New York State Public Health Law 2165 requires that all full-time, part-time, on and off-campus students born on or after January 1, 1957 demonstrate proof of immunity to Measles, Mumps and Rubella. Students born prior to that date are considered immune by age and are exempt.

Students must be in compliance within 30 days (45 days for out-of-state students) of the first day of the first term in which they enroll at Elmira College. Students who fail to be in compliance by the deadline will be dismissed by the College. In conjunction, grades and course credit will be withheld. There is a fee of $50 for reregistration once the requirement has been met.

**PROOF OF IMMUNITY**
- Physician documented proof of disease (Measles & Mumps) or positive titer results (Measles, Mumps & Rubella)
- Proof of immunizations received on or after your first birthday consisting of:
  - Two doses of Measles
  - One dose of Mumps
  - One dose of Rubella

**ACCEPTABLE FORMS OF DOCUMENTATION**
- Elmira College Immunization Record form completed and signed by health care provider (see reverse side)
- Official elementary, high school or college health record
  - Students who attended school in the Elmira City School District may contact the district, 607-735-3000.
- Other official documentation — for example, immunization card from a health clinic or childhood records bearing dates and doctor’s signature

**ATTENTION:** Submit the above at or before registration. If your record is not complete, you may need to obtain immunizations in order to be in compliance by the deadline.

**WHERE TO OBTAIN IMMUNIZATIONS**
- Your health care provider or your private physician
- Free-of-charge from county health department clinics; for example, Chemung County Health Department
  - Chemung County Infirmary
  - Washington & East Water Streets, Elmira
  - 1st and 3rd Tuesday of each month, 1-3 p.m.; 4th Tuesday of each month, 6:30-8:30 p.m.

**EXEMPTIONS**
- Medical exemptions with acceptable documentation. **Note:** Medical exemptions must be renewed annually.
- Religious exemptions with acceptable documentation. **Note:** Religious exemptions must be renewed annually.

Please note: In the event of an outbreak on campus, students with exemptions will not be permitted to attend class.

Submit all records and address your inquiries to:
Office of Continuing Education & Graduate Studies
One Park Place
Elmira, New York 14901
Phone: 607-735-1825 or 800-354-4720 • Fax: 607-735-1150
I. Measles Mumps Rubella (MMR)
All Students born after January 1, 1957 must demonstrate immunity to Measles, Mumps, and Rubella. Both Dose I and II are required by New York State Public Health Law 2165, unless the individual disease can be documented or positive blood test (titer) results are obtained. See the reverse side of this form for more information on acceptable forms of documentation, where to obtain immunizations, and exemptions. Please include month, day, and year where possible.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Dose I Date*</th>
<th>Dose II Date**</th>
<th>Positive Titer Date</th>
<th>Had Disease Date</th>
<th>Exemption Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Dose I - Must be at least 12 months after birth.  
**Dose II - Minimum of 30 days (preferably 90 days) after Dose I.

II. Meningococcal Meningitis Vaccine (Please choose Option A or Option B)
New York State Public Health Law 2167 mandates that all students read the attached information about meningitis and complete either option A or Option B below.

☐ OPTION A
I have had the meningococcal meningitis immunization.  
Official Documentation or Health Care Provider’s Signature is Required.

Date ____________________

☐ Menomune TM (MPSV4)  or  ☐ MenactraTM (MCV4)

☐ OPTION B
I have read or have had explained the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine, and have decided not to obtain the vaccine.

Student Signature ____________________  (Parent or legal guardian if student is a minor)

Date ____________________  No additional documentation is required.
1. What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States.

Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections. About 1,000 - 2,600 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10-15% of these people die. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories, and teenagers 15-19 have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

2. Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (MCV4) was licensed in 2005. It is the preferred vaccine for people 2 through 55 years of age.
- Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. It may be used if MCV4 is not available, and is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn’t get the vaccine.

Both vaccines work well, and protect about 90% of people who get them. MCV4 is expected to give better, longer-lasting protection. MCV4 should also be better at preventing the disease from spreading from person to person.

3. Who should get meningococcal vaccine and when?

A dose of MCV4 is recommended for children and adolescents 11 through 18 years of age.

This dose is normally given during the routine preadolescent immunization visit (at 11 to 12 years of age). But those who did not get the vaccine during this visit should get it at the earliest opportunity.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.
- MCV4 is the preferred vaccine for people 2 through 55 years of age in these risk groups.
- MPSV4 can be used if MCV4 is not available and for adults over 55 years of age.

How Many Doses?

People 2 years of age and older should get 1 dose. Sometimes an additional dose is recommended for people who remain at high risk. Ask your provider.

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

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

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

Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting MCV4.

Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.

Meningococcal vaccines may be given at the same time as other vaccines.

5. What are the risks from meningococcal vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems
As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given. If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems
• Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

• A serious nervous system disorder called Guillain-Barré Syndrome (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Even if it is, the risk is very small.

6. What if there is a moderate or severe reaction?

What should I look for?
Any unusual conditions, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would most likely be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. If a high fever or seizure were to occur, it would usually be within a week after the shot.

What should I do?
• Call a doctor or get the person to a doctor right away.

• Tell your doctor what happened, the date and time it happened, and when the vaccination was given.

• Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967. VAERS does not provide medical advice.

7. The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit the program’s website at www.hrsa.gov/vaccinecompensation.

8. How can I learn more?

• Ask your health care provider. They can give you the vaccine package insert or suggest other sources of information.

• Call your local or state health department’s immunization program.

• Contact the Centers for Disease Control and Prevention (CDC):
  – Call 1-800-232-4636 (1-800-CDC-INFO)
  – Visit the CDC’s website at www.cdc.gov/vaccines
  – Visit CDC’s meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseasinfo/meningococcal_g.htm
  – Visit CDC’s Travelers’ Health website at www.cdc.gov/travel