

PROVIDE IMMUNIZATION RECORDS

All new students are required to submit proof of immunization against measles, mumps, and rubella. New students must have received the meningococcal meningitis immunization within the last 10 years of their first day of enrollment and report the date on which it was received or submit an acknowledgement of the risks and a signed refusal to receive the immunization. For your convenience, an Immunization Requirement Form is attached. Please have your health care provider complete this form and then mail or hand deliver the completed form to: **Pace University, Office of Student Assistance, One Pace Plaza, New York, NY 10038, by December 1, 2017.**

All matriculated students enrolled for six (6) or more credits must complete this form.

Students will not be allowed to register or attend classes unless they submit this completed form. If any portion of this document is illegible, it will not be processed. Please submit copies of all supporting documentation and keep originals for your records. Supporting documentation does not preclude the completion of this form. Please print legibly. If you have questions please call **(877) 672-1830** or email **immunization@pace.edu**.

MEASLES/MUMPS/RUBELLA

New York State Law requires all college and university students born on or after January 1, 1957, to present proof of immunity against measles, mumps, and rubella. Enrollment at Pace University requires **documented proof of immunity**.

Measles: The student must submit proof of two doses of live measles vaccine, the first dose given no more than four days prior to the student's first birthday and the second at least 28 days after the first dose. Students may also submit an original dated laboratory report that reflects positive numerical immunity results of a blood antibody titer test, or a licensed health care provider verification of a history of the disease.

Mumps: The student must submit proof of one dose of live mumps vaccine, given no more than four days prior to the student's first birthday. Students may also submit an original dated laboratory report that reflects positive numerical immunity results of a blood antibody titer test, or a licensed health care provider verification of a history of the disease.

Rubella: The student must submit proof of one dose of live rubella vaccine, given no more than four days prior to the student's first birthday. A licensed health care provider verification of a history of the disease is **not** acceptable and does **not** confirm immunity. Students may also submit an original dated laboratory report that reflects positive numerical immunity results of a blood antibody titer test.

New York State will consider exceptions only for medical or religious reasons. If either should apply to you, forward appropriate documentation to the Office of Student Assistance along with the attached completed form. Please keep a copy of your immunization record since we will not keep paper files once the information is entered into our computer. **All documentation must be in English.**

New York State has closed institutions where measles cases have been confirmed. **Therefore, students whose immunity records are incomplete will not be allowed to attend class.**

For more information, visit www.pace.edu/immunization.

MENINGOCOCCAL MENINGITIS

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. Pace University is required to maintain a record of the following for each student:

■ Certificate of Immunization for meningococcal meningitis disease

Or

■ A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian

And either

■ An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian

Or

■ Self-reported or parent recall of meningococcal meningitis immunization within the past 10 years

Resident first-year students are strongly encouraged to receive a meningitis vaccination.

Note: Students may also submit this statement electronically at <http://osapaperless.pace.edu>.

FACTS ABOUT MENINGOCOCCAL DISEASE

Meningitis is a rare disease. 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 die each year from the disease.

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is

an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as a result of infection. Currently, no data is available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these settings are similar to college dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10 to 15 percent die, despite treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis?

A conjugate meningococcal vaccine (Menactra) is available and provides protection against four of the five kinds of bacteria (A, C, Y, W-135) that cause about 70 percent of the disease in the United States. In general, the benefits of a conjugate vaccine include a longer lasting immune response and improved strength of the immune response. The older polysaccharide vaccine (Menomune) is available for use, and offers protection for three to five years.

As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

How do I get more information about meningococcal disease and vaccination?

Contact your family health care provider or University Health Care. Additional information is also available on the websites of the New York State Department of Health (www.health.state.ny.us), the Centers for Disease Control and Prevention (www.cdc.gov), and the American College Health Association (www.acha.org).

Immunization Requirement Form

OFFICE OF STUDENT ASSISTANCE IMMUNIZATION REQUIREMENT FORM



Part One: Student Information

| | | | |
|----------------------|------------------------|------------------------------|--------|
| STUDENT ID NUMBER | LAST NAME | FIRST NAME | MIDDLE |
| DATE OF BIRTH | FIRST SEMESTER AT PACE | CAMPUS (NYC, PLV, or WP-LAW) | |
| DAY TELEPHONE NUMBER | MOBILE/CELL NUMBER | PACE EMAIL ADDRESS | |

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return this form to Pace University.

Students will not be allowed to register or attend classes unless they submit this completed form. If any portion of this document is illegible, it will not be processed. Please submit copies of all supporting documentation and keep originals for your records.

Please print legibly. All documentation must be in English.

Part Two: Measles, Mumps, Rubella

Please see the reverse side of this form for information on completion of this part and acceptable documentation. This part must be certified by a health care provider, with an official stamp and/or license number indicated below.

