

# Suffolk County Community College

## Attention Students:

### Important Immunization Requirements

Affecting Your Registration and Enrollment at SCCC

Below please find important information regarding immunizations that are required by the New York State Public Health Law. Note that failure to comply with these requirements will jeopardize your enrollment at Suffolk County Community College.

#### **Measles, Mumps, Rubella (MMR)**

In accordance with NYS Public Health Law Section 2165, all students enrolled for at least six (6) semester hours, or the equivalent, at Suffolk County Community College, who were born on or after January 1, 1957, are required to provide acceptable written proof of immunity against measles, mumps, and rubella in accordance with standards approved by the New York State Department of Health. **Note that you will not be permitted to register for classes unless you have submitted the required information.**

Proof of immunity consists of a **Certificate of Immunization** (see enclosed) signed and stamped by a physician or health care provider which documents measles, mumps, and rubella immunity. This form (or other form containing equivalent information such as high school or college health records) must be completed and submitted to the campus Health Services Office before you can register for classes. You should also retain a copy for your future use. In addition, proof of an honorable discharge from the armed services within 10 years from the date of application to Suffolk shall also qualify as a certificate enabling a student to attend classes pending actual receipt of immunization records from the armed services.

**Note that New York State law requires two doses of measles immunization. If your records show only one measles immunization, you will not be in full compliance.** Please note the additional requirements for measles immunization on the Certificate of Immunization. Information regarding free MMR immunizations is available from the Suffolk County Department of Health Services (631) 854-0333.

A student may receive a permanent or temporary exemption from student immunization requirements if a licensed physician, physician's assistant, or nurse practitioner certifies in writing that the student has a health condition which is a valid contraindication to receiving a specific vaccine. In addition, a student may be exempt from vaccination if, in the opinion of the College, such student holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Students seeking a religious exemption must submit a written statement to the Associate Dean of Student Services on their home campus in support of their request. The College may require supporting documentation. Contact the Health Services Office for specific instructions and requirements before applying for either a medical or religious exemption.

#### **Meningococcal Meningitis**

In accordance with NYS Public Health Law Section 2167, all students enrolled for at least six (6) semester hours, or the equivalent, at SCCC, are **required to submit a Health History and Meningitis Acknowledgment Form indicating that they have either** have received the meningococcal meningitis vaccination within the past 10 years, **or** have received information about meningococcal meningitis disease and vaccination, and have made an informed decision not to obtain immunization against the disease. **All students who have received the vaccine must submit appropriate documentation of the vaccination.** **Note that you will not be permitted to register for classes unless you have submitted the required information.**

**To ensure compliance with this requirement, you must return the enclosed Health History and Meningitis Acknowledgement Form to the Health Services Office on your home campuses.** Note: this deadline may be extended for the first 30 days of classes if you can show a good faith effort to comply.

**To avoid problems with your registration and enrollment, The Certificate of Immunization and Health History and Meningitis Acknowledgement Form must be completed and returned to the Health Services Office on your home campus as soon as possible.**

#### **Ammerman Campus**

Suffolk County Community College  
Health Services Office  
Portable Building in front of Kreiling Hall  
533 College Road  
Selden, NY 11784  
(631) 451-4047, fax: (631) 451-4874  
[healthserv-ammr@sunysuffolk.edu](mailto:healthserv-ammr@sunysuffolk.edu)

#### **Eastern Campus**

Suffolk County Community College  
Health Services Office  
Peconic Building, Room P115  
121 Speonk-Riverhead Road  
Riverhead, NY 11901  
(631) 548-2510, fax: (631) 548-3540  
[healthserv-east@sunysuffolk.edu](mailto:healthserv-east@sunysuffolk.edu)

#### **Michael J. Grant Campus**

Suffolk County Community College  
Health Services Office  
Captree Commons, Room 105  
Crooked Hill Road  
Brentwood, NY 11717  
(631) 851-6709, fax: (631) 851-6820  
[healthserv-west@sunysuffolk.edu](mailto:healthserv-west@sunysuffolk.edu)

## Certificate of Immunization Suffolk County Community College

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Maiden or Other Names (if applicable) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Home Campus \_\_\_\_\_

**Must be completed, signed and stamped by physician or health care provider.**

In accordance with NYS Public Health Law section 2165, all students enrolled for at least six (6) semester hours, or the equivalent, at Suffolk County Community College, who were born on or after January 1, 1957, must provide acceptable written proof of immunity against measles, mumps, and rubella in accordance with standards approved by the New York State Department of Health. A health record from a previously attended school, the military, or your doctor, which properly documents immunization history is acceptable and may be submitted along with this form.

**Required: Measles (Rubeola) Immunity** - Must have **one** of the following:

1. Two dates of measles immunization are required. Both must be given on or after January 1, 1968, **and** be at least 28 days apart. The first dose **must** be on or after the first birthday and the second dose must be administered after 15 months of age. (Please note if **MMR** was given.)  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_
2. Measles Titer showing positive immunity. Attach lab report.
3. Physician-diagnosed measles disease.  
 Date of Disease \_\_\_\_\_ Diagnosing Physician's Signature \_\_\_\_\_

**Required: Mumps Immunity** - Must have **one** of the following:

1. One date of mumps immunization is required. Must be on or after January 1, 1969, **and** on or after the first birthday. Date \_\_\_\_\_
2. Mumps Titer showing positive immunity. Attach lab report.
3. Physician-diagnosed mumps disease.  
 Date of Disease \_\_\_\_\_ Diagnosing Physician's Signature \_\_\_\_\_

**Required: Rubella (German measles) Immunity** - Must have **one** of the following:

1. One date of rubella immunization is required. Must be on or after January 1, 1969, **and** on or after the first birthday. Date \_\_\_\_\_
2. Rubella Titer showing positive immunity. Attach lab report.  
 (Note: Physician diagnosis of rubella is **not** acceptable.)

