



**Immunization Form
For JCC Students**

INFORMATION BELOW IS REQUIRED

The following information is confidential and is for Health Services use only.

Student to complete

JCC ID _____

Birth date / / _____

Last Name _____

First Name _____

Middle Name _____

Phone No. _____

Female Male

IMMUNIZATION REQUIREMENTS
New York State Public Health Law 2165 requires students at post-secondary institutions, enrolled in six or more on-campus credit hours, to provide proof of immunity to measles, rubella and mumps. **Students born prior to January 1, 1957, are exempt from this requirement.**

In order to attend classes, all students must submit completion of the above two requirements.

For the purposes of the college MMR immunization law, proof of immunity for measles, rubella, and mumps shall mean the following:

Measles (rubeola): Two doses of the measles vaccine one given no more than 4 days before the 1st birthday and the 2nd one at least 28 days after the 1st **or** serological evidence of immunity.

Rubella (German measles): One dose of live virus rubella vaccine given no more than 4 days before the 1st birthday **or** serological evidence of immunity.

Mumps: One dose of live mumps vaccine given no more than 4 days before the 1st birthday **or** physician documented history of disease **or** serological evidence of immunity.

Consult parents, doctors, a former high school, or a public health clinic to obtain copies of immunization records.

Also, New York State Public Health Law 2167 requires Institutions to distribute information about meningococcal disease and its vaccination. Once reviewed, selection from the Meningitis Response Options is required. (Third column)

Send official proofs **OR
Health Care Provider to complete.**

Measles or MMR: Must have **ONE** of the following:

- Two doses of measles immunization.
____ / ____ / ____ ____ / ____ / ____
OR
- Date of measles titer **and results:**
____ / ____ / ____ Result _____

Rubella or MMR: Must have **ONE** of the following:

- Date of rubella immunization.
____ / ____ / ____
OR
- Date of rubella titer **and results:**
____ / ____ / ____ Result _____

Mumps or MMR: Must have **ONE** of the following:

- Date of mumps immunization.
____ / ____ / ____
OR
- Date of mumps titer **and results:**
____ / ____ / ____ Result _____

FORM COMPLETED BY:

PROVIDER, RN or LPN

CLINIC/OFFICE

PHONE

Student to complete

Meningitis: The information below *must be completed* but vaccination is **OPTIONAL** for attendance.

Please review the attached information, SELECT an Option and SIGN BELOW:

I have reviewed the information regarding meningococcal meningitis disease, and:

I have received the meningococcal vaccine **within the past five years**:
Date vaccination received: ____/____/____
(Must attach proof)

OR

I plan to receive vaccination.

OR

I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Date signed: ____/____/____

X _____

Student's Signature

OR

X _____

Parent / Guardian Signature if under age 18

Meningococcal vaccination is available at the County Public Health Service, without cost via insurance at some local pharmacies, or possibly at your Primary Care Provider.

*For vaccination cost and further information, contact Jefferson County Public Health at (315)786-3720.

*Meningococcal vaccination is not available at Jefferson Community College.

If you have a concern/issue regarding these immunization requirements, please contact the Health Office at 315-786-2376.

THANK YOU!

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Information may be returned by mail to: JCC Health Office, 1220 Coffeen Street, Watertown, NY 13601 or Fax to: 315-786-2382.