VACCINATION DATES: Two Measles vaccinations, one Mumps vaccination, and one Rubella vaccination must have been given **after the student's first birthday**. Please have your health care provider indicate the dates appropriately and certify the form below:

MMR Dose #1: ____/____/____ Measles Dose #1: ____/____/____ Rubella Dose #1: ____/____/____

MMR Dose #2: ____/____/____ Measles Dose #2: ____/____/____ Mumps Dose #1: ____/____/____

HISTORY OF DISEASE DATES: If you have history of contracting either Measles or Mumps disease, please have your health care provider indicate the date(s) appropriately and certify the form below:

Measles Disease: ____/____/____ Mumps Disease: ____/____/____ Rubella Disease: ____/____/____

EXEMPTION FROM MEASLES, MUMPS, and RUBELLA VACCINATION (student must legibly check the applicable box):

- 1) Birth Exception (born prior to January 1, 1957): ☐
- 2) Medical Exception (circle either **Temporary** or **Permanent**, submit medical documentation): ☐
- 3) Religious Exception (student with deeply held aversions to receiving vaccinations for religious reasons must submit a formal, signed and dated original statement, indicating such): ☐

BLOOD ANTIBODY TITER TEST: Students must submit a **dated laboratory report** to be considered compliant through this option. The report **must** include the laboratory name and address, the student's name and date of birth, the numerical result(s), and the numerical interpretation ranges.

HEALTH CARE PROVIDER INFORMATION:

Name: _____ (Print): _____
Signature: _____
Phone Number: _____

Place Official Stamp and/or License Number of Health Care Provider Above

Part Three: Meningococcal Meningitis

This part is not optional, **all students must fill this part out**. You must check **ONE of the TWO** boxes and **MUST SIGN BELOW** to be compliance with **NYSDOH Public Health Law 2167**. If the first box is chosen, a **valid date** must be indicated. For students under the age of 18, signature of parent or guardian is also required. Students may also submit this part electronically at www.pace.edu/paperless.

- ☐ I have had the meningococcal immunization **within the past 10 years of my first date of enrollment** at Pace University.
The date of the shot was ____/____/____
- ☐ I have read or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccination. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

| | | | |
|---------------------|----------|-----------------------------|------------------------|
| STUDENT'S SIGNATURE | DATE | PARENT/GUARDIAN'S SIGNATURE | DATE |
| OFFICE USE ONLY | OSA REP: | DATA ENTERED: | MISSING INFO: YES / NO |

Updated 9/2017

Instructions for the Immunization Requirement Form

Return the signed and completed form by mail, fax, or email to:

**Pace University
Office of Student Assistance
One Pace Plaza
New York, NY 10038
Tel: (877) 672-1830
Fax: (914) 989-8309
Immunization@pace.edu**

Return by the following dates:

**Fall Entry Term: August 1
Spring Term: December 1
Summer Entry Term: April 1**

**STUDENTS WILL NOT BE ALLOWED TO
REGISTER OR ATTEND CLASSES UNLESS
THEY SUBMIT THIS COMPLETED FORM.**

PART ONE: To be filled out completely by the student. Please make sure to provide us with your Student Identification Number, a phone number(s) you can be reached at, and your Pace assigned email address. Requests for any additional information will be made via your Pace email address or phone.

PART TWO: MEASLES, MUMPS, RUBELLA (MMR): To be completed by your health care provider. Supporting documentation is not required if this part is **signed and stamped legibly**.

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return this form to Pace University.

You must provide proof of having received 2 measles, 1 mumps, and 1 rubella vaccinations. The dates of these vaccinations must be indicated in the part and all vaccinations must have been received on or after your first birthday.

Please note that any supporting documentation must have been either signed or stamped by a hospital or medical provider or, in the case of prior high school or university records, stamped by an official of that institution. **An original signature or stamp must appear on the documentation.** Faxes will be accepted as long as they are received directly from a healthcare provider, high school, or university/college.

ALL SUPPORTING DOCUMENTATION MUST CLEARLY SHOW THE DATES OF VACCINATIONS ON THEM.

If you have had either the measles or the mumps in the past, no proof of vaccination will be necessary. However we will require that the dates when you contracted the disease **be verified by a health care provider or it will not be accepted.**

Another option is taking a Blood Antibody Titer Test and submitting a dated laboratory report. This report must include the laboratory name and address, the student's name and date of birth, the numerical result(s), and numerical interpretation ranges. **Equivocal results reflect negative immunity.**

If you were born prior to January 1, 1957, please check the Birth Exception box. We will verify your birth date against the information available in your student academic record.

PART THREE: MENINGOCOCCAL MENINGITIS: To be filled out completely by the student.

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Pace University is required to maintain a record of the following for each student:

- Certificate of Immunization for meningococcal meningitis disease; **or**
- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian; **AND EITHER**
- Self-reported or parent recall 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 or student's parent or guardian.

Resident first-year students are **strongly encouraged** to receive a meningitis vaccination.

Students in a **nursing** program or a **physician assistant** program **must complete** this part of the form and submit with a copy of the blood titer results required for participation in those programs.

Students may also submit this part electronically at:

www.pace.edu/paperless. The University Health Care Office on your campus can assist you in fulfilling these requirements. Inoculations can be administered for Measles, Mumps, and Rubella (MMR). The Meningitis vaccine may be available. You may contact them directly at the numbers below to make an appointment.

New York UHC (212) 346-1600 Westchester UHC (914) 773-3760