



MMR/MENINGITIS FORM CHECKLIST:

Check off each box once it's complete

SECTION 1: Student Information

- Fill out the top portion with your student I.D. number (your student I.D. number begins with 100 and it's different from your social security number. Do not put your social security number on the form), last name, first name, address, phone number, e-mail, date of birth, major (**Global Studies**), and starting semester.
- Read the Measles, Mumps, and Rubella Requirements

SECTION 2: Immunization History

- Read the section carefully and mark the appropriate box.
- Make sure the dates are entered as month/day/year.

SECTION 3: Provider Information

Your Health Care Provider fills in this portion. The following must be included on the form – Health Care Provider's:

- Provider's First and Last name
- Provider's Signature
- Provider's License Number
- Provider's State of License
- Provider's Phone Number
- Provider's Stamp

SECOND PAGE

- Read the Meningococcal Meningitis Disease Risk carefully.
- Check a box indicating whether or not you have had the meningococcal immunization.
- Sign and Date: You must sign/date The LIU MMR/Meningitis Form. If you are a minor, your parent or guardian's signature is also required.**

FINAL NOTE

- You must email a copy of this form and your immunization records by the due dates listed to ashlee.burrs@liu.edu.

Keep a copy of this for your records

MMR/MENINGITIS FORM



Section 1: Student Information

Student ID _____

Name: _____
 Last First

Address: _____
 Street City State ZIP

Phone: () _____ Phone: () _____

Email: _____ Date of Birth: ____/____/____

Major: _____ Starting Semester: _____

All students must complete sections 1 and 4 of this form and submit it to Campus Life along with acceptable proof of immunity. Students who do not have a legible, complete copy of their immunization record must take the form to their doctor to have Section 2 and Section 3 of the form completed by their physician, fill out section 1 and 4, and turn the form in to Campus Life.

Measles, Mumps, and Rubella Requirements

New York State Public Health Law (NYS PHL) §2165 mandates that all incoming students born on or after Jan. 1, 1957, must be immunized against measles, mumps, and rubella. Students need to present proof of immunization 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.

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 1969 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. Or

Blood test (MMR titer) showing immunity to measles, mumps, and rubella. Original lab report must be submitted to the Medical Service Office.

Or
 Proof of disease for measles/mumps with complete date (month/day/year) confirmed by a licensed health care provider.

Acceptable proof of immunity may include:

1. Immunization cards from childhood.
2. Immunization records from college, high school, or other schools you attended.
3. Immunization records from your health care provider or clinic.

Section 2: Immunization History – For all students born on or after Jan.1, 1957. May be completed by health care provider.

Instructions to the health care provider: All dates must include month/day/year. Please mark an "x" in the appropriate boxes.

A.	MMR (measles, mumps, rubella) – if given as a combined dose instead of individual immunizations
	<input type="radio"/> Dose 1 – immunized after 1 year of age and after 1972 _____/_____/_____ <input type="radio"/> Dose 2 – Immunized at least 28 days after first MMR and after 1972 _____/_____/_____
OR	<input type="radio"/> Measles Dose 1 Immunized on or after Jan.1, 1968 or after first birthday _____/_____/_____ <input type="radio"/> Measles Dose 2 Immunized at least 28 days after the first dose _____/_____/_____ AND <input type="radio"/> Mumps Immunized with live vaccine after 1 year of age and after 1969 _____/_____/_____ <input type="radio"/> Rubella Immunized with vaccine on or after 1 year of age _____/_____/_____
OR	<input type="radio"/> Measles Disease (must be confirmed by a licensed health care provider) _____/_____/_____ <input type="radio"/> Mumps Disease (must be confirmed by a licensed health care provider) _____/_____/_____
OR	Titre (blood test) showing positive immunity for: Actual Lab results MUST be attached Date: _____ <input type="radio"/> Measles Date: _____ <input type="radio"/> Rubella Date: _____ <input type="radio"/> Mumps

Section 3: Provider Information

THIS FORM WILL NOT BE ACCEPTED IF THIS SECTION IS NOT COMPLETED IN ITS ENTIRETY

Provider Name: _____

Provider Stamp Required ONLY if the Provider is completing this form:

Provider Signature: _____

License #: _____ State of License _____

Provider Phone: (_____) _____



Meningococcal Meningitis Disease Risk:

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illnesses such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even lead to death.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that causes meningococcal disease even before they know they are sick. There have been several outbreaks of meningococcal disease at college campuses across the United States.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States (U.S.). The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16th birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider. Cost varies alone with coverage and ranges from \$80-150.00 We recommend this vaccine whether students live on campus or not.

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Long Island University.

Check one box and sign below.

I have (for students under the age of 18: My child has):

had meningococcal immunization within the past 5 years. The vaccine record is attached.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease **within 30 days** from my private health care provider.

read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.

Student _____ / / _____ Parent/Guardian _____ / / _____
Signature Date Signature (if student is a minor) Date

DUE DATES: Fall Entry Term – Aug. 1 Spring Entry Term – Dec. 1 Summer Entry Term – April 1

PLEASE RETURN TO:

LIU Brentwood	LIU Brentwood - Michael J. Grant Campus, 1001 Crooked Hill Road, Brentwood, NY 11717 Fax: 631-287-8575
LIU Brooklyn	LIU Brooklyn Division of Campus Life, 1 University Plaza, Pratt 122, Brooklyn, New York 11201 Phone: 718 488-1042 Fax 718 488-1421
LIU Hudson/Rockland	LIU Hudson @ Rockland, 70 Route 340, Orangeburg, NY 10962 Attn: Peg Murphy
LIU Hudson/Westchester	LIU Hudson @ Westchester, 735 Anderson Hill Road, Purchase, NY 10577 Attn: Admissions Department
LIU Post	Center for Healthy Living, LIU Post, 720 Northern Blvd., Brookville, NY 11548-1300 Fax: 516-299-4113
LIU Riverhead	LIU Riverhead - 121 Speonk-Riverhead Road, LIU Bldg., Riverhead, NY 11901 Fax: 631 -287-8253

EXEMPTIONS: If you are requesting an exemption, you must provide the requested proof- approval is not automatic.

- **MEDICAL EXEMPTIONS-**(Temporary or Permanent) requires a formal letter from your doctor detailing condition(s) and duration of the exemption.
- **RELIGIOUS-** students with prior deeply held religious aversions may request a waiver by submitting a detailed request.