

VACCINATION REQUIREMENTS

The following vaccination requirements must be completed before the first day of classes to avoid being de-registered and not permitted to attend classes. Additionally, a hold will be placed on your account and will you not be able to re-register for classes until requirements are met.

1. MMR (Measles, Mumps, Rubella)

- According to the New York State Public Health Law 2165, students attending post-secondary institutions who were born on or after January 1, 1957 and registered for 6 or more credit hours are required to demonstrate proof of immunity against measles, mumps, and rubella **OR** vaccination of 2 Measles, 1 Mumps, 1 Rubella.

2. MENINGITIS

- According to the New York State Public Health Law 2167, all students are required receive information regarding the risks and recommendations of the meningococcal meningitis vaccine **and** to provide proof of the meningococcal vaccine giving in the last 5 years **OR** a signed (by student) declination statement.

To satisfy the Measles, Mumps, and Rubella (MMR) Requirement:

Reference:

https://www.health.ny.gov/prevention/immunization/schools/toolkit/sample_nys_phl_section_2165_imm_requirements.pdf

***Combined MMR (measles, mumps, rubella) vaccine for both doses, OR**

MEASLES

- 2 doses** of live measles vaccine
 - First dose given no more than 4 days before first birthday **and** second dose at least 28 days after the first dose
- OR** Titer (blood) test date and result – *NOTE: If your titer test does not indicate immunity, you will need to receive the vaccine, according to NYS law*
- OR** physician diagnosis of disease*

MUMPS

- One dose live mumps vaccine received no more than 4 days before first birthday
- OR** Titer (blood) test date and result – *NOTE: If your titer test does not indicate immunity, you will need to receive the vaccine, according to NYS law*
- OR** physician diagnosis of disease*

RUBELLA

- One dose of live rubella vaccine received no more than 4 days before first birthday
- OR** Titer (blood) test date and result – *NOTE: If your titer test does not indicate immunity, you will need to receive the vaccine, according to NYS law*

To satisfy the Meningitis Requirement:

- Proof of Meningococcal meningitis vaccine (within 5 years) **or**
- Signed **Declination Statement** (by student or parent/guardian if under the age of 18) if the student did not and choose not to receive the meningitis vaccine. *A previous college waiver form is **not** acceptable.*

New York State Public Health Law requires all NYS colleges to drop (disenroll) non-compliant students (students without immunizations or proof of immunization) from classes if proof of immunization is not received **within 30 days of the first day of classes**. This thirty-day period may be extended to no more than sixty days if and only if a student can show (document) a good faith effort to comply with requirements.



VACCINATION REQUIREMENTS Continued

HOW TO SUBMIT VACCINATION RECORDS

- Upload your immunization history and proof to the student health portal by going to [Roberts.studenthealthportal.com](https://roberts.studenthealthportal.com) (*use your Roberts email and password to login*)
- Drop your records off to the Wellness Center (*located on the upper level of the Voller Athletic Center on campus*)
- Fax your records to the Wellness Center: (585) 594-6920
- *Transfer Students:* Immunization records are not automatically forwarded to the University with your academic transcript. You will need to contact your previous college to request your immunization records be sent or check the ability to print off your immunization records online to be sent.

Acceptable documents to prove immunity or immunization include:

- Certificate from a health care provider
- Immunization registry record
- Cumulative health record from a previous school
- Migrant health record
- Immunization transfer record
- Military immunization record
- Immunization portion of a passport
- Immunization record card signed by a health care provider

EXEMPTIONS FROM IMMUNIZATION REQUIREMENTS

Religious Exemptions

According to a NY State Public Health Law, a religious exemption is a written and signed statement from the student (parent/guardian of student less than 18 years of age) that they object to immunization due to their religious beliefs.

Medical Exemptions

According to NY State Public Health Law, a medical exemption must be written by a physician, physician assistance, or nurse practitioner, and state that a valid contradiction to vaccination exists. The exemption must specify which immunizations are contradicted and why.

