



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. 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://www.cdc.gov/travel/default.aspx>)

Certificate of Immunization

Proof of immunity includes certificate of immunization signed by a physician or health care provider which specifies type of vaccine and dates administered or date of disease diagnosis.

Acceptable proof of immunization:

- Richard Gilder Graduate School Immunization Form (attached)
- Copy of your certified immunization record provided by your health care practitioner
- Student health record from your previously attended school

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.



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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 Director of Administration via fax, 212-769-5257, or email, directorofadministration-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		
Serological Testing of Measles Antibodies	Lab report must be submitted	
1 Dose of Mumps	Administered after 1 year of age	
History of Mumps Illness		
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:



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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. Meningococcal meningitis is a rare but serious disease that may affect young adults. There is a somewhat higher risk among young adults living in communal housing such as residence halls. Vaccination provides protection against the more common types of the disease. Only one dose is necessary. Adults entering educational institutions should become informed about meningococcal meningitis and the risk of contracting the disease and should consider carefully whether or not vaccination is appropriate for them. Read additional information about this disease and the vaccine on the attachment.

Print Student's Name: _____

Student's DOB: _____

Telephone Number: _____ **Email:** _____

Check one statement and sign below.

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

had meningococcal meningitis immunization within the past 10 years.

Date received: _____ (Please provide proof of immunization signed by your health care provider)

(Note: If you (your child) received the meningococcal vaccine available before February 2005, called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine, called Menactra™, should be considered within 3-5 years after receiving Menomune™.)

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 meningitis?

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. For bacterial meningitis, it is also important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. Before the 1990s, Haemophilus influenzae type b (Hib) was the leading cause of bacterial meningitis, but new vaccines being given to all children as part of their routine immunizations have drastically reduced the occurrence of invasive disease due to H. influenzae. Today, Streptococcus pneumoniae and Neisseria meningitidis are the leading causes of bacterial meningitis in adults. Fortunately, there are vaccines available for all three types of bacteria.

What are the signs and symptoms of meningitis?

High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. These symptoms can develop over several hours. Other symptoms may include nausea, vomiting, rash, discomfort looking into bright lights, confusion, and sleepiness. As the disease progresses, patients of any age may have seizures.

How is meningitis diagnosed?

Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made by growing bacteria from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back where fluid in the spinal canal is readily accessible. Identification of the type of bacteria responsible is important for selection of correct antibiotics.

Can meningitis be treated?

Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started very early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15% for everyone except the very young and the elderly.

Is meningitis contagious?

Yes, some forms of bacterial meningitis are contagious. The bacteria are spread through the exchange of respiratory and throat secretions (e.g., coughing, kissing). Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been. Sometimes, however, the bacteria that cause meningitis have spread to other people who have had close or

prolonged contact with a patient with meningitis caused by *Neisseria meningitidis* (also called meningococcal meningitis) or Hib. People in the same household or residence hall, or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection. People who qualify as close contacts of a person with meningitis caused by *N. meningitidis* should receive antibiotics immediately to prevent them from getting the disease. Tell your doctor if you think you have been exposed to someone with meningitis. Meningitis cases have to be reported to state or local health departments to assure follow-up of close contacts and to permit recognition of outbreaks.

Are there vaccines against meningitis?

Yes, there are two vaccines currently available in the United States that protect against *N. meningitidis*: Menomune and Menactra. Students who live in residence halls or other types of student communal living are at higher risk for meningococcal disease and should be educated about the availability of a safe and effective vaccine which can decrease their risk. Although large epidemics of meningococcal meningitis do not occur in the United States, some countries experience large, periodic epidemics. Students travelling overseas should check to see if meningococcal vaccine is recommended for their destination.

It's important for students interested in the vaccine to understand that it is safe and may be effective for up to 10 years; however, some individuals' vaccine-related immunity may wane after three-to-five years.

How can I learn more about the vaccine for meningitis, including vaccine safety and risks?

Please refer to this Center for Disease Control Website:

<http://www.cdc.gov/vaccines/vpd-vac/mening/default.htm>