



Dear RN to BS, MSNA, or MSNE Nursing Student (including online),

This packet is the best investment of your time, for it will serve you in completing the mandates and the inconvenience of a NYSPHL non-compliance college attendance exclusion process.

For college attendance, New York State Public Health Law 2165 requires all colleges/seminary students born after 1956, taking six credit hours or more, provide evidence of protection against (rubeola) measles, mumps and (German measles) rubella. Students born prior to 1957 are exempt only from the measles, mumps and rubella requirement, however, vaccination documentation or declination statement for meningococcal is required.

New York State Public Health Law 2167 requires all colleges/seminary students, **REGARDLESS OF AGE**, to provide either proof of meningococcal vaccine or a **signed (by student) declination statement** (*located in the midsection of immunization form*). An information sheet regarding risk factors of meningococcal meningitis disease is attached.

All nursing students must complete the immunization requirement for college attendance and prerequisite for the clinical, practicum, and internship experiences.

Vaccination records from your childhood school, previous college or physician is often the best source. Also, military and employment records are acceptable. However, these records may not satisfy all requirements.

Most adult students do not have copies of their childhood immunizations and/or unable to retrieve them because of lost or destroyed records. The following page provides information and options to fulfill the immunization mandate.

Immunization documents must be on file at the Health Center before the start of the first class. All New York State educational institutions are required to exclude non-compliant students from the premises. Violations of NYS PHL 2165 and 2167 may result in the imposition of a penalty of up to \$2,000 per student.

To expedite the process and maintain confidentiality, please submit your documents directly to the Health Center via mail, email, or (secured) fax to (585) 594-6920. *If documents are submitted to another department, posting to your account may be delayed up to two weeks.*

If you have any questions, please feel free to call the Health Center at (585) 594-6360.

Thank you for your attention in this important matter,

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ROBERTS WESLEYAN COLLEGE

New York State Public Health Law (NYSPHL) 2165 & 2167 mandates all students born on or after January 1, 1957, enrolled in six credit hours or more, demonstrate proof of immunity to measles, mumps, rubella, and meningococcal meningitis disease by vaccines or titer test results.

Examples of acceptable documents for immunization and physical:

- ❖ Roberts Wesleyan College Health History form completed by a health care provider
- ❖ Official copy of medical record from your health care provider
- ❖ Official copy of childhood school or high school immunization record
- ❖ Official copy of the previous college immunization record
- ❖ Official copy of employer health record
- ❖ Official copy of military health record

Any of the above records must present:

1. Dates of 2 MMRs vaccines, or TWO measles, one rubella and one mumps vaccines, or titer (blood) test results showing immunity to measles, mumps, and rubella. (*Equivocal, negative or non-immune titer results are not acceptable and vaccination is required*).
2. The meningococcal meningitis vaccine or Meningococcal Meningitis Vaccination Declination Statement completed and signed by the student if he or she did not receive the meningitis vaccine and elect to waive it at this time.
3. Prerequisites for the clinical, practicum, internship experiences: physical, tuberculin screening, hepatitis B series, varicella, and flu vaccine.

If you are unable to retrieve any records there are three alternatives to fulfill the NYSPHL immunization requirements for TWO measles, one mumps and one rubella:

1. Obtain a titer (blood) test for measles, mumps, rubella for attendance and nursing requirements
Hepatitis B and varicella titer (blood) test for the clinical, practicum, internship prerequisites
The titer test with positive or immune results are acceptable proofs
(*Equivocal, negative or non-immune results are NOT acceptable and vaccination is required*)
2. Obtain TWO MMR (measles, mumps, rubella) vaccines. MMR vaccines must be obtained at least 28 days or more apart.
3. Obtain one MMR vaccine, then after 28 days get another titer (blood) test specific for measles. The vaccine and measles titer test with positive or immune results are acceptable proof. (*Equivocal, negative or non-immune results are NOT acceptable and vaccination is required*)

Two options for the meningococcal requirement:

1. Obtain one meningococcal meningitis vaccine
2. Sign and date the meningococcal meningitis vaccine declination statement

Please note: History of the rubella disease is not acceptable.



ROBERTS WESLEYAN COLLEGE

Graduate Nursing Program

- RN to BS Program # _____
- MSNE Education Group # _____
- MSNA Leadership & Admin. Group # _____

Name: _____ Phone Number: _____ Birthdate: ____/____/____

Submission required to the Health Center before the first class session. Records mailed, faxed, or emailed is acceptable.

MANDATED IMMUNIZATIONS AND SCREENING FOR ATTENDANCE AN PROGRAM PARTICIPATION

- 1. NYS Public Health Law 2165 & 2167 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 (2) measles, (1) mumps, (1) rubella and meningococcal meningitis vaccine or signed declination statement waiving the meningococcal vaccine.

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 (Rubeola) Date: ____/____/____ **or** Positive/Immune Measles Titer Date: ____/____/____

Measles 2 (Rubeola) Date: ____/____/____ **or** Positive/Immune Mumps Titer Date: ____/____/____

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

Rubella (German measles) Date: ____/____/____ (History of the rubella disease is not acceptable)

Hepatitis B #1 Date: ____/____/____ Varicella #1 Date: ____/____/____

Hepatitis B #2 Date: ____/____/____ Varicella #2 Date: ____/____/____

Hepatitis B #3 Date: ____/____/____ Varicella Positive Titer Date: ____/____/____

Hepatitis B Positive Titer Date: ____/____/____ Varicella disease Yes ___ No ___ Date: ____/____/____

- 2. Meningococcal Vaccine** Type: _____ Date: ____/____/____ (within 5 years) or

I elected not to be immunized against meningococcal meningitis disease.

I have read or have had explained to me the 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: ____/____/____

- 3. Tuberculosis Screening**

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)

PPD *six months apart from first PPD:* Date placed: ____/____/____ Date read: ____/____/____ (within 48-72 hours)

RESULT: ___ Negative ___ Positive _____ mm indurations (If positive, chest x-ray report is required)

- 4. Physical exam date:** (with a year) Date: ____/____/____ **5. Flu Vaccine** Date: ____/____/____

RECOMMENDED IMMUNIZATIONS:

Tetanus/Diphtheria/Pertussis Date: ____/____/____ (dated within 10 years) Polio Booster Date: ____/____/____

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

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

STAMP

MD, NP, or PA's Signature: _____

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

Address, City, State: _____





What is meningococcal disease? Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease? Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States, approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread? The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms? High fever, headache, vomiting, stiff neck, and a rash are symptoms of meningococcal disease. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. Among people who develop meningococcal disease, 10-15% dies, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease? Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated? Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (rifampin, ciprofloxacin, or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office, or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis? In February 2005, the CDC recommended a new vaccine known as Menactra™ for use to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children 2-10 years old and adults older than 55 years. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine? Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine? The vaccine is recommended for all adolescents entering middle school (11-12 years old) and high school (15 years old), and all first year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers, and travelers to endemic areas of the world.

What is the duration of protection from the vaccine? Menomune™, the older vaccine, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

How do I get more information about meningococcal disease and vaccination? Contact your physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncidod/diseases/index.htm; and the American College Health Association, www.acha.org