

SUNY Adirondack Office of Records and Registration

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Student Immunization Record Form

Meningococcal Meningitis Information and Vaccination Response Form

New York State Public Health Law now requires that information be distributed with important news about meningococcal meningitis and a vaccination against the disease. It is required by law that the form below is completed, signed and returned by all students. In accordance with this Law, the College is legally required to maintain a record of your returned response. Please be advised that SUNY Adirondack does not maintain a Health Services Office. Further information and/or action on your part may be obtained by consulting with your family physician or the County Public Health Office.

Please complete, sign and return this form to the SUNY Adirondack Registrar's Office. *You will not be able to attend classes without this form.* Thank you for your cooperation and assistance. Should you have any questions, please contact the Registrar's Office. For more information regarding the Immunization policy, go to the College Catalog under the Admissions with the Mandatory Immunizations link.

INFORMATION ABOUT MENINGOCOCCAL MENINGITIS

WHAT IS MENINGOCOCCAL MENINGITIS? Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and the spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States.

WHAT ARE THE SYMPTOMS? The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally fatal.

IS THERE A VACCINE TO PREVENT MENINGOCOCCAL MENINGITIS? Presently, there is a vaccine that will protect against some of the strains of meningococcus. It is recommended in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur. For some college students, there is a modestly increased risk of meningococcal disease; students and parents should be educated about meningococcal disease and the availability of a safe and effective vaccine. 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 2-3 dose series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.

ADDITIONAL RESOURCES

- Your family physician and the local Public Health Agency
- Health website: www.health.state.ny.us
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/meningitis/>
- The American College Health Association (ACHA): www.acha.org

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Student Name (Please print): _____ Banner ID (500 number): _____

I have/my child has (for students under age 18):

- had the meningococcal meningitis immunization within the past 5 years. **Vaccination record attached** showing at least 1 dose of Meningococcal ACWY vaccine or the Meningococcal B vaccine 2-3 dose series.
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) will obtain immunization against and submit my updated vaccination record within 30 days from my private health care provider or County Public Health Office showing at least 1 dose of Meningococcal ACWY vaccine or the Meningococcal B vaccine 2-3 dose series.
- 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 immunization against meningococcal meningitis disease.

Student Signature

Student's Printed Name

Student's Date of Birth

Parent/Guardian (if student is a minor)

Date