IMPORTANT!

These Immunization Forms are REQUIRED as part of your graduate program application.

New York State Public Health Law requires that ALL graduate students born after January 1, 1957 and registered for at least 1.66 units per semester (2 courses), 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 the Graduate Admissions Office, or...
- Obtain the required shot(s), or request a blood test from your primary care provider showing immunity if you cannot locate your immunization records, or...
- Complete the attached health form and have your health care provider sign and...
- Complete and sign the attached Meningitis Waiver Form and...

return completed forms or immunization records to:

   Education Department  
   Atwood Hall, Rm 20  
   St. Lawrence University  
   Canton, NY  13617

Immunization records or proof of immunity may also be faxed to (315) 229-7423. Failure to submit this form to our office before the application deadline may result in you being denied acceptance to our program.

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. 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/education.

Name______________________________________   Date of Birth______/______/______
Phone_______________________    Student ID______________________
Term for which you are applying:     Fall           Spring          Summer    Academic Year_______

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<tr>
<th>Measles</th>
<th>Dates</th>
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<td>Two immunizations, serology or physician-documented illness</td>
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<td>Mumps</td>
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<td>Immunization or physician-documented illness</td>
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<td>Rubella</td>
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<td>OR</td>
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<td>MMR</td>
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<td>Two required measles/mumps/rubella</td>
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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 graduate of St. Lawrence University within the last 7 years and think we may have your immunization record on file, 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: ______/_____/______

Submission of both this form and the Meningitis Response Form is required in order to attend class(es). Failure to comply may result in you being denied acceptance to our program.

☐  By checking here, I am indicating that I have signed and attached the required Meningitis Waiver Form.
**MENINGOCOCCAL MENINGITIS WAIVER FORM**

Name: __________________________________________________________  Date of Birth: _____/_____/______  M  D  Y

For all students, regardless of age, New York State Public Health Law mandates that you read the following information and sign the Meningitis Waiver form below if you have not had the vaccination or do not wish to receive the vaccination.

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. Cluster 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 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 2 to 10 days after exposure, but usually within 5 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 preventative 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 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.

**MENINGOCOCCAL MENINGITIS WAIVER**

To be completed & signed by the student (OR parent/guardian for students under age 18.)

☐ 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: _____________________

Due: July 20th
Return form to:
St. Lawrence University
Student Health Service
76 Park Street
Canton, NY 13617
Or fax to: 315-229-5514