

**SUFFOLK COUNTY COMMUNITY COLLEGE**  
**ATTENTION STUDENTS:**  
**IMPORTANT IMMUNIZATION REQUIREMENTS**  
**AFFECTING YOUR REGISTRATION AND ENROLLMENT AT SUFFOLK COUNTY COMMUNITY COLLEGE**

Below please find important information regarding immunizations that are required by 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, students at Suffolk who are matriculated in a degree program, and were born on or after January 1, 1957, are required to demonstrate proof of immunity against measles, mumps, and rubella. 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).

Persons may be exempt if a physician certifies in writing that the immunizations may be detrimental to their health. In addition, persons who hold genuine and sincere religious beliefs which are contrary to immunization may be exempt after submitting a statement to that effect to the Dean of Student Services on their home campus. 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 at Suffolk, both matriculated and non-matriculated, are required to acknowledge that they have received information about meningococcal disease and vaccination (see reverse side). Students must indicate that they either have received the appropriate vaccination within the past 10 years, or have decided 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 campus.** 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 the 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  
Robert T. Kreiling Hall, Room M106  
533 College Road  
Selden, NY 11784  
631-451-4047, fax: 631-451-4874  
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

**Michael J. Grant Campus**

Suffolk County Community College  
Health Services Office  
Captree Commons, Room C105  
Crooked Hill Road  
Brentwood, NY 11717  
631- 851-6709, fax: 631-851-6820  
healthserv-west@sunysuffolk.edu

CERTIFICATE OF IMMUNIZATION  
Suffolk County Community College

Name \_\_\_\_\_ ID/SS# \_\_\_\_\_  
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, students at Suffolk County Community College who are matriculated in a degree program and were born on or after January 1, 1957, are required to demonstrate proof of immunity against measles, mumps, and rubella. 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** (Menactra™/Menveo™/ Menomune™)

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)**

\_\_\_\_\_  
**Phone Number**

## HEALTH HISTORY AND MENINGITIS ACKNOWLEDGEMENT FORM

Name \_\_\_\_\_ ID/SS# \_\_\_\_\_  
 Maiden name or Other Names (if applicable) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone 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 problems		
Diabetes		
Sinus problems		
Frequent/severe headaches		
Severe head trauma		
Stroke		
Seizures		
Paralysis		
Cerebral palsy		
Psychiatric/emotional disorders		
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 problems not corrected with glasses		
Hearing loss		
Surgery		
Transplant		
Amputation		
Sexually transmitted diseases		
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 medications 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 Suffolk County Community College. If you are under 18 years old, you and your parent/guardian must sign this form.

- I have received the meningococcal meningitis immunization (Menomune<sup>TM</sup>/Menaetra<sup>TM</sup>/Menveo<sup>TM</sup>) 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 MENINGITIS FACT SHEET**

**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) caused by the meningococcus germ.

**WHO GETS MENINGOCOCCAL DISEASE?** Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

**HOW IS THE MENINGOCOCCUS GERM SPREAD?** The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

**WHAT ARE THE SYMPTOMS?** High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. 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.

**WHAT IS THE TREATMENT FOR MENINGOCOCCAL DISEASE?** Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

**SHOULD PEOPLE WHO HAVE BEEN IN CONTACT WITH A DIAGNOSED CASE OF MENINGOCOCCAL MENINGITIS BE TREATED?** Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

**IS THERE A VACCINE TO PREVENT MENINGOCOCCAL MENINGITIS?** In 2005, Menactra™, and in 2010, Menveo™, were licensed for use to prevent meningococcal disease in people two to 55 years of age. The previous version of this vaccine, Menomune™, first available in the United States in 1985, is recommended for persons older than 55 years. The vaccines are 85% to 100% effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135). These four types cause about 70% of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, it does not prevent all cases of meningococcal disease.

**IS THE VACCINE SAFE? ARE THERE ADVERSE SIDE EFFECTS TO THE VACCINE?** The vaccines are currently available, and are safe and effective vaccines. However, the vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

**WHO SHOULD GET THE MENINGOCOCCAL VACCINE?** The vaccine is recommended for all children and teens, 11 through 18 years of age, and all first-year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

**WHAT IS THE DURATION OF PROTECTION FROM THE VACCINE?** Menomune™, the older version, requires booster doses every three to five years. Although research is still pending, the newer vaccines, Menactra™ and Menveo™, are expected to provide longer duration of immunity. 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 office. Additional information is also available on the following websites: New York State Department of Health, [www.health.ny.gov](http://www.health.ny.gov); the Centers for Disease Control and Prevention, [www.cdc.gov](http://www.cdc.gov); and the American College Health Association, [www.acha.org](http://www.acha.org).