

Immunization Form For JCC Students

INFORMATION BELOW IS REQUIRED

The following information is confidential and is for Health Services use only.

Student to complete	Send official proofs OR	Student to complete
JCC ID Birth date / /	Health Care Provider to complete. Measles or MMR: Must have EITHER of the following:	Meningitis: The information below <i>must be</i> completed but vaccination is <u>OPTIONAL</u> for attendance.
Last Name First Name Middle Name	1. Two doses of measles immunization:	Please review the attached information, <u>SELECT an Option</u> and <u>SIGN</u> <u>BELOW</u> :
Phone No. Female Male	<u>OR</u>	I have reviewed the information regarding meningococcal meningitis disease, and:
IMMUNIZATION REQUIREMENTS New York State Public Health Law 2165 requires students at post-secondary institutions, enrolled in six or more	2. Measles titer date and immune result: / / Result	I have received the meningococcal vaccine within the past five years: Date vaccination received://
on-campus credit hours, to provide proof of immunity to measles, rubella and mumps. Students born prior to January 1, 1957, are exempt from this requirement.	Rubella or MMR: Must have ONE of the following:	(Must attach proof) OR, if no proof of vaccination within 5 years (choose one):
For the purposes of the college MMR immunization law, proof of immunity for measles, rubella, and mumps shall mean the following:	1. Rubella/MMR immunization: Date: / / OR	I plan to receive vaccination. OR I understand the risks of not receiving the vaccine. I have decided that I will not
Measles (rubeola): Two doses of the measles vaccine one given no more than 4 days before the 1st birthday and the 2nd one at least 28 days after the 1st or serological evidence of immunity.	2. Rubella titer date and immune result:	obtain immunization against meningococcal meningitis disease. Date signed:/
Rubella (German measles) : One dose of live virus rubella vaccine given no more than 4 days before the 1st birthday or serological evidence of immunity.	Mumps or MMR: Must have ONE of the following: 1. Mumps/MMR immunization.	X Student's Signature OR
Mumps: One dose of live mumps vaccine given no more than 4 days before the 1st birthday or serological evidence of	Date: / / OR	X Parent / Guardian Signature if under age 18 *Meningococcal vaccination is available at
Consult a former high school, your medical doctor, or a public health clinic to obtain official copies of immunization records.	2. Mumps titer date and immune result: // Result	the County Public Health Service*, without cost via insurance at some local pharmacies, or possibly at your Primary Care Provider. *For vaccination cost and further
New York State Public Health Law 2167 also requires Institutions to distribute	FORM COMPLETED BY:	information, contact Jefferson County Public Health at (315)786-3720.
information about meningococcal disease and its vaccination. Once reviewed, selection from the Meningitis Response Options is required. (Third column)	PROVIDER, RN or LPN	*Meningococcal vaccination is not available at Jefferson Community College.
In order to attend classes, all students must submit completion of the above two	CLINIC/OFFICE NAME/ADDRESS	If you have a concern/issue regarding these immunization requirements, please contact the Health Office at 315-786-2376.
requirements.	PHONE:	THANK YOU! S:\Student Services\Health Office\Immunization