

# **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 immunization records are found at mvcc.edu/FAQ.

**Name:** \_\_\_\_\_ **Student M#** \_\_\_\_\_  
                     Last                                      First                                      Preferred Name

**Gender Identity:** \_\_\_\_\_ **Birth Date:** \_\_\_/\_\_\_/\_\_\_ **Entering:** Fall: \_\_\_ Spring: \_\_\_ Summer: \_\_\_ Year: \_\_\_

**OPTION #1:** Complete the MENINGITIS RESPONSE, sign the **BOTTOM AND COMPLETE THE BACK**. **SUBMIT FORM WITH A COPY OF YOUR IMMUNIZATION RECORD**. If under 18 years of age, a parent/guardian signature is needed. Thank you.

**OPTION #2:** Have your healthcare provider complete and sign table below. Answer the MENINGITIS RESPONSE, sign the **BOTTOM**, **AND COMPLETE THE BACK**. If under 18 years of age, a parent/guardian signature is needed. Thank you.

<b><u>Vaccine</u></b>	<b><u>Vaccine Date</u></b>	<b>Serology (Titers) <u>Lab report must be submitted or attached</u></b>	<b>History of Disease Date of Illness</b>
MMR	#1 #2		
Measles Vaccine	#1 #2	Rubeola + - <i>Lab report must be submitted</i>	
Mumps Vaccine		Mumps + - <i>Lab report must be submitted</i>	
Rubella Vaccine		Rubella + - <i>Lab report must be submitted</i>	Having had Rubella (German Measles) disease does not constitute immunity

Please list dates of vaccines for the following recommended but NOT required immunizations.

- Tdap/TD (Tetanus)    \_\_\_/\_\_\_/\_\_\_
- Hepatitis B (3 doses) 1- \_\_\_/\_\_\_/\_\_\_    2- \_\_\_/\_\_\_/\_\_\_    3- \_\_\_/\_\_\_/\_\_\_
- Varicella (Chicken Pox) (2 doses): 1- \_\_\_/\_\_\_/\_\_\_    2- \_\_\_/\_\_\_/\_\_\_

Physician's Name and Address: (or stamp) \_\_\_\_\_

Physicians Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **MENINGITIS RESPONSE - ALL STUDENTS MUST COMPLETE**

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

- had a meningococcal immunization within the past 5 years. The vaccine record is attached.
- I plan to obtain immunization against meningococcal disease within **30 days** from my private health care provider or other public or private health care provider.
- I have either read, received, or acknowledge the website link below containing, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child, if under 18) **will NOT** obtain immunization against the meningococcal disease at this time.   
<http://www.mvcc.edu/health-center/meningitis> .

**X** \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Student's signature

**X** \_\_\_\_\_  
                     Parent/guardian signature (under 18 years old)

**(TURN FORM OVER PLEASE)**

Student's Name: \_\_\_\_\_ M# \_\_\_\_\_

**Authorization to Provide Medical Care Required for students under 18 years of age**  
(optional for students over 18 years of age)

I hereby authorize the Student Health Center at Mohawk Valley Community College to give medical care to  
(Student Name) \_\_\_\_\_ at their request or to arrange such care as necessary in  
the event of emergencies.

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Signature of Student Date

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature - (If student under 18 years of age) Date

**Person to Notify in Case of a Medical Emergency** (only called in an emergency)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Day Night Cell

**Please submit to:**

**In-Person - Utica Campus:** Alumni College Center Room 104

**In-Person - Rome Campus:** Plumley Complex A30

**By Mail:** MVCC Health Center, 1101 Sherman Drive, Utica, NY 13501-5394

**By Fax:** 315-731-5854 (Utica) 315-334-7726 (Rome)

**Office Telephone:** 315-792-5452

**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.
- **Military Service exemptions** 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.