

IMMUNIZATION RECORD

Fax to (585) 475-7788 or:
Mail to: Rochester Institute of Technology, Student Health Center
117 Lomb Memorial Drive, Rochester, NY 14623

Name: _____
Last First Middle Initial

Student ID Number: _____ Date of Birth: _____ / _____ / _____
Month Day Year

New York State law/RIT requires proof of 2 MMR vaccinations for class attendance. Failure to comply may result in withdrawal from classes and a \$200 fine if not submitted within 30 days after the start of classes. Students born before January 1, 1957 are exempt. Verification is required for each section below by your physician or an appropriate school official. **All information must be submitted in English, with exact dates (month/day/year) for all immunizations.**

Measles/Rubeola, Mumps and Rubella: Required proof of TWO MMR vaccinations. Vaccination #1 on/or after first birthday with vaccination #2 given at least 30 days following vaccination #1. If no vaccination, proof of positive titer for each is necessary.

MMR #1 _____ / _____ / _____ MMR #2 _____ / _____ / _____
Month Day Year

-or-
Measles Titer: Immune? Yes ___ No ___ *Laboratory report must be attached.*
Mumps Titer: Immune? Yes ___ No ___ *Laboratory report must be attached.*
Rubella Titer: Immune? Yes ___ No ___ *Laboratory report must be attached.*

Meningococcal Tetravalent A, C, Y, W-135 Vaccine: Required for all entering RIT students 26 years of age and younger:

Menactra/Conjugate (preferred) _____ / _____ / _____
-OR- Month Day Year
Menomune/Polysaccharide _____ / _____ / _____ (given within past 5 years)
Month Day Year

Hep B #1 _____ / _____ / _____ #2 _____ / _____ / _____ #3 _____ / _____ / _____
Month Day Year Month Day Year Month Day Year

Polio: Year series completed: _____ **DPT:** Year series completed: _____

Tetanus Booster: Tdap _____ / _____ / _____ Td (within 10 years) _____ / _____ / _____
Month Day Year Month Day Year

Tdap (preferred) to replace a single dose of Td for booster immunization.

Tuberculosis Screening:
PPD (Tine not accepted) Mo _____ Yr _____ Results: _____ mm

Chest X-ray (required if PPD positive) Results: _____

X _____ / _____ / _____
Signature of Physician or School Official Title Date

This page contains information that needs to be completed by the student.

Meningococcal and Tuberculosis Information Sheet **Meningococcal Immunization of RIT Students**

Meningococcal meningitis is a rare but dangerous illness that mainly affects children and young adults. College-aged students have a greater potential risk of outbreaks than the general population due to a prevalence of risk factors that are often part of campus life. These risks include residence hall (or other group) living, active and passive smoking, bar patronage, and alcohol consumption. The current vaccine protects against four of the five strains of the disease; these strains account for 70% of cases among college students. Adverse reactions to the vaccine are mild and infrequent. As with other immunizations, vaccination against meningococcal meningitis may not protect 100% of all susceptible individuals. Immunity develops 7 to 10 days following vaccination. **The state of New York requires that colleges and universities provide information about the disease.**

Pre-exposure vaccination greatly reduces a student's risk of disease, and is an **(RIT) Institute requirement** for students:

- 26 years of age or younger who are not pregnant

Other students who should consider the vaccination include:

- Students 26 years of age or **older** (who are not pregnant) with chronic immune deficiency problems and patients without a functional spleen who elect to decrease their risk for disease.
- Students traveling to areas of the world where the disease is known to be endemic.

New York State Public Health Law **requires** that all students enrolled for at least four (4) credit hours per quarter, complete this portion of the Health History Form. **Check box and sign below.**

I have (for students under the age of 18: My child has): read, (or had explained), the information regarding meningococcal meningitis disease. I understand the benefits and risks of the vaccine.

Signed: _____ / _____
Signature of Student (Parent/Guardian if under the age of 18) Date of Signature

Please contact the Student Health Center for cost and availability of meningococcal vaccine.

Tuberculosis Screening of RIT Students

Recommendation for performing TB (Tuberculosis) screening on university students have changed in the recent past. The ACHA (American College Health Association) and other professional organizations now propose that only **HIGH RISK** individuals be screened. The purpose of screening is to identify persons with TB infection (active TB) or latent TB infection (LTBI). Both forms of TB require treatment.

Screening of high risk individuals should occur within 3 months **PRIOR TO** college entrance.

The Student Health Center at Rochester Institute of Technology recommends screening of the following high risk groups:

- Persons with signs or symptoms of active TB
- Persons with HIV infection
- Persons who have been close contacts of a person with infectious TB
- Persons who inject drugs
- Persons who have resided in, have been employed by, or volunteered in the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome (AIDS), and homeless shelters
- Persons with medical conditions that place them at high risk: consult your personal health care provider.
- Persons who have lived, within the past 5 years, in countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries **OTHER THAN** those listed below:

American Region: Canada, Jamaica, St. Kitts and Nevis, St. Lucia, USA, Virgin Islands (USA)

European Region: Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein,

Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom

Western Pacific Region: American Samoa, Australia, New Zealand

STUDENTS FROM THE ABOVE LISTED COUNTRIES, WHO HAVE NO OTHER KNOWN RISKS, DO NOT NEED TO UNDERGO TB SCREENING.

Please contact the Student Health Center with questions Fax: 585-475-7788 Phone: 585-475-2255

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