

North Country Community College Student Immunization Record Form

NYS Public Health Law 2165 requires college students taking six (6) or more credit hours and born on or after 1/1/57, to demonstrate proof of immunity against measles, mumps and rubella and to provide meningitis documentation.

SECTION 1 (Please print)

Name: _____ Other Names Used: _____

Address: _____

Street _____ City _____ State _____ Zip _____

Phone Number: _____ Student ID or Social Security # _____ Date of Birth _____

Month /Day/ Year

Attended NCCC before? Yes No If yes, semester of last attendance: _____

SECTION 2

<p><u>Mandatory:</u></p> <p>ALL DOSES must be given ON OR AFTER the student's FIRST BIRTHDAY.</p> <p><u>Recommended:</u></p> <p>Meningococcal Vaccination</p>	Vaccine - Date	Positive Blood Titer Result - Date	
	MMR 1 -	Measles +	
	MMR 2 -	Mumps +	
	OR	Rubella +	
	Measles 1 -	* Submit a copy of the actual lab report to verify results	
	Measles 2 -		
	Mumps 1 -		
	Rubella 1 -		
	<input type="checkbox"/> Menactra (MCV4) - _____(date)	OR	<input type="checkbox"/> Menomune (MRSV4) - _____(date)

Note: Physician diagnosis is NOT acceptable.

The above information has been validated by:

Health Care Provider signature

Health Care Provider name printed

Address

(_____)_____
Telephone of Health Care Provider

City State Zip

Date – Month / Day / Year

SECTION 3

MENINGITIS DECLINATION – To be completed by student if vaccination not received.

I have 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 (my child) will **not** obtain immunization against meningococcal/meningitis disease.

Signed: _____
Student signature or
Parent or guardian if student is under 18 yrs.

Date: _____
Month / Day / Year

Please return this form to: **Registrar's Office**
North Country Community College
PO Box 89
Saranac Lake, NY 12983