MVCC HEALTH INFORMATION FORM

All students must complete this form before scheduling for classes.

New York State requires all students born on or after January 1, 1957, registered for 6 or more credit hours, to provide proof of immunity or immunization to measles, mumps, and rubella and sign the Meningitis Response Form. Ways of obtaining your immunization records are found on the web at the following website. www.mvcc.edu/FAQ.

Name:	·		Stud	lent M#	
	Last	F	irst MI		
Male _	_ Female _	_ Date of Birth:	Entering Term: Fall:	_Spring:	_Year:
	nealthcare p	• -	and sign, OR, please submit an of	ficial copy of y	our
	<u>Vaccine</u>	Vaccine Date	Serology (Titers) <u>Lab report</u> <u>must be submitted or attached</u> Date/Results	•	of Disease of Illness
	MMR	#1 #2			
	Measles Vaccine	#1	Rubeola + - <u>Lab report must be submitted</u>		
	Mumps Vaccine		Mumps + - <i>Lab report must be submitted</i>		
	Rubella Vaccine		Rubella + - <i>Lab report must be submitted</i>	Measles) di constitut	Rubella (German isease does not te immunity
•	Tdap/TD (To Hepatitis B (Varicella (C	etanus) / / / (3 doses) 1- / / hicken Pox) (2 doses): 1-	ommended but NOT required immunizations 2//3//	/	
			Date: _		
Check	one box:		ORM ALL STUDENTS I ler the 18 yrs. old.) Shot is not mand		
	had a meni	ingococcal meningitis i	immunization within the past 10 ye	ears/	_/
	understand immunizat	l the risks of not receivion against the mening	e the information regarding mening ving the vaccine. I have decided the gococcal meninges disease. althcenter/meningitisinformation		
X Stude	nt's sionatu	re (or narent/ouardian si	gnature if under 18 years old)	Date:	
Stude	m s signatui	. Con parona guarunan si	Sharare if allact to years old)		

(Please see reverse side.)

Exemptions

- Medical and Religious exemptions are allowed only as stated by NYS Public Health Law 2165.
- Age exemptions require proof of date of birth; i.e., a copy of driver's license.
- <u>Military Service exemptions</u> are allowed to those veterans who have been honorably discharged from the Military within the past 10 years. You will need to produce a copy of your honorable discharge; and a request to the Military requesting your immunization records. A form letter is available in for you to customize to mail to the Military to request your immunizations. Please see the Health Center in Utica or Student Services in Rome for assistance.

<u>Authorization to Provide Medical Care</u> Required for students under 18 years of age (optional for students over 18 years of age)

ne event of emergencies.	
Signature of Stud	ent Parent/Guardian Signature D (If student under 18 years of age)
erson to Notify in Case o	f a Medical Emergency (only called in an emergency)
·	
fame:	
ddress:	Relationship:
ddress:	Relationship:

Tel: 315-792-5452 * Fax: 315-731-5854 * e-mail: healthcenter@mvcc.edu