

Dear Visiting Student,

Congratulations on your acceptance to Marist College!

The office of Marist Health Services facilitates the College's compliance with New York State Health laws. As visiting students do not pay the Health Services Fee, they are not eligible for medical care through Health Services.

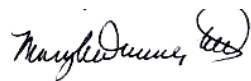
Office of Health Services
Student Center 350
Marist College
3399 North Road
Poughkeepsie, NY
12601-1387
845-575-3270
845-575-3275 fax
Health.Services@Marist.edu

Enclosed are three New York State mandated forms that you must complete and sign. Please return them via mail or fax, or you may scan completed documents to email to Health.Services@marist.edu. **All forms must be received as soon as possible after enrollment, by August 1 for incoming Fall students.**

Please note that students will not be allowed to register for classes or remain on campus unless all completed forms have been received.

We recommend that you keep a copy of all your health forms for your own reference.

Sincerely,



Mary L. Dunne, MD
Medical Director

Enc: page 2 MMR Vaccination Information
 page 3 Mandatory Immunization Information
 page 4 Mandatory Meningitis Information

MARIST

Name _____ Date _____
LAST FIRST MIDDLE

CWID# _____ Date of Birth _____

Cell Phone _____ Email address _____

MANDATORY IMMUNIZATION INFORMATION

N.Y.S. Public Health Law § 2165 requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957, are exempt from this requirement. Immunizations below must have been given after 1957 AND after the first birthday; the second immunization must have been given on or after 15 months of age.

Student to complete:

Check one to indicate the way in which you are complying with NYS Public Health Law 2165:

- See immunization/immunity information below
- See attached immunization record (must be dated and signed by health care provider)
- See attached immunization record from high school, prior college, or military service
- See attached documentation of honorable discharge from the US military (immunization record must follow)
- I was born before January 1, 1957, and I am exempt from this requirement
- I have a medical exemption; see attached documentation
- I have a religious exemption; see attached documentation

Health Care Provider to complete:

The following section must be completed and signed by a licensed health care provider unless the student is providing a copy of a high school health record or a certified vaccine record (please attach). Dates must include month, day, and year.

Immunization		Date (month/day/year)
1. Measles – First dose	Administered after first birthday	
2. Measles – Second Dose	Administered after 15 months of age, at least 30 days after first dose	
3. Mumps	Administered after first birthday	
4. Rubella	One live vaccine administered After first birthday	
OR		
1. MMR #1 (measles, mumps,rubella)	Administered after first birthday	
2. MMR #2	At least 30 days after first MMR.	
OR		
Titer	Blood test proving immunity to Measles, Mumps, and Rubella	

 Print name of Health Practitioner

 Signature

 Date

MARIST

Name _____ Date _____
 LAST FIRST MIDDLE

CWID# _____ Date of Birth _____

MANDATORY MENINGITIS INFORMATION

New York State Public Health Law §2167 requires colleges and universities to distribute information about meningococcal disease and vaccinations to all students.

Meningitis is rare. 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 have doubled since 1991. The disease strikes about 3000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States (types A, C, Y and W-135); these types cause nearly two-thirds of the meningitis cases among college students.

It is mandatory that you review the enclosed information, complete the form below and return it to Marist Health Service.

MANDATORY MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law §2167 mandates 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 the following form.

I have: (check one box and sign below)

had the meningococcal immunization within the past 10 years

Menomune: date received _____

or

Menactra: date received _____

read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine.

Student name (Please Print) _____

Student Signature _____
 (Parent must sign if student is younger than 18 years of age.)