NOTICE OF IMMUNIZATION REQUIREMENTS

A) Measles, Mumps and Rubella (“MMR”):

The State of New York mandates that students provide proof of immunizations for measles, mumps, and rubella if they were born on or after January 1, 1957. All such students will be required to provide the Office of Admissions with a copy of his/her immunization record or have a doctor complete the immunization form and submit it to the Office of Admissions by Friday, August 22, 2014.

B) Meningococcal Meningitis Vaccination Response Form

Regardless of state of residence, all students must complete and submit this form by Friday, August 22, 2014.

While you are not required to receive a meningitis vaccination, you are required to register your decision on this issue. New York State advises that students consider taking the meningococcal vaccine, which can prevent a potentially fatal bacterial infection known as (meningococcal) meningitis. New York State Public Health Law (NYS PHL) §2167 requires colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus.

Yeshiva University is required to maintain a record of the following for each student:

A response of receipt of meningococcal disease and vaccine information signed by the student. The information provided to you must include information on the availability and cost of meningococcal meningitis vaccine (Menomune™ or Menactra); AND EITHER

A record of meningococcal meningitis immunization within the past 10 years; OR

An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student.

Additional information and the required form are attached. Please be sure to review the materials and complete and return the form by the deadline.

*updated 6/24/2014
Meningococcal Meningitis Vaccination

You should know that meningococcal meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to accumulation/swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students nationwide will die from the disease.

There are two versions of the vaccine, one which was licensed in the 1970’s called MPSV4 (Menommune) and a newer vaccine, MCV4 (Menactra), licensed in recent years. Both provide equal protection except MCV4 is believed to offer longer lasting coverage. The Centers for Disease Control (CDC) recommends meningitis vaccine for college age populations. Menactra is advised for ages 11 to 55 years. Menommune may be used in those older than 55 or younger than 11 or if Menactra is not available. Both vaccines protect against four types of the bacteria that cause meningitis in the United States - types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students.

More information on the vaccines is available at Beth Israel Occupational Medicine offices, located at 317 E. 17th Street, 2nd Floor, NY, NY 10002. Although you must return the form to the Office of Admissions before the start of classes, should you decide that you wish to receive the vaccination, you will have up to 30 days from the start of school to be vaccinated. The clinic on 17th Street will provide Meningococcal vaccinations at a cost of $105.00. Appointments may be scheduled by calling 212-420-2882.

To learn more about meningitis and the vaccine, you may consult your primary physician or obtain information about the disease from the following:
• Beth Israel Medical Center Occupational Medicine Clinic;
• New York State Department of Health Web site: WWW.HEALTH.STATE.NY.US;
• Centers for Disease Control and Prevention (CDC) Web site: WWW.CDC.GOV/NCIDOD/DBMD/DISEASEINFO, or
• ACHA’S Web site: WWW.ACHA.ORG
• American College Health Association.

*updated 10/9/2013
PROOF OF IMMUNIZATION

Please complete and return this form to the Office of Admissions by Friday, August 22, 2014. Students who fail to complete all required information may be prohibited from attending classes.

Student's Name (please print) __________________________________________ Date of Birth __________________________

Daytime Phone __________________________ Email Address __________________________________________

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PROOF OF IMMUNIZATION: Measles, Mumps, Rubella

State law and the seriousness of public health issues mandate compliance with this request. It is required of all students born on or after January 1, 1957.

Examining Physician (please print) _______________________________________________________________________________________

Physician's Address/Phone ________________________________________________________________________________________________

Signature of Physician __________________________________________ Date____________________________

The above named student satisfies NY State immunization requirements as indicated below:

MEASLES History of disease/date of blood test __________________________________________

Date of 1st dose __________________ Date of 2nd dose(two doses required) __________________

MUMPS History of disease/date of blood test __________________________________________

Date(s) of vaccine __________________________________________

RUBELLA History of disease/date of blood test __________________________________________

Date(s) of vaccine __________________________________________

* * * *

Meningococcal Meningitis Vaccination - Vaccination Response (check appropriate box):

☐ I have had the meningococcal meningitis immunization (Menactra or Menomune™) within the past 10 years. Date received:
  [Note: The vaccine’s protection lasts for approximately 3-5 years. Revaccination may be considered within 3-5 years.]

☐ I have read the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days.

☐ I have read the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided I will not obtain immunization against meningococcal meningitis disease.

Signature __________________________________________ Date____________________________

We will accept your physician's form, blood work results, or your undergraduate records in lieu of this form so long as all the necessary information is provided.

Please return completed form to:
Office of Admissions, Benjamin N. Cardozo School of Law
55 Fifth Avenue, Room 1168, New York, NY 10003
Ph: (212) 790-0357 Fax: (212) 790-0482 Email: cardozoadmit@yu.edu