

Measles, Mumps, & Rubella (MMR) & Meningitis Immunization Requirements

Required for all students enrolling for 6 or more credits



Health Services

www.sunywcc.edu/immunizations

Email: Healthoffice@sunywcc.edu

Fax: 914-606-6423

STC 181, 75 Grasslands Rd, Valhalla, NY 10595

INSTRUCTIONS: **UPLOAD** this completed form **OR** copies of the student's immunization records from doctors, schools, or serology lab reports. [CLICK HERE TO SUBMIT YOUR IMMUNIZATION RECORDS.](#)

Student Name (please print) _____		
Last name	First name	Middle initial
Date of Birth:	WCC Student ID #:	Phone Number:
____ / ____ / ____ MM DD YYYY	000 _____	(____) _____

PART I: Measles, Mumps & Rubella (MMR) & Meningococcal Meningitis Immunization Information

This section **MUST** be completed and signed or stamped by a health care provider.

NOTE: All students born on or after 1/1/57 must provide signed documentation of proof of immunity against measles, mumps & rubella on or after the first birthday per NYS Public Health Law 2165. Students will not be permitted to register for classes without proof of MMR immunization. Please see page 3 for more information regarding MMR requirements. The Meningococcal (Meningitis) vaccine is optional, but a student not vaccinated against Meningococcal Meningitis **MUST** complete Part II of this form.

REQUIRED IMMUNIZATIONS <small>(see page 2 for requirements for attendance)</small>	DOSE #1 DATE	DOSE #2 DATE	DOSE #3 DATE	TITER DATE <small>(attach lab results if available)</small>
MMR (measles, mumps, rubella combined vaccine: 2 doses required) <i>PROOF of measles, mumps & rubella IMMUNITY required.</i>	Given on or after first birthday: ____ / ____ / ____ MM DD YYYY	Given at least 28 days after Dose 1: ____ / ____ / ____ MM DD YYYY	OR (provide titers [blood work] if MMR unavailable)	
MEASLES <i>2 doses required.</i>	Measles live vaccine on or after 1/1/68 & >1 year of age: ____ / ____ / ____ MM DD YYYY	Live measles vaccine given at least 28 days after dose 1: ____ / ____ / ____ MM DD YYYY		Positive immune titer serology: ____ / ____ / ____ MM DD YYYY results: _____
MUMPS <i>1 dose required.</i>	Date of live vaccine on/after 1/1/69 or after first birthday: ____ / ____ / ____ MM DD YYYY			Positive immune titer serology: ____ / ____ / ____ MM DD YYYY results: _____
RUBELLA <i>1 dose required.</i>	Date of live vaccine on/after 1/1/69 or after first birthday: ____ / ____ / ____ MM DD YYYY			Positive immune titer serology: ____ / ____ / ____ MM DD YYYY results: _____

RECOMMENDED MENINGOCOCCAL MENINGITIS VACCINATION

MENINGOCOCCAL (ACWY) VACCINES <i>within the last 5 years</i>	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	
OR	MENINGOCOCCAL B SERIES VACCINES <i>2 or 3 doses required within the last 5 years</i>	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	

PART II: Meningococcal Response

If the student is unvaccinated for Meningococcal Meningitis Disease, the student (or parent/guardian for students under 18 years) must check the box, date and sign below. Please read the **MENINGOCOCCAL DISEASE AND VACCINATION** on page 3 of this form before signing.

I have **(OR my child under the age of 18 years has):**

NOT received the vaccine, and have read, or had explained to me, the information (found on page 3) regarding meningococcal meningitis disease. I understand the risk of not receiving the vaccine. I (my child) will not obtain immunization against meningococcal disease at this time.

SIGNED: _____ DATE: _____

Health Care Provider Signature/Date or Stamp (Required). To be completed by the health care provider:

Provider Name (printed): _____
 Provider Signature: _____ Date: _____
 Phone Number: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Place Official Stamp and/or License Number of Health Care Provider above

Please **UPLOAD** your fully completed form to the Health Services Office. [CLICK HERE TO SUBMIT YOUR IMMUNIZATION RECORDS.](#)

COVID-19 IMMUNIZATION INFORMATION

Not a requirement for enrollment.



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COVID-19 Immunization is NOT a requirement for enrollment and is being collected for informational purposes only.

Student Name (please print) _____
Last name First name Middle initial

Date of Birth

WCC STUDENT ID #

Phone Number

____/____/____
 MM DD YYYY

000 _____

(____) _____

Have you received an immunization for COVID-19?

