



TOURO COLLEGE & UNIVERSITY SYSTEM REGISTRAR'S OFFICE

Immunization Form

This form is to be completed by all students born on or after January 1, 1957.

Personal Information (To be completed by the student)

Name _____ / _____ / _____
First Last Middle (complete) Date of Birth

Social Security Number _____ Touro I.D. (if any) _____ Prog/Ext _____

Mailing address

Number and Street _____ Apartment # _____ City _____ State _____ Zip/Postal Code _____

Day Phone (_____) _____ Evening Phone (_____) _____

Check at least one of the statements below.

- Vaccination Record below is complete for each disease. I have no acceptable alternate record or exemptions to submit.
- Alternate records are attached for each disease.
- Medical Exemption on reverse is complete for each vaccination for which I claim medical examination.
- Religious exemption is attached for all diseases.

Signature _____ Date _____ / _____ / _____

Vaccination record (To be completed by the health practitioner)

	Measles	Rubella	Mumps	or Combined MMR
Vaccination Date				
Dose 1	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Does 2	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Disease history <small>(Date of Onset)</small>	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Serology Date and Results <small>(Indicate + or -) Include copy of lab report</small>	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Scheduled Date for Dose 2	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____

Important Note About Revaccination:

Measles—If administered prior to 1968 and not specified as “live” and/or if student was less than 12 months of age for first dose and/or less than 15 months of age for second dose, vaccination must be repeated. Indicate date for follow-up. Mumps and Rubella—If vaccination was given prior to 1969 and/or if patient was less than 12 months of age, vaccination must be repeated.

I certify that the above information is correct. (Must be signed by health practitioner)

Signature _____ Name / Title _____ Date _____ / _____ / _____

Clinic _____ Address _____ Phone _____ (_____) _____



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Exemptions

Students registered exclusively in courses coded as online are exempt.

Medical Exemption from Immunization (To be completed by the health practitioner)

I certify that it is medically contraindicated for the above named person to be vaccinated for the disease(s) indicated below because of the stated medical reasons. (Reason and expiration date—or state if permanent—required for each disease.)

Check disease(s)—indicate medical reason(s) for contraindication

Valid through date

Measles — _____ / /

Mumps — _____ / /

Rubella — _____ / /

Must be signed by health practitioner to be acceptable.

_____	_____	_____ / ____ / ____
<i>Signature</i>	<i>Name/Title</i>	<i>Date</i>
_____	_____	(_____) _____
<i>Clinic</i>	<i>Address</i>	<i>Phone</i>

Religious Exemption from Immunization

You must provide the college with a signed statement that describes in sufficient detail that your beliefs are

1. religious in nature, not philosophical and
2. your beliefs are sincerely and genuinely held.

Statements must include the name of the religious affiliation.



TOURO COLLEGE & UNIVERSITY SYSTEM OFFICE OF THE REGISTRAR

Meningitis Response Form

In accordance with New York State Public Health Law, Touro College requires that all students complete and return this form to the College Registrar's Office.

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 result of infection. Currently, no data is 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 2 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 MenB shots (called Trumenba or Bexsero) cover meningococcal serogroup B. 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 web sites 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.

Check one box and sign below.

I have:

- had the meningococcal meningitis ACWY immunization within the last 5 years OR a complete 2 or 3 dose series of MenB (students choosing this option must provide a vaccine record attesting to this statement at the time of submission)
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from the submittal of this form.
- 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 will **not** obtain immunization against meningococcal meningitis disease.

Student's Signature (Parent/Guardian if student is under 18) _____/_____/_____
Date

Print Student's Name _____/_____/_____
Student's Date of Birth

Student's E-mail Address _____
Student's ID or Social Security #

Student's Mailing Address Number and Street Apartment City

State Zip (_____) _____
Student's Phone Number