Immunization Form
For JCC Students

INFORMATION BELOW IS REQUIRED

The following information is confidential and maintained by our Student Affairs office.

Student to complete

JCC ID

Birth date / /

Last Name

First Name

Middle Name

Phone No.

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**.

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** serological evidence of immunity.

Consult a former high school, your medical doctor, or a public health clinic to obtain official copies of immunization records.

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

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

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

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

1. Two doses of measles immunization:
   / / / /

OR

2. Measles titer date **and immune result:**
   / / Result _____

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

1. Rubella/MMR immunization:
   Date: / /

OR

2. Rubella titer date **and immune result:**
   / / Result _____

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

1. Mumps/MMR immunization.
   Date: / /

OR

2. Mumps titer date **and immune result:**
   / / Result _____

FORM COMPLETED BY:

PROVIDER, RN or LPN

CLINIC/OFFICE NAME/ADDRESS

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, if no proof of vaccination within 5 years (choose one):

☐ 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 our Student Affairs office at 315-786-2403.

THANK YOU!

Information may be returned by email to jleigh@sunyjefferson.edu or fax to: 315-786-2292.