___ YES* ___ NO

*If you answered yes above, please upload your COVID-19 vaccination card or other COVID-19 vaccine documentation **AND** the completed form below. [CLICK HERE TO SUBMIT YOUR IMMUNIZATION RECORDS.](#)

IMMUNIZATIONS

DOSE #1 DATE

DOSE #2 DATE

Please check the type of vaccine you received:

___ Moderna

___ Pfizer

___ Johnson & Johnson

___ Other (Please Specify Below)

____/____/____
 MM DD YYYY

____/____/____
 MM DD YYYY

BOOSTER SHOT DATE(S)

____/____/____
 MM DD YYYY

____/____/____
 MM DD YYYY

Requirements for Enrollment and Meningococcal Disease Fact Sheet

MMR (Measles, Mumps & Rubella) Immunization Records & compliance with the New York State Meningitis Laws are required before registration.

The New York State Public Health Laws (2165 and 2167) mandate: *All students born on or after January 1, 1957, registering for 6 or more credit hours, must provide proof of meeting the Measles, Mumps and Rubella (MMR) vaccination requirements. Acceptable proof of immunity includes immunization cards from childhood, High School or other college records or records from your doctor or clinic. If you do not have proof of immunizations, you can have a blood test (MMR titer) performed to show you are immune to all three diseases. If you are not immune, you will need to be vaccinated.*

MEASLES REQUIREMENTS

- Two injections on or after January 1, 1968 (at least 28 days apart), administered on or after the student's first birthday. Immunizations administered prior to 1968 are acceptable if there is proof that a live vaccine was administered; **OR**
- Provide the date of the physician documented disease; **OR**
- Provide proof of a positive immune titer.

MUMPS REQUIREMENTS

- One injection on or after January 1, 1969 administered after the student's first birthday; **OR**
- Provide the date of the physician documented disease; **OR**
- Provide proof of a positive immune titer

RUBELLA REQUIREMENTS

- One injection on or after January 1, 1969 administered after the student's first birthday; **OR**
- Or provide proof of a positive immune titer (Proof of disease is not acceptable)

EXEMPTIONS:

- A medical exemption can be granted for students who provide documentation written by a physician, physician assistant or nurse practitioner, stating that the student has a health condition, which is a valid contraindication of receiving a specific vaccine. A permanent or temporary exemption may then be granted. If a measles, mumps or rubella outbreak should occur on campus, students granted this exemption may be required to remain off campus until the Westchester County Department of Health deems it safe to return.
- A student may be exempt from vaccination if, in the opinion of the WCC Health Services Coordinator or Staff Nurses, the student (parent or guardian of students < 18 years of age) holds genuine and sincere religious beliefs, which are contrary to the practice of MMR immunizations. The statement must indicate why the vaccination for all or on one of the three diseases is contrary to the religious belief & not be philosophical in nature. Request for exemptions must be in writing & signed by the student or parent if indicated by age. If a measles, mumps, or rubella outbreak should occur on campus, students granted this exemption may be required to remain off campus until the Westchester County Department of Health deems it safe to return.

MENINGOCOCCAL DISEASE AND VACCINATION

2167: Colleges must distribute information about meningococcal disease and vaccination to ALL STUDENTS REGARDLESS OF AGE (registering for 6 or more credit hours), about meningococcal disease. This information must be provided to parents or guardians of students under the age of 18. Westchester Community College is required to maintain a record of the following for each student:

- A vaccine record indicating at least 1 dose of meningococcal ACWY vaccine within the last 5 years or a complete 2 or 3 dose series of Meningococcal B; **OR**
- A signed response form indicating that the student will not obtain immunization against meningococcal disease. The response form must be signed if the student has not received the meningococcal vaccine within the past 5 years.

NOTE: For all students regardless of age, that have not received vaccination against Meningococcal Meningitis in the past 5 years: NYS Public Health Law mandates that you read and sign PART II. Meningitis disease is a severe bacterial infection of the bloodstream or meninges (a thin layer covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States. It is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come in contact with the bacteria that causes meningococcal disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, red-purple rash, nausea, vomiting and lethargy, and may resemble the flu. Because the disease progresses rapidly and can be fatal, students are urged to seek medical care immediately if they experienced two or more of these symptoms concurrently. 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. The single best way to prevent this disease is to be vaccinated. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease. For more information, please go to <https://www.health.ny.gov/publications/2168.pdf> or www.cdc.gov/meningococcal/. If you wish to receive the meningococcal vaccine, contact your health care provider or the Westchester County Department of Health at 914-813-5000 or contact the Westchester Community College Health Office at 914-606-6610 for locations and phone numbers of local Neighborhood Health Centers.