**In the event of an outbreak, medical/religious exempt individuals should be protected from exposure and may include exclusion from classes or campus.*

ADDITIONAL IMMUNIZATION & HEALTH REQUIREMENTS FOR STUDENT ATHLETES & NURSING STUDENTS

Student Athletes:

- Sickle Cell Test
- PPD (dated within the last 2 years)
- Physical (dated within 6 months prior to starting practice)

Nursing Students *Required prior to starting clinical placement

- Hepatitis B Vaccine
- Varicella Vaccine
- Tdap Vaccine
- PPD (dated within the last 2 years)
- Physical (dated within 1 year)



MENINGOCOCCAL VACCINATION RESPONSE FORM

Complete and return form to the Wellness Center before first class session.

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to the Roberts Wesleyan University Wellness Center.

The Advisory Committee on Immunization Practices recommends that all first-year college students up to 21 years of age have at least 1 dose of Meningococcal ACWY (MenACWY) vaccine (Brand names: Menactra, Menveo) not more than 5 years before enrollment, preferably on or after the 16th birthday.

Young adults 16 through 23 years of age may choose to receive the Meningococcal B (MenB) vaccine series (Brand names: Trumenba, Bexsero). College and university students should discuss the MenB vaccine with a healthcare provider.

PLEASE NOTE: IF THE DATE OF YOUR VACCINATION EXCEEDS 5 YEARS WHILE YOU ARE STILL A STUDENT, YOU WILL NEED TO BE REVACCINATED OR SIGN THIS FORM TO DECLINE THE VACCINE AT THAT TIME.

Check one box and sign below.

I have (for students under the age of 18 years refers to the parent or legal guardian) received and reviewed the information regarding meningococcal disease.

- ☐ I (My child) had meningococcal immunization (MenACWY and/or MenB) **within the past 5 years of acknowledging this form.** The vaccine record is attached.
- ☐ I (My child) will obtain meningococcal immunization **within 30 days** from my private health care provider, the Monroe County Health Department, or other identified location
- ☐ I understand the risks of meningococcal disease and the benefits of immunization at the recommended ages. **I have decided that I (my child) will not obtain immunization against meningococcal disease at this time.**

Signature: _____ **Date:** _____
Signature of Student (or Parent/Guardian if student is under 18)

Print Student's Name _____

Date of Birth ____ / ____ / ____

Student Email Address _____

Phone # _____

Student Mailing Address _____

Cell # _____



INFORMATION ABOUT MENINGITIS

Meningococcal disease is a potentially fatal bacterial infection commonly referred to as meningitis. New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, to distribute information about meningococcal disease and vaccine to all students meeting the enrollment criteria, whether they live on or off campus.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illness such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that causes meningococcal disease even before they know they are sick. There have been several outbreaks of meningococcal disease at college campuses across the United States. Please carefully review the attached Meningococcal Disease Fact Sheet. It is also available on the New York State Department of Health website at www.health.ny.gov/publications/2168.pdf.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause meningococcal disease in the United States. The MenACWY vaccine is recommended for all teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16th birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth strain of meningococcal bacteria which also causes meningococcal disease. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series and should discuss the MenB vaccine with a healthcare provider.

All private insurance plans not grandfathered under the Affordable Care Act are required to cover the cost of MenACWY and MenB vaccines. Contact your health insurance plan to determine whether it covers MenACWY and MenB vaccines. The federal Vaccines for Children (VFC) and NYS Vaccines for Adults (VFA) programs will cover both MenACWY and MenB vaccines for children and adults who have no health insurance or whose health insurance does not cover these vaccines, as well as for children less than 19 years of age who are American Indian or Alaska Native or eligible for Medicaid or Child Health Plus.

Roberts Wesleyan University does *not* offer the meningitis vaccine. You can receive this vaccine from your own health care provider or the Monroe County Health Department, which offers vaccines by appointment. For appointment or information regarding immunizations through the Health Department, please call (585) 753-5150.

You and your child (if under 18) are encouraged to carefully review the [State Health Department information on meningococcal meningitis](http://www.health.ny.gov/publications/2168/) ([https://www.health.ny.gov/publications/2168/](http://www.health.ny.gov/publications/2168/)).

Roberts Wesleyan University is required to maintain a record for each student, signed by the student (or parent/guardian), which documents the following:

- Receipt and review of meningococcal disease and vaccine information;
AND EITHER
- A record of meningococcal immunization within the past 5 years; OR
- An understanding of meningococcal disease risks and benefits of vaccination at the recommended ages and the decision not to obtain immunization against meningococcal disease at this time.

