

The College of Saint Rose

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www.strose.edu

Immunization Record

Date: _____

Name: _____ Date of Birth: _____

Address: _____ Telephone: (home) _____

_____ (cell) _____

The Albany County Department of Health requires students to show proof of immunity to **MEASLES, MUMPS and RUBELLA before attending the Pre-College Experience.**

To be completed by Health Care Provider or School Official

	Vaccine Date Month/Day/Year	(or)	Disease History (Onset Date)	(or)	Serology (Blood Titer) MUST ATTACH LAB REPORTS
MMR-2 required -OR-	#1	#2			
MEASLES-2 required Given after 1967	#1	#2			
MUMPS-1 required Given after 1968					
RUBELLA-1 required Given after 1968					

MENINGOCOCCAL _____ Name and date of vaccine given within the previous 10 years.
(Not a Required Vaccine – Student/Parent See Below*)

Recommended Vaccines:

Tetanus Booster _____ Hepatitis B Series: _____/_____/_____

Health Care Provider or School Official Signature Required:

Print Name _____ Date _____

Signature _____ Address _____

Phone _____

***The meningitis vaccine is not required**, student or parent please review the vaccine information attached to this form. If you have chosen not to have the meningitis vaccine, student or parent, **complete the following waiver by signing the statement below.**

I have **OR** my minor son/daughter has received and reviewed the meningitis/meningitis vaccine information provided. I understand the risks of meningococcal meningitis and the benefit of immunization and have decided that I (or my minor child) will **NOT** obtain immunization against meningococcal meningitis.

Do not complete this waiver if you have received the meningitis vaccine and it is documented above.

Signed: _____ Date: _____

Signature of Parent/Guardian

Meningococcal Disease Fact Sheet

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

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 in people 11-55 years of age. The previously licensed version of this vaccine, Menomune™ is available for children 2-10 years old and adults older than 55 years. 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 vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do 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. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

What is the duration of protection from the vaccine?

Menomune™, the older vaccine, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

How do I get more information about meningococcal disease and vaccination?

Contact your 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/ncidod/diseases/index.html; and the American College Health Association, www.acha.org