

American Museum of Natural History

Richard Gilder Graduate School

New York State Post-Secondary Health Requirement

Measles, Mumps, and Rubella (MMR)

New York State Public Health State Law 2165 requires that students born on or after January 1, 1957 provide documentation of their immunization to measles, mumps and rubella (MMR) before their first term of study. For information on measles, mumps and rubella and vaccinations, go to: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.html>.

Meningococcal Meningitis

New York State Public Health Law 2167 requires that students receive information about meningococcal meningitis and the vaccine that protects against most strains of the disease that occur on campuses. Students must certify their vaccination decision with the Richard Gilder Graduate School Director of Administration before matriculation (page 3). A fact sheet about meningococcal meningitis and the vaccine is provided in this document (pages 4 and 5).

Other Immunizations

Students should consider immunization against hepatitis B (three-dose series), varicella (chicken pox), tetanus and diphtheria, in addition to routine childhood immunizations. Other immunization may be appropriate to consider prior to undertaking international field work (see <http://wwwn.cdc.gov/travel/default.aspx>)

Certifying Your Immunization

Acceptable proof of immunization (any one of these will suffice):

- Richard Gilder Graduate School Immunization Form (attached)
- Copy of your certified immunization record provided and signed by your health care practitioner. Please be sure your full name and date of birth appear on the documentation, in addition to specific types of vaccines and dates administered (or date of disease diagnosis)
- Student health record from your previously attended school. Please be sure your full name and date of birth appear on the documentation, in addition to specific types of vaccines and dates administered (or date of disease diagnosis)

MMR Vaccine Requirements:

- Live Measles: 2 doses required. Vaccines must have been administered at least 28 days apart. Measles vaccine doses administered prior to 1968 are not valid unless documentation specifically states it was a LIVE vaccine.
- Live Mumps: 1 injection required. Vaccine was not available in the U.S. until 1/1/69, therefore no statement of immunization administered before that date is acceptable.
- Live Rubella: 1 injection required. Vaccine was not available in the U.S. until 1/1/69, therefore no statement of immunization administered before that date is acceptable.

All immunizations must have been received after your first birthday.

Please note: The MMR combined vaccination fulfills the requirement for 1 measles, 1 mumps, and 1 rubella immunization. A second measles shot is required. The MMR combined vaccine was not available in the U.S. before 1/1/72, therefore no immunizations administered before that date are acceptable for U.S. students.

Or

Serological proof of measles, rubella and mumps antibodies (a copy of the lab report must be submitted).

Students who cannot prove their immunity in compliance with the specific dosages and timings required for MMR as outlined will be required to have these immunizations administered prior to matriculating. After receiving the vaccines, they will follow the information above to submit their proof of immunity.

Exemption

Proof of immunization may be exempt for students born before January 1, 1957, religious and/or medical reasons.

- Medical Exemption- A written and signed documentation from your physician detailing the reason for exemption must be submitted. After your request has been reviewed and processed, you will be notified in writing if either a temporary or permanent exemption has been granted. If a temporary exemption is given, you will be expected to complete the requirement at the exemption's expiration.
- Religious Exemption- Most religious groups that object to immunizations will provide you with a standard form indicating such objection. You may also submit a letter detailing the religious basis of your objection. You may be asked to provide additional supporting documentation. After your request has been processed, you will be notified in writing if the exemption has been granted.

For more information on Immunization for New York State Post-secondary Institutions, please visit:
<https://www.health.ny.gov/prevention/immunization/handbook/>

Immunization Form

Immunization form must be filled out and signed by your health care provider and submitted before the first day of class. Please make a copy of this form for your records and return the original to the RGGGS Departmental Administrator via fax, 212-769-5257, or email, administrativeassistant-rggs@amnh.org.

To Be Completed By Student

Date:	Date of Birth:	
Last Name:	First Name:	MI:
Permanent Address:		
City:	State:	Zip Code:
Country:		
Home Tel:	Cell Phone:	
Email:		

To Be Completed By Healthcare Provider

Section 1: MMR (Measles, Mumps, Rubella)		
Vaccine	Specification	Date (month/day/year)
1 st Dose of MMR	Administered between 12-15 months of age or later	
2 nd Dose of MMR	Administered more than 30 days after 1 st dose but after 15 months of age	
Section 2: Individual Immunization (please fill out accordingly)		
1 st Dose of Measles	Administered between 12- 15 months of age or later	
2 nd Dose of Measles	Administered more than 30 days after 1 st dose but after 15 months of age	
History of Measles Illness	Physician Diagnosed Disease History (onset date)	
Serological Testing of Measles Antibodies	Lab report must be submitted	
1 Dose of Mumps	Administered after 1 year of age	
History of Mumps Illness	Physician Diagnosed Disease History (onset date)	
Serological Testing of Mumps Antibodies	Lab report must be submitted	
1 Dose of Rubella	Administered after 1 year of age	
Serological Testing of Rubella Antibodies	Lab report must be submitted	

Healthcare Provider Name:		
Healthcare Provider Stamp:		
Office Tel:	License Number:	
Healthcare Provider Signature:		Date:

Meningococcal Vaccination Response Form

New York State Public Health Law 2167 requires that all college and university students receive information about the meningococcal meningitis vaccine, and that all college and universities collect and maintain a record of each student's decision regarding meningitis vaccination. Please read the information about this disease and the vaccine on the attachment (Information from the New York State Department of Health Bureau of Immunizations), then record your decision on this sheet. Make a copy of this form for your records and return the original to the RGGGS Departmental Administrator via fax, 212-769-5257, or email, administrativeassistant-rggs@amnh.org.

Check one statement and sign below.

Print Student's Name:	
Student's DOB:	
Telephone Number:	Email:

I have (for students under the age of 18: My child has):

had meningococcal meningitis immunization within the past 5 years. (Please provide a vaccination record signed by your health care provider that shows the type and date of this immunization.)

Note: The Center for Disease Control's 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.

read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.

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

Signature: _____
(Parent/Guardian's Signature if under the age of 18)

Date: _____

Information About Meningococcal Meningitis

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms. Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations

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What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
 - It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
 - Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the “B” strain. Talk to your health care provider about whether they recommend vaccine against the “B” strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- People exposed during an outbreak
- Travelers to the “meningitis belt” of sub-Saharan Africa
- Military recruits

Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance?

As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel?

- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the “meningitis belt” of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Learn more about meningococcal disease: www.cdc.gov/meningococcal/

Travel and meningococcal disease:

<https://wwwnc.cdc.gov/travel/diseases/meningococcal-disease>

For more about the vaccine for meningitis, including vaccine safety and risks:

<https://www.cdc.gov/vaccines/vpd/mening/index.html>

For more information about vaccine-preventable diseases:

<https://www.health.ny.gov/prevention/immunization/>

**Information provided about meningococcal disease comes from the New York State Department of Health Bureau of Immunizations (<https://www.health.ny.gov/publications/2168/>)*