QUEENS COLLEGE

Health Service Center
Queens College, CUNY
Frese Hall 310
65-30 Kissena Boulevard
Queens, New York 11367-1597

718-997-2760 • Fax 718-997-2765
healthquestions@qc.cuny.edu
www.qc.cuny.edu/healthservices

Read this information and then continue to second page .

Immunization Information

NYS Public Health Law mandates that all incoming students born after December 31, 1956, must be immunized against measles, mumps, and rubella. Students need to present proof of immunizations or laboratory results indicating immunity against measles, mumps, and rubella before registering for their classes. Proof of age must be submitted for those born prior to 1957. All students (regardless of age) must complete the meningitis response (Part 1 of the immunization records).
Meningitis vaccination is not mandated; however, completion of the form is required.

Measles, Mumps, and Rubella Requirements

Public Health Law 2165 requires that students born after December 31, 1956 provide proof of the following immunizations in order to register for classes.

TWO measles vaccines given after 1968; on or after your first birthday; and at least 28 days apart.
ONE mumps vaccine given on or after your first birthday and dated 1968 or later.
ONE rubella vaccine given on or after your first birthday and dated 1969 or later.
or
TWO MMR vaccines given after 1972; on or after your first birthday; and at least 28 days apart.
Vaccination is available at the Student Health Center free of charge. Contact our office at 718-997-2760 for details.
or
Blood test (MMR titer) showing immunity to measles, mumps, and rubella. Original lab report must be submitted to the Health Service Center.

Records must

- Clearly indicate the type of vaccine, dates of vaccine, and name and address of the doctor or clinic.
- Be stamped and signed by the doctor or clinic.

Acceptable proof of immunity may include (Signed and Stamped):

1. Immunization cards from childhood (yellow card), signed and stamped.
2. Immunization records from college, high school or other schools you attended.
3. Signed and stamped immunization record from your health care provider or clinic.
4. Copy of lab report, (also known as titer or serology), showing immunity to measles, mumps and rubella.

Meningitis Information

Public Health Law 2167 requires all colleges to provide information on meningitis and the meningitis vaccine. Meningitis is rare. When it strikes, however, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surmounting the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States—types A, C, Y, and W-135. These types account for nearly two-thirds of meningitis cases among college students. Vaccines are available from your primary care physician, or visit the CDC Travel Clinic website (www.istm.org) for a list of clinics that have the meningitis vaccine available.

To learn more about meningitis and the vaccine and other immunizations for college students, please feel free to contact our Health Service Center and/or consult your personal physician. You also can find information on the following websites:

New York State Department of Health: **www.health.ny.gov/prevention/immunization**
Centers for Disease Control and Prevention (CDC): **http://www.cdc.gov/vaccines**
American College Health Association (ACHA): **www.acha.org**

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Immunization Record

Immunization records are required **prior** to registration. This form may be returned to the Health Service Center by mail, email, or fax.

PART 1 – TO BE COMPLETED BY THE STUDENT (PLEASE PRINT OR TYPE)

Name of student _____
Last (family name) First Middle

Date of Birth MONTH/DAY/YEAR CUNY ID (or last four digists of SS#) Leave this blank/do not write anything here

Telephone _____ Email address _____

Meningococcal Meningitis (Note that vaccine dates are **ONLY** acceptable with accompanying immunization record.)
Please check one box, and sign.

Check off one of these boxes

☐ I received the Menomune/Menactra/Menveo/MCV4 vaccine at age 16 or older and within the past 5 years. Date _____
☐ I have read the attached information, and I will not receive the vaccine.

Signature SIGN HERE Date MONTH/DAY/YEAR
(Parent signature if student is under 18 years.)

If you received the Meningitis vaccine within the past five years -> FIRST BOX
If it has not been given within the past 5 years, you have the right to decline it -> SECOND BOX

PART 2 – TO BE COMPLETED BY A HEALTH CARE PROVIDER (DOCUMENTATION **MUST** BE INCLUDED)

Documentation MUST be translated into English!

IMMUNIZATION HISTORY (All dates must include month, day, and year. Please mark an (X) in the appropriate boxes.)

			DATE (mm/dd/year)
	MMR (*measles, mumps, rubella*) – if given as a combined dose instead of individual vaccine.		
1.	Dose 1: No more than 4 days prior to first birthday, **AND** on or after January 1, 1972		
	Dose 2: At least 28 days after first vaccine		
OR	*or*		
**	**Measles** (Rubeola)	Dose 1 Immunized after 1968 and first birthday	
2.	**Measles** (Rubeola)	Dose 2 Immunized at least 28 days after the first dose	
	Rubella	Immunized after 1969 and on or after first birthday	
OR	**Mumps**	Immunized after 1968 and on or after first birthday	
	or		
	Titer (blood test) showing positive immunity **(dated lab results must be attached).**		DATE (mm/dd/year)
3.	**Measles**		
	Mumps		
	Rubella		

If you did not receive the MMR vaccine, it might be easier *and* faster to pick OPTION 2 or 3

** **Dose 1** MUST be given AFTER your 1st birthday.

If it was given *before* your 1st birthday, you need to get either:

1 new Measles Vaccine OR
1 MMR

HEALTH CARE PROVIDER INFORMATION (signature and stamp required)

Doctor must fill this part out ->

Name Doctor's Name Signature Doctor's Signature
License # Doctor's License # Telephone Doctor's Phone #
Address Doctor's Address

HEALTHCARE PROVIDER STAMP

Your doctor MUST stamp this!

The City University of New York