IMPORTANT!

Immunization Form
REQUIRED
for you to proceed with
Class Registration

New York State Public Health Law requires that ALL graduate students born after January 1, 1957 and registered for at least 6 credit hours per semester, be immunized against measles, mumps, and rubella, or show proof of immunity. The law also prohibits attendance in class until proof of immunity is provided to the university in which the student is enrolled.

- Please have your undergraduate college forward a copy of your measles, mumps, and rubella immunizations to Graduate Admissions **10 days prior to the start of classes**.
- If you do not have a record of your immunizations, you must obtain the required shot(s), or request a blood test from your primary care provider showing immunity, and **provide this proof within 10 days**.
- The attached health form must be completed and signed by your health care provider. Please return this form to:

  Graduate Admissions
  Atwood Hall, Rm 20
  St. Lawrence University
  Canton, NY  13617

Immunization records or proof of immunity can be faxed to (315) 229-7423. **Failure to submit this form 10 days prior to the start of classes will result in your course(s) being dropped.**

If you have any questions, please call the Education Department at (315) 229-5061.

*As part of the graduate application process, this form must be returned to the Office of Graduate Admissions before being processed by the University Health Center.*
MANDATORY IMMUNIZATION
Complete and send this form to the address specified on the back side within 10 days to the start of classes. Completion of this form is required to comply with the NYS Public Health Law. This form is also available via the Education Department website at www.stlawu.edu/academics/programs/education.

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<th>Measles</th>
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An official signature from a doctor’s office, clinic, or health department must appear on this form or on the official document(s) attached in order to be accepted.

Clinic Name

__________________________
Date

Physician’s Signature

__________________________
Phone No.

**NOTE:** If you are a recent graduate of St. Lawrence University (class of 2005 or after) and think we may have your immunization record, please complete the information below and return this letter to Graduate Admissions.

Name__________________________
Class of ___________

If your birthday is prior to January 1, 1957, kindly state your date of birth: _____/_____/_____
**MENINGOCOCCAL MENINGITIS VACCINE**

Response Form

Please Print

Name ___________________________________________________________________________________________  Date of Birth  ___________ /___________  /________

Address ____________________________________________________________________________________________________________________________________________________ ______________________________________

Local/Cell Phone (Area Code): (________) ___________________________________

For all students regardless of age, New York State Public Health Law mandates that you read the following and sign the Meningococcal Meningitis response form below.

**Meningitis disease** is a severe bacterial infection of the bloodstream or meninges (a thin layer covering the brain and 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. It is transmitted through air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing. Although anyone can come into contact with the bacteria that cause meningococcal disease, data also indicates that certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are also at increased risk.

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. The symptoms may appear two to ten days after exposure, but usually within five days. Antibiotics can be used to treat people with meningococcal disease. 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 from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern.

There is a vaccine that will protect against some 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. The meningococcal vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine has been shown to be 85-100 percent effective in serogroups A and C in older children and adults. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to 2 days. If you wish to receive the meningococcal vaccine, contact your health care provider.

To be completed and signed by student or parent/guardian for students under age 18.

CHECK ONLY ONE (1) BOX

- I (my child) had the meningococcal meningitis immunization within the last 10 years.
  
  Date Received: _____ / _____ / _____
  
  Type Received: check ONLY one (1) box  Menomune  Menactra

- I have read the information regarding meningococcal meningitis disease and I understand the risk of not receiving the vaccine.
  
  I (my child) **will not** obtain the immunization against meningococcal meningitis disease at this time.

Signature ___________________________ Date ___________________________