Submit all documentation to the Office of Insurance and Immunization Records

New York State Public Law 2165 requires students to provide the College with documentation of immunity to measles, mumps and rubella. New York State Public Law 2167 requires students to provide the College with documentation regarding meningitis. These immunization requirements apply to all registered students; but are required for students taking 6 credits or more at the College. Please read the following guidelines and adhere to the procedures for compliance.

**Measles, Mumps, & Rubella Immunization Requirements**

New York State Public Law 2165 requires all students born on or after January 1, 1957 to provide the College with documentation of immunity to measles, mumps, and rubella. Immunity can be documented by providing exact dates of immunization shots, OR by providing results of positive blood test (titers), OR in the case of measles and mumps by providing dates of physician diagnosis of the disease. In each case, the documents must be signed and dated by a health care provider. Religious and medical exemptions are available.

If you were born BEFORE January 1, 1957, please update your personal information with the Office of the Registrar.

Columbia University Health Services offers the MMR vaccine by appointment for an additional cost. They are located on the 3rd & 4th floors at John Jay Hall on the Columbia University main campus. To make an appointment, please call (212) 854-2284. For additional information on health care providers offering the MMR vaccine to students for fee or at a nominal rate, please refer to the Office of Insurance and Immunization Records or visit our website: http://www.tc.columbia.edu/administration/health-services/immunization.htm

**Meningococcal Vaccination Response**

On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) §2167 requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. This law became effective on August 15, 2003.

Teachers College, Columbia University is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student. This must include information on the availability and cost of meningococcal meningitis vaccine (Menomune™); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death. Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease. To learn more about meningitis and the vaccine, please feel free to contact Health Service, Insurance, & Immunization Records in the Student Life Center at Teachers College, Health Services on the Columbia University campus and/or consult your physician. You can also find information about the disease at www.health.columbia.edu/cnr/news/vaccines/ meningitis.html, www.goaskalice.columbia.edu/1582.html, New York State Department of Health website: www.HEALTH.STATE.NY.US, website of the Centers For Disease Control And Prevention (CDC):www.CDC.GOV/NCIDOD/DBMD/DISEASEINFO. And ACHA’s website: www.ACHA.ORG.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students. Columbia University Health Services offers the meningococcal immunization vaccine by appointment for an additional cost. They are located on the 3rd & 4th floors at John Jay Hall on the Columbia University main campus. To make an appointment, please call (212) 854-2284.
NAME ____________________________________________________________

(Please print) Last / Family Name ______________________________________

First / Given Name __________________________________________________

DATE OF BIRTH _______/_____/______________

Month Day Year

SS# _______/_____/______________ OR TC ID# ____________________________

THE MENINGITIS VACCINATION RESPONSE MUST BE COMPLETED BY THE STUDENT

Please check one box and sign below.

I have:

☐ had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: _______/_____/______________

Month Day Year

☐ 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 will not obtain immunization against meningococcal meningitis disease.

Signed ________________________________________________________  Date ________________________________________________

(Student’s Signature)

MEASLES, MUMPS, AND RUBELLA REQUIREMENTS MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER

Name of Health Care Provider ___________________________________________________________________________________

Signature of Health Care Provider _______________________________________________________________________________

Address of Health Care Provider __________________________________________________________________________________

PLEASE NOTE: Vaccines must be given on or after the first birthday.

Combined MMR (1) : _______/_____/______________ MMR (2) : _______/_____/______________

Month Day Year

MEASLES IMMUNITY

Two doses of live measles vaccine (1) Date _______/_____/______________ (2) Date _______/_____/______________

Month Day Year

OR Date of Measles Titer (Please attach Lab Report) _______/_____/______________

Month Day Year

OR Date of Physical diagnosis of the measles _______/_____/______________

Month Day Year

RUBELLA (GERMAN MEASLES) IMMUNITY

Vaccine Date _______/_____/______________ OR Date of Rubella Titer (Please attach Lab Report) _______/_____/______________

Month Day Year

Month Day Year

MUMPS IMMUNITY

Vaccine Date _______/_____/______________

Month Day Year

OR Date of Mumps Titer (Please attach Lab Report) _______/_____/______________

Month Day Year

OR Date of Physical diagnosis of the mumps _______/_____/______________

Month Day Year