Congratulations on your acceptance to Marist College!

As part of your enrollment requirements, you must:

- Submit proof of Measles, Mumps, and Rubella (MMR) immunizations. See Vaccination Requirements Form for compliance requirements
- Complete and sign the Meningitis Vaccination Response Form
- Complete the TB Screening Questionnaire

Please note these important guidelines:

- You will not be allowed to register for classes unless this information has been received.

Submit all information as soon as possible prior to your entry date.

Mail:
Marist College
Office of Enrollment Services
Lowell Thomas 120
3399 North Road
Poughkeepsie, NY 12601

Fax: (845) 575-3215

Email: Email ALL completed documents as a PDF to immunization@marist.edu. Do NOT send directly to Health Services.
New York State Public Health Law 2165 requires that undergraduate, graduate, and professional students taking 6 or more credit hours demonstrate acceptable proof of immunity against measles, mumps and rubella to the schools in which they are enrolling.

Students who are not in full compliance with the requirements of the New York State Public Health Law 2165 will NOT be allowed to remain enrolled in courses after 30 days from the start of the term and may forfeit all or part of their tuition.

REQUIRED VACCINES:
• Measles – 2 doses of live vaccine: the first given no more than 4 days before your first birthday, and the second at least 28 days after the first
• Mumps – 1 dose
• Rubella – 1 dose

ACCEPTABLE PROOF OF IMMUNITY:
• Certified Vaccination Administration Record from your doctor
• Immunization records from your undergraduate institution, high school, or the armed services (proof of honorable discharge from the armed services within 10 years of enrollment in Marist College will allow you to attend classes pending actual receipt of your immunization records)
• Physician documented proof of disease (not acceptable for rubella)
• Blood tests proving immunity to Measles, Mumps and Rubella (a.k.a. Blood Antibody Titer)

Please note that New York State immunization requirements may differ from those of other states and you may need to receive additional vaccinations in order to be in compliance.

YOUR IMMUNIZATION RECORDS SHOULD:
• Clearly indicate the vaccines, dates, name and location of the doctor or clinic
• Be stamped and signed by the doctor or clinic
• Be easily readable
• Include your name (current name as enrolled, if different from childhood name), birthdate, and CWID. You can add this to your immunization record or include it in an email or on a separate sheet of paper

EXCEPTIONS:
• If you are a student born before January 1, 1957
• If you are unable to receive a vaccine for medical reasons your doctor writes a note to this effect and signs it
• If you are unable to receive a vaccine for religious reasons and you must submit documentation. In the event of an outbreak of measles, mumps or rubella, you may not be allowed to attend classes or remain on campus
• Entering students are required to submit proof of immunity (usually 2 MMR vaccinations) or documentation of medical or religious exemption
• If the program you are enrolling in is 100% online

Return by:

Mail: Marist College
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      3399 North Road
      Poughkeepsie, NY 12601

Fax: 011-845-575-3215

Email: immunization@marist.edu.

Scan ALL completed documents to immunization@marist.edu.
New York State Public Health Law 2167 requires that colleges and universities distribute information about meningococcal disease and vaccinations to all students.

It is mandatory that you review this information, sign, and return this form to Marist College.

Check one box and sign below

I have:

☐ had the meningococcal immunization within the past 5 years. The vaccine record is attached.

Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.

Menomune: date rec’d ______, OR Menactra: date rec’d ______, OR Other Meningitis Immunizations: date rec’d ______ date rec’d ______

☐ read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will NOT obtain immunization against meningococcal disease.

Student Name: ____________________________ Student Signature: ____________________________

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningococcal disease 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. The disease strikes about 2500 Americans each year and claims about 300 lives.

Cases of meningitis among teens and young adults 15 to 24 years of age have increased by almost 60% since the 1990’s. Freshmen living in dormitories are up to six times more likely to get the disease than other people. Meningococcal disease is spread through air droplets and direct contact with someone who is infected. Students can reduce their risk by getting vaccinated and by not sharing things like utensils, beverages, cigarettes, etc.

