## UNIVERSITY OF ROCHESTER IMMUNIZATION COMPLIANCE REPORT

# **PART-TIME STUDENTS**

### **RETURN FORM IN THE ENVELOPE PROVIDED TO:**

University Health Service University of Rochester Box 270617, 738 Library Rd. Rochester, NY 14627-0617 PHONE: 585-275-0697 FAX: 585-756-0263

INSTRUCTIONS – Print all information except signature. Complete in ink.									
A \$30.00 PROCESSING FEE MUST ACCOMPANY SUBMISSION OF THIS FORM. PLEASE MAKE CHECK PAYABLE TO "UNIVERSITY HEALTH SERVICE"									
PART ONE: STUDENT IDENTIFICATION – TO BE COMPLETED BY STUDENT									
NAME LAST	FIRST	М	STUDENT ID #		GENDER				
EMAIL	COUNTRY OF RESIDEN (Past 5 Years) US Other (specif		E # (Area Code)	DATE OF BIRTH (mm,dd, yy)					
HOME ADDRESS	CITY		STATE	ZIP					
EMERGENCY CONTACT			•						
Name:	Relationship:	Phone:	(H)	(W)					
SCHOOL OR COLLEGE			CTATUC						
<ul> <li>01 The College of Arts, Science and Engineering</li> <li>02 Simon School of Business Administration</li> <li>03 Warner Graduate School of Education &amp; Human Development</li> <li>06 Eastman School of Music</li> <li>07 School of Medicine &amp; Dentistry - Graduate</li> </ul>			STATUS  Part-time Matriculated Undergraduate Student  Part-time Non-Matriculated Undergraduate Student  Part-time Matriculated Graduate Student  Part-time Non-Matriculated Graduate Student						
ENTERING SEMESTER and YEAR			PREVIOUS RELATI	ONSHIP WITH I	INIVERSITY				
□ Fall □ 2017 □ 2020 □ Spring □ 2018 □ 2021 □ Summer □ 2019 □ 2022	Fall20172020Previous full time studentSpring20182021Patient at University Health ServiceSummer20192022Patient at Strong Memorial Hospita			rvice					
□ Simon School entering quarter (year above) □	Fall 🗖 Winter 🗖 Spring	Summer	Previous/curre	ent employee or v	oluriteer				

PART TWO: IMMUNIZATIONS – TO BE COMPLETED BY HEALTHCARE PRACTITIONER					*For all titers, copy of Laboratory report must accompany this form.			
PLEASE	E SEE REVE	RSE FOR I	NFORMATI(	ON ON NEW	YORE	<u>K STATE</u>		
IMMUNIZATION REQUIREMENTS								
M	MR	MEA	SLES	MUMPS		RUBELLA		
#1	#2	#1	#2					
mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy		mm/dd/yy		
HEALTHCARE PRACTITIONER Identification								
Physician Name (print or stamp)		Signature	Signature		Date			
Address				Phone				

### PART THREE: STUDENT CERTIFICATION

	MENINGOCOCCUS
I certify that the information submitted on this form is accurate to the best of my knowledge. I certify that I have received information about the risks, benefits, availability and alternatives to Meningococcus Vaccination. I understand the information and have either had Meningococcus Vaccination in the last 5 years or choose not to do so. I will contact University Health Service if I have any questions about these issues.	
	mm/dd/yy
Student's Signature	Date

### University Health Service, University of Rochester **IMMUNIZATION REQUIREMENTS FOR PART-TIME STUDENTS**

All records must be submitted in English.

New York State Public Health Law #2165 requires that part-time (enrolled for at least six hours per semester, or four hours per quarter) students born on or after January 1, 1957 attending a college or university in New York State must provide the following immunization information:

### New York State Requirements for PART-TIME STUDENTS

*Measles (Rubeola)*: Students must submit proof of immunity to measles through one of the following ways:

- Two doses of live measles vaccine<sup>1</sup>. The first dose given on or after the student's first birthday and the second on or after 15 months of age and at least 30 days after the first dose, OR
- Serological evidence of immunity through a blood test (titer) performed by an approved medical laboratory, OR
- Proof of honorable discharge from the armed services within 10 years from the date of application to the institution. The proof of honorable discharge shall qualify as a certificate enabling the student to attend the institution pending actual receipt of immunization records from the armed services.

*Mumps:* Students must submit proof of immunity to mumps through one of the following:

- Single dose of live mumps vaccine<sup>2</sup> given on or after the first birthday, OR
- Serological evidence of mumps immunity through a blood test (titer) performed by an approved medical laboratory, OR
- Proof of honorable discharge from the armed services provides temporary certification as described above for measles

**Rubella:** Students must submit proof of immunity to rubella through one of the following:

- Single dose of live rubella virus vaccine<sup>2</sup> given <u>on or after the first birthday</u>, OR
- Serological evidence of rubella antibodies through a blood test (titer)performed by an approved medical laboratory, OR
- Proof of honorable discharge from the armed services provides temporary certification as described above for measles.

MMR (measles/mumps/rubella) vaccine may be used to satisfy a single dose of measles/mumps/rubella.<sup>1</sup> Students born prior to January 1, 1957 need not provide proof of immunity for measles, mumps, and rubella; however, we ask that if they recall having had measles, mumps, or rubella to please note that on their form.

Meningococcus: Universities are required by New York State law to distribute information about meningococcal meningitis and vaccine availability to students. You are asked to indicate receipt of this information on the Health History Form and document vaccination date, if already received. At this time, Meningococcus Vaccination is not required.

All immunization dates and serological evidence must be verified by the signature of a health practitioner on health history form; or as an immunization record submitted by a doctor's office, an institution, or school previously attended by the student. The signature of the certifying physician or school official must appear on all immunization records.

Any serological evidence must be verified by including a copy of the laboratory report of said serological evidence (titers).

New York State law mandates that students not in compliance with the requirements 30-45 days after the start of classes are to be withdrawn from school and required to leave campus.

NYS law provides that an exemption may be granted upon receipt of either "a written, signed statement that the student has sincere and genuine religious beliefs which prohibit immunization" or "a written statement from a physician or nurse practitioner specifying the immunizations which may be detrimental to the student's health (or otherwise medically contraindicated) and the length of time they may be detrimental." In case of an outbreak, students who have been granted exemption from immunizations will be treated as susceptible and must either be immunized or barred from campus.

<sup>&</sup>lt;sup>1</sup> The law specifies that only live virus measles vaccine is acceptable. Both inactivated and live virus measles vaccine was licensed in 1963. The inactivated (killed) vaccine was withdrawn in 1967. Measles immunizations given after January 1, 1968, constitute acceptable doses of vaccine since all measles vaccine given after that time was live virus vaccine. Immunizations given before 1968 technically meet legal requirements if the medical record clearly indicates that the vaccine was *live* virus vaccine.<sup>2</sup> The law specifies that only *live* mumps and *live* rubella vaccine are acceptable. Mumps and rubella immunizations given after January 1, 1969 constitute acceptable doses of vaccine since all

mumps and rubella vaccine given after that time was live virus vaccine.