

SUFFOLK COUNTY COMMUNITY COLLEGE

ATTENTION STUDENTS!

IMPORTANT IMMUNIZATION REQUIREMENTS AFFECTING YOUR REGISTRATION AND ENROLLMENT AT SCCC

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 2165, students at SCCC 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 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) 853-3055.

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 2167, all students enrolled at SCCC, both matriculated and non-matriculated, are required to acknowledge that they have received information about meningococcal disease and vaccination (see reverse side), and in addition, indicate that they either have received the appropriate vaccination within the past 10 years, or have decided not to obtain immunization against the disease. **NOTE THAT YOU WILL NOT BE PERMITTED TO REGISTER FOR CLASSES UNLESS YOU HAVE SUBMITTED THE REQUIRED INFORMATION.**

To insure compliance with this requirement, you must return the enclosed Health History and Meningitis Acknowledgement Form to the Health Services Office on your home campuses. NOTE that 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 HEALTH HISTORY AND MENINGITIS ACKNOWLEDGEMENT FORM should be completed and returned to the Health Services Office on your home campus as soon as possible! Thank you for your cooperation in this matter!

Ammerman Campus

Suffolk County Community College
Health Services Office
Robert T. Kreiling Hall, Room M106
533 College Road
Selden, NY 11784
(631) 451-4047
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
healthserv-east@sunysuffolk.edu

Grant Campus

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

[Go to Certificate of Immunization ►](#)

[Go to Health History Form ►](#)

[Go to Meningitis Fact Sheet ►](#)

Certificate of Immunization

Name: _____ College ID/SS#: _____
Maiden Name (if appropriate): _____
Home Address: _____ City: _____ Zip Code: _____
Date of Birth: _____ Home Campus: _____ Curriculum: _____

MUST BE COMPLETED, SIGNED AND STAMPED BY PHYSICIAN OR HEALTH CARE PROVIDER

In accordance with NYS Public Health Law 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 (Note if MMR) (1) _____ (2) _____ Both must be given on or after January 1, 1968 AND at least 30 days apart. In addition, the first dose must be on or after the first birthday and the second dose must be administered after 15 months of age.
2. Measles Titer showing positive immunity. (Attach copy of lab report.)
3. Date of physician diagnosed measles disease _____ AND signature of the diagnosing physician _____

REQUIRED: Mumps Immunity – Must have one of the following:

- 1. Date of at least one mumps immunization (1) _____ (2) _____ Must be on or after January 1, 1969, AND on or after the first birthday.
2. Mumps Titer showing positive immunity. (Attach copy of lab report.)
3. Date of physician diagnosed measles disease _____ AND signature of the diagnosing physician _____

REQUIRED: Rubella (German Measles) Immunity – Must have one of the following:

- 1. Date of at least one rubella immunization (1) _____ (2) _____ Must be on or after January 1, 1969, AND on or after the first birthday.
2. Rubella Titer showing positive immunity. (Attach copy of lab report) (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: Tetanus

Tetanus or Td booster should be given every 10 years. Date _____

RECOMMENDED VACCINE: Meningococcal Meningitis (Menomune™ / Menactra™)

Must have been given within the past 10 years. Date _____

Signature of Health Practitioner

Date

Physician/Agency Stamp (Form will not be accepted unless stamped)

Telephone #

Health History and Meningitis Acknowledgement Form

Name _____ College ID/SS# _____
 Maiden name (if applicable) _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Telephone Number _____ E-mail 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 problem		
Diabetes		
Sinus problems		
Frequent/ severe headaches		
Severe head trauma		
Stroke		
Seizures		
Paralysis		
Cerebral palsy		
Psychiatric/ emotional disorder		
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 problem not corrected with glasses		
Hearing loss		
Surgery		
Transplant		
Amputation		
Sexually transmitted disease		
Chicken Pox		
Mononucleosis		
Other		
Other		

Please explain all "yes" answers:

Please list any allergies you may have (food, medicine, insects, environmental, other):

Indicate any medication you take on a regular basis (include birth control and vitamins):

EMERGENCY CONTACT:

Please provide the name and telephone number of the person(s) to be notified in case of an emergency:

REQUIRED ACKNOWLEDGEMENT OF MENINGITIS INFORMATION (see [Meningitis Fact Sheet](#)):

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 SCCC as per NYS Public Health Law 2167:

I have / My child (for students under the age of 18) has received the meningococcal meningitis immunization (Menomune™ / Menactra™) within the past 10 years. Date received: _____
 (Appropriate documentation should be submitted to the Health Services Office.)

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 the immunization against meningococcal meningitis disease.

To the best of my knowledge the above statements are true.

 Student Signature

 Date

 Parent/Guardian Signature (i.e., if student is under age 18)

Go to Meningitis Fact Sheet ►

Meningococcal Disease

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. 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. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

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 February 2005, the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease. The previous version of this vaccine, Menomune™, was first available in the United States in 1985. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccine does 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?

Both vaccines are currently available and both are safe and effective vaccines. However, both 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 adolescents entering middle school (11-12 years old) and high school (15 years old) and all first year college students living in dormitories. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world. However, the vaccine will benefit all teenagers and young adults in the United States.

What is the duration of protection from the vaccine?

Menomune™, the older version, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses. 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. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.