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. Protection lasts approximately 3 to 5 years. The CDC advises that students who received the vaccine at age 11 – 12 should receive a booster before college. This booster dose at age 16 enhances protection during the years when the student is at the greatest risk of meningococcal disease.

Teens and young adults can also be vaccinated against the “B” strain. Students should discuss this vaccine with their health care provider. For more information, see http://www.cdc.gov/meningitis/index.html.

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Fax: (845) 575-3215

Email: Email ALL completed documents as a PDF to immunization@marist.edu. Do NOT send directly to Health Services.
Last Name: _______________________________ First Name: _______________________________ DOB: __________________ Date: ________________

Gender: _______________________________ CWID: _______________________________ Cell Phone #: __________________

Home Address: __________________________________________________________

Email: ________________________________

Please answer the following questions:

1. Have you ever had a positive TB skin test?  □ Yes  □ No
2. Have you ever had close contact with anyone who was sick with TB?  □ Yes  □ No
3. Have you been an employee or volunteer in a high-risk setting (e.g. correctional facility, nursing home, homeless shelter, hospital, other health care facility)?  □ Yes  □ No
4. Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years?  (If yes, please CIRCLE the country)  □ Yes  □ No
5. Have you ever traveled* to/in one or more of the countries listed below?  (If yes, please CHECK the country/ies) *The significance of the travel exposure should be discussed with a health care provider and evaluated.  □ Yes  □ No

If the answer is YES to any of the above questions, Marist College requires that a health care provider complete a Tuberculosis Risk Assessment (available at www.marist.edu/healthservices/healthforms)

If the answer to all of the above questions is NO, no further testing or further action is required. Be advised, however, that a TST is required for many community service activities at Marist College.

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2014. Countries with incidence rates of greater or equal to 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata/?vid=510
Persons with any of the following are candidates for either Mantoux tuberculin skin test (TST) with purified protein derivative (PPD) tuberculin or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented. If a previous positive test has been documented, please attach details of evaluation and treatment.

**Health care provider to complete**

### RISK FACTORS

**Recent close contact with someone with infectious TB disease**
- ☐ Yes ☐ No

**Foreign-born from (or travel* to/in) a high-prevalence area**
(e.g. Africa, Asia, Eastern Europe, Central or South America, and Russia)
- ☐ Yes ☐ No

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

**Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease**
- ☐ Yes ☐ No

**HIV/AIDS**
- ☐ Yes ☐ No

**Organ transplant recipient**
- ☐ Yes ☐ No

**Immunosuppressed (equivalent of >15 mg /day of prednisone for >1 month or TNF-Tumor Necrosis Factor–alpha antagonist, or immunosuppressive drug therapy following organ transplantation)**
- ☐ Yes ☐ No

**History of illicit drug use**
- ☐ Yes ☐ No

**Resident, employee, or volunteer in a high-risk congregate setting**
(e.g. correctional facilities, nursing homes, homeless shelters, hospitals, other health care facilities)
- ☐ Yes ☐ No

**Medical condition associated with increased risk of progressing to TB disease if infected:**
diabetes mellitus; silicosis; head, neck, or lung cancer; hematologic or reticuloendothelial disease such as Hodgkin’s disease or leukemia; end-stage renal disease; intestinal bypass or gastrectomy; chronic malabsorption syndrome; low body weight (i.e. 10% or more below ideal for the given population)
- ☐ Yes ☐ No

### 1. SIGNS OR SYMPTOMS

Does the student have signs or symptoms of active tuberculosis disease?
- ☐ Yes ☐ No

If No, proceed to 2 or 3.

If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.
2. HOW TO TEST
At the present time, the Mantoux test is the only acceptable TST. To perform this test, inject 0.1ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) intradermally into the volar (inner) surface of either forearm.

A history of BCG vaccination should not preclude tuberculin skin testing of students. TST can be administered during pregnancy.

If a student has recently received a live virus vaccination, skin testing should be delayed for 4-6 weeks after the student received the vaccination. However, a TST can be performed on the same day as live virus administration without compromising the integrity of the result.