**Note:** MMR vaccines are recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella.

**Recommended Vaccine: Meningococcal Meningitis**

Must have been given within the past 10 years. Date \_\_\_\_\_

**Recommended Vaccine: Tetanus**

Tetanus or Td booster should be given every 10 years. Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of Health Practitioner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician/Agency Stamp (Required)**

\_\_\_\_\_  
**Telephone #**

## Health History and Meningitis Acknowledgement Form

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
 Maiden name or Other Names (if applicable) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Campus \_\_\_\_\_

Health History to be completed by student:

Do you have now or have you ever had a history of:

	Y	N
Alcohol/drug dependency		
Smoking		
Asthma		
Chronic lung disease		
Tuberculosis		
High blood pressure		
Heart disease/heart murmur		
Cancer/tumors		
Thyroid problem		
Diabetes		
Sinus problems		
Frequent/severe headaches		
Severe head trauma		
Stroke		
Seizures		
Paralysis		
Cerebral palsy		
Psychiatric/emotional disorder		
Anorexia/bulimia		

	Y	N
Stomach/intestinal disorders/ulcers		
Hernia		
Gall bladder problems		
Liver problems/hepatitis		
Kidney/bladder problems		
Bone disease		
Joint problems/arthritis		
Lyme disease		
Back/neck problems		
Vision problem <b>not</b> corrected with glasses		
Hearing loss		
Surgery		
Transplant		
Amputation		
Sexually transmitted disease		
Chicken Pox		
Mononucleosis		
Other		
Other		

Please explain all "yes" answers:

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Please list any allergies you may have (food, medicine, insects, environmental, other):

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Indicate any medication you take on a regular basis (include birth control and vitamins):

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Emergency Contact:

Please provide the name and telephone number of the person(s) to be notified in case of an emergency:

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**Required Acknowledgement of Meningitis Information: (only make one choice)**

As per NYS Public Health Law Section 2167, it is **mandatory** that you check *one* of the following boxes and sign below, or you will not be permitted to continue your enrollment at SCCC. If you are under 18 years old, you *and* your parent/guardian must sign this form.

- I have received the meningococcal meningitis immunization within the past 10 years.  
Date received \_\_\_\_\_ (Appropriate documentation **must** be submitted to the Health Services Office or this acknowledgement will not be valid.)
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks and benefits of immunization against meningococcal meningitis. I have decided at this time that I will **not** obtain the immunization against meningococcal meningitis disease. I understand that I may choose in the future to be immunized against meningococcal meningitis.

To the best of my knowledge the above statements are true.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if student is under age 18)

## Meningococcal Disease Fact Sheet

### What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become infected, it is called meningitis. The disease strikes quickly and can have serious complications, including death. Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are: teenagers or young adults; infants younger than one year of age; living in crowded settings, such as college dormitories or military barracks; traveling to areas outside of the United States, such as the "meningitis belt" in Africa; living with a damaged spleen or no spleen or have sickle cell disease; being treated with the medication Soliris® or, who have complement component deficiency (an inherited immune disorder); exposed during an outbreak; working with meningococcal bacteria in a laboratory.

### What are the symptoms?

Symptoms appear suddenly, usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include: a sudden high fever, headache, stiff neck (meningitis), nausea and vomiting, red-purple skin rash, weakness and feeling very ill, eyes sensitive to light.

### 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. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

### Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

### What are the complications?

Ten to fifteen percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include: hearing loss, brain damage, kidney damage, limb amputations.

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

- All 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, and 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. Talk to your healthcare provider about whether they recommend vaccine against the "B" strain.
- Others who should receive meningococcal vaccines include: infants, children, and adults with certain medical conditions; people exposed during an outbreak; travelers to the "meningitis belt" of sub-Saharan Africa; and military recruits. Please speak with your healthcare provider if you may be at increased risk.

### Who should not be vaccinated?

Some people should not get meningococcal vaccine or they should wait. Tell your doctor if you have any severe allergies. Anyone who has ever had a severe allergic reaction to a previous dose of meningococcal vaccine should not get another dose of the vaccine. Anyone who has a severe allergy to any component in the vaccine should not get the vaccine. Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they are better. People with a mild illness can usually get the vaccine.

### What are the meningococcal vaccine requirements for school attendance?

For grades 7 through 9 in school year 2018-19: one dose of MenACWY vaccine. With each new school year, this requirement will move up a grade until students in grades 7 through 11 will all be required to have one dose of MenACWY vaccine to attend school. 2019-20: grades 7, 8, 9, and 10; 2020-21 and later years: grades 7, 8, 9, 10, and 11; for grade 12: two doses of MenACWY vaccine; the second dose needs to be given on or after the 16<sup>th</sup> birthday. Teens who received their first dose on or after their 16<sup>th</sup> birthday do not need another dose.

### Additional Resources:

- [Meningococcal Disease – Centers for Disease Control and Prevention \(CDC\)](#)
- [Meningococcal Vaccination \(CDC\)](#) [Meningococcal ACIP Vaccine Recommendations \(CDC\)](#)
- [Travel and Meningococcal Disease \(CDC\)](#) [Information about Vaccine-Preventable Diseases](#)