaccines offer protection against the five (5) major strains of bacteria that cause meningococcal disease:

- All preteens and 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; 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. Consult provider.