Two-step testing is particularly important and should be considered for the initial skin testing of persons who will be retested periodically, e.g. health profession students, workers, and volunteers. Two-step testing is more reliable in identifying remote infection (e.g. infection in childhood). If the first test is positive, the person should be considered infected. If the first test is negative, a repeat test should be administered 1-3 weeks later. If the second test is positive, consider the person infected. If there is documentation of a negative TST within the prior 12 months, only one TST needs to be done, and this is considered the second of the two-step tests.

3. HOW TO INTERPRET THE TST
TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”.

The TST interpretation should be based on mm of induration as well as risk factors.

Date given: ______/_____/______ Lot #: __________________________ Administered by ______________________________________

Date read: ______/_____/______ Read by: ______________________________________

RESULT: ______ mm induration

INTERPRETATION:  □ positive  □ negative

Date given: ______/_____/______ Lot #: __________________________ Administered by ______________________________________

Date read: ______/_____/______ Read by: ______________________________________

RESULT: ______ mm induration

INTERPRETATION:  □ positive  □ negative

>5mm is positive in the following:
• Recent close contacts of an individual with infectious TB
• Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
• Organ transplant recipients
• Immunosuppressed persons: taking equivalent of >15 mg prednisone for > 1 month; taking a TNF-alpha antagonist
• HIV-infected persons

>10 mm is positive in the following:
• Persons born in a high prevalence country or who resided in one for a significant* amount of time
• History of illicit drug use
• Mycobacteriology laboratory personnel
• History of resident, worker, or volunteer in high-risk congregate settings
• Persons with the following clinical conditions: silicosis; diabetes mellitus; chronic renal failure; leukemias and lymphomas; head, neck or lung cancer; low body weight (>10% below ideal); gastrectomy or intestinal bypass; chronic malabsorption syndromes.

>15 mm is positive in the following:
• Persons with no known risk factors for TB disease
4. INTERFERON GAMMA RELEASE ASSAY (IGRA)

Date obtained: _____/____/____ (specify method) □ QFT-G □ QFT-GIT □ T-Spot □ other_____
Result: □ negative □ positive □ indeterminate □ borderline □ (T-spot only)

5. CHEST X-RAY: (REQUIRED IF TST OR IGRA IS POSITIVE)

Date of chest x-ray: _____/____/____ Result: □ normal □ abnormal □ (attach full interpretation)

What to do when the TST or IGRA is positive
Persons with a positive TST or IGRA must undergo chest radiography and medical exam. If any x-ray changes or signs and symptoms of active TB are identified, active TB disease must be excluded.

If the chest x-ray and medical exam are normal, treatment for latent tuberculosis infection (LTBI) is recommended since this greatly reduces the risk of TB infection progressing to TB disease in the student and serves to reduce the burden of TB in the United States. Treatment is most important for those with a particularly high risk for progression from latent infection to active disease including individuals who had a TST conversion within 2 years and those with HIV/AIDS or other clinical conditions associated with a suppressed immunity.

Treatment with INH daily for nine months is the preferred regimen; however other regimens may be appropriate. (www.cdc.gov/tb/pubs/LTBI/treatment.htm: Guide for Primary Health Care Providers: Targeted Tuberculin Testing and Treatment of LTBI.)

Completion of treatment is a high priority. Students can be followed regularly while at Marist College and monitored for compliance with and possible side effects of or adverse reactions to treatment.

Post-treatment follow up should include providing the student documentation of TST or IGRA results, chest radiograph results, and the dosage and duration of medication treatment. Students who have completed LTBI therapy should be educated regarding signs and symptoms of TB disease and instructed to seek medical care immediately up on developing any signs or symptoms of TB.

6. DETAILS OF RECOMMENDATION AND TREATMENT:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Health care provider name printed:________________________________________________________

Health care provider signature:_________________________________ Date:____________________

Address:_________________________________ City:_________________ State:_____ Zip code:________

Phone:_________________________________ Fax:_________________