Broome Community College | BCC State University of New York

Student Health Services

P.O. Box 1017 ▪ Binghamton, NY 13902 voice: 607 778-5181
fax: 607 778-5530 URL: www.sunybroome.edu/~h_wellness

Take care of your immunizations now to prevent a hold on your registration.

All students born on or after January 1, 1957, who plan to register for 6.0 or more credits, must show documented evidence of immunity to measles, mumps, and rubella. A copy of your immunization record may be kept by your parents, doctor, elementary/junior high/high school, or public health clinic. It may also be available in your military records or through your passport.

Proof of the following is required:

- Measles (Rubeola) – two (2) doses of live measles vaccine given on or after your first birthday. Physician-documented history of disease is also accepted as well as a blood test evidencing immunity.
- Mumps – one (1) dose of live mumps vaccine given on or after the first birthday. Physician-documented history of disease is also accepted as well as blood test evidencing immunity.
- Rubella (German Measles) – one (1) dose of live mumps vaccine given on or after your first birthday. Physician-documented history of disease is also accepted as well as a blood test evidencing immunity.

Vaccines are available for a fee in the BCC Health Center as well as the Broome County Health Department, 225 Front Street, Binghamton, NY. However, vaccine administration prior to arriving on campus is encouraged.

Please bring all documentation to Student Health Services, Science 102, between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday. Please include your complete name, date of birth, and social security number on all pieces of information. For more information and/or clarification call Student Health Services at (607) 778-5181.

Meningitis vaccine IS NOT required. Check and sign waiver on the following page. If you are attending high school or college at the present time, please have the Health Office complete the following form on page 2 and then bring it to Student Health Services, Science 102, prior to registering for classes. This form may also be used by your physician.

See form on page 2.

Continued from page 1.

Last Name:_____ First Name:_____ Middle:_____

Birth Date: Mo._____ Day_____ Yr._____ Social Security or Student ID#:_____

PART A: MENINGITIS INFORMATION

I have (or for students under 18, my child has) (Please check one):
___ had the meningococcal immunization (Menomune®) within the past 10 years
___ read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease. I understand that I may choose to seek vaccination in the future. The vaccine is available at the Broome County Health Department for a fee and may also be available from community health providers.

_____ _____
Signature of student (or parent/guardian if under 18) Date

PART B: IMMUNIZATION RECORD – MUST BE SUBMITTED BY ALL STUDENTS BORN ON OR AFTER JAN. 1, 1957

	IMMUNIZATION	Date vaccine given: Mo./Day/Yr.	Serology date	Immune		Physician diagnosed disease/date of onset
				Yes	No	
MANDATORY Note: All doses must be given on or after first birthday	MMR combined (2 doses) OR	#1 #2				
	Measles (2 doses) and	#1 #2				
	Mumps (1 dose) and					
	Rubella (1 dose)					History of disease **not** acceptable
	Meningococcal vaccine					

This form must be signed by a medical care provider.
I certify that the above is complete and accurate to the best of my knowledge.

_____ _____
Signature Health Care Provider or School Official's Name

High School/College: _____ Telephone: _____

Address: _____