To learn more about meningococcal disease and the vaccine, please feel free to contact our health service and/or consult your child's physician. You can also find information about the disease on the Centers for Disease Control and Prevention website at www.cdc.gov/meningococcal/.

NOTE: PER PUBLIC HEALTH LAW, NO INSTITUTION SHOULD PERMIT ANY STUDENT TO ATTEND THE INSTITUTION IN EXCESS OF 30 DAYS WITHOUT COMPLYING WITH THIS LAW. THE 30-DAY PERIOD MAY BE EXTENDED TO 60 DAYS IF A STUDENT CAN SHOW A GOOD FAITH EFFORT TO COMPLY.]

Please complete the Meningococcal Vaccination Response Form and upload it to the Student Health Portal at Roberts.studenthealthportal.com



Student's Name _____

Date of Birth ____/____/____

ROBERTS WESLEYAN UNIVERSITY IMMUNIZATION ATTENDANCE FORM

****Medical provider's signature/stamp or copy of the record is required***

1. **NYS Public Health Law 2165** mandates students born after January 1, 1957 **enrolled in six (6) credit hours or more** provide documented proof of immunity (vaccines or titer (blood) test results against measles, mumps, rubella disease.

MMR #1 (Measles, Mumps, Rubella) Date: ____/____/____

MMR #2 (Measles, Mumps, Rubella) Date: ____/____/____

OR documentation of immunity to measles, mumps, and rubella by separate vaccines or (blood) titer tests

Measles 1 Date: ____/____/____ **or** Positive/Immune Measles Titer Date: ____/____/____

Measles 2 Date: ____/____/____

Mumps Date: ____/____/____ **or** Positive/Immune Mumps Titer Date: ____/____/____

Rubella (German measles) Date: ____/____/____ **or** Positive/Immune Rubella Titer Date: ____/____/____

2. **NYS Public Health Law 2167** mandates ALL students, **regardless of age**, to provide either proof of meningococcal vaccine or signed declination statement rejecting the meningococcal vaccine.

Meningococcal Vaccine Type: _____ Date: ____/____/____ (dated within 5 years)

I elected not to be immunized against meningococcal meningitis disease.

I have read or have received information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I decided NOT to be immunized against the meningococcal meningitis disease.

Student Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____

**if student is under the age of 18*

TUBERCULOSIS SCREENING:

***Required for international, nursing (junior year) and high-risk students** (must be dated within 2 years)

PPD (Mantoux) within the past year: Date placed: ____/____/____ Date read: ____/____/____ (within 48-72 hours)

Result: ____ Negative ____ Positive ____ mm indurations (If positive, chest x-ray report is required)

RECOMMENDED IMMUNIZATIONS:

Tetanus/Diphtheria/Pertussis Date: ____/____/____ (dated within 10 years) ***REQUIRED for nursing**

Hepatitis A #1 Date: ____/____/____ Hepatitis A #2 Date: ____/____/____

Hepatitis B #1 Date: ____/____/____ Hepatitis B #2 Date: ____/____/____ Hepatitis B #3 Date: ____/____/____ ***Req Nursing**

Hepatitis A Positive Titer Date: ____/____/____ Hepatitis B Positive Titer Date: ____/____/____

Polio Booster Date: ____/____/____ Varicella disease Yes ____ No ____ Date: ____/____/____

Varicella vaccine # 1 Date: ____/____/____ Varicella vaccine #2 Date: ____/____/____ or Varicella Positive Titer Date: ____/____/____ ***Req Nursing**

COVID-19 Vaccine: ☐ Moderna ☐ Pfizer ☐ Johnson & Johnson

COVID Vaccine #1 Date: ____/____/____ COVID Vaccine #2 Date: ____/____/____ COVID Vaccine Booster Date: ____/____/____

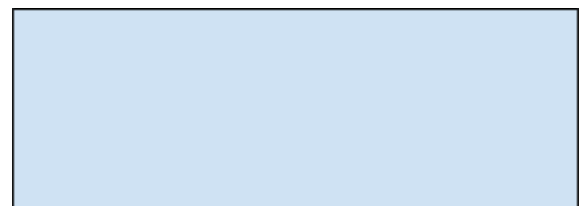
Medical provider signature/stamp or a copy of the medical provider's document must be attached.

MD, NP, or PA's Signature: _____

MD, NP, or PA's Printed Name: _____

Street Address _____

City, State, Zip _____



Physician's Stamp