

IMMUNIZATION REQUIREMENTS

for
all students taking
six or more credit hours
at

JAMESTOWN COMMUNITY COLLEGE

- You are required to provide JCC's health center with a copy of your MMR immunizations (high school record or signed physician record).
- You are required to complete and return the form inside this brochure as to your choice regarding the voluntary meningitis vaccination.
- These steps must be completed prior to attending classes! You are responsible for getting all immunization records to JCC.
- Failure to comply will result in administrative withdrawal from JCC and a \$25 fine.**



Jamestown Community College
CAMPUS HEALTH CENTER

www.sunyjcc.edu
Jamestown Campus
Campus Health Center
525 Falconer St., PO Box 20
Jamestown, NY 14720-0020
716.338.1013 | FAX: 716.338.1461

Cattaraugus County Campus
Sen. Patricia McGee Student Health Center
260 N. Union St., PO Box 5901
Olean, NY 14760-5901
716.376.7569 | FAX: 716.338.1461

DETACH AND RETURN TO JCC HEALTH CENTER
(complete all information)

MEASLES ♦ MUMPS ♦ RUBELLA

Name _____

J-Number _____

Last year in high school _____

Birthdate _____

Measles	#1 _____/_____/_____ month day year
	#2 _____/_____/_____ month day year
	OR date of disease _____
Mumps	#1 _____/_____/_____ month day year
	#2 _____/_____/_____ month day year
	OR date of disease _____
Rubella	_____/_____/_____ month day year

OR

MMR	#1 _____/_____/_____ month day year
	#2 _____/_____/_____ month day year

Physician's signature _____

Date _____

**ENCLOSE A COPY OF YOUR IMMUNIZATION RECORD
AND MAIL TO:
JCC HEALTH CENTER
525 FALCONER ST., PO BOX 20
JAMESTOWN, NY 14702-0020**

MENINGITIS

Please check one box and sign below:

I have (students under age of 18: My child has)

had the meningococcal meningitis immunization within the past 10 years.

Date received: _____

Read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risk of not receiving the vaccine. I have decided that I (my child) **WILL NOT** receive a meningitis vaccination at this time.

Signed _____

Date _____

PLEASE PRINT

Student's name

Student's date of birth

J-Number

() _____
Student's phone number

Detach here