MENINGITIS

Please check one box and sign below:

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

☐ had the meningococcal meningitis immunization within the past five 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 (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

The college reserves the right, whenever it deems advisable, to change its schedule of tuition and fees; to withdraw, cancel, reschedule, or modify any course, program of study, degree, requirement or policy. Jamestown Community College does not discriminate on the basis of color, sex, sexual orientation, race, creed, religion, national origin or citizenship, age, marital status, military status, disability, family status, domestic violence victim status, arrest or conviction record, or predisposing genetic characteristics. This policy applies to access to all activities and programs under the college sponsorship as well as to application and selection for admission, employment, and all other personnel procedures within the college. This material can be made available in alternative media upon request for those with disabilities. Accommodations for those with disabilities can be arranged upon request.

IMMUNIZATION REQUIREMENTS for students taking six or more credit hours

Read carefully!

» 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.

JCC
JAMESTOWN COMMUNITY COLLEGE
SUNY

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Non-profit Organization
U.S. Postage Paid
JCC

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-campushealthcenter
www.sunyjcc.edu

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-campushealthcenter
www.sunyjcc.edu
MENINGOCOCCAL MENINGITIS

New York State public health laws require proof of immunization against measles, mumps, and rubella (MMR) and mandates that colleges provide information regarding meningitis to college students. For more information, visit http://www.ny.gov/services/health.

» WHAT IS MENINGOCOCCAL MENINGITIS?
This type of meningitis is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the U.S.

» HOW IS THE DISEASE SPREAD?
Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items such as cigarettes or drinking glasses or through intimate contact such as kissing.

Although anyone can come in contact with the bacteria that causes this disease, data also indicates certain social behaviors, such as exposure to passive and active smoking, bar patronage, and excessive alcohol consumption, may put students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas are at increased risk.

» WHAT ARE THE SYMPTOMS?
The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease can be fatal.

» HOW SOON DO THE SYMPTOMS APPEAR?
The symptoms may appear two to 10 days after exposure, but usually within five days.

» 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. 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?
Presently, there is a vaccine that will protect against some of the strains of meningococcus. It is recommended in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur. For some college students, such as freshmen living in dormitories, there is a modestly increased risk of meningococcal disease. The vaccine can cost as much as $90 but the cost may be covered by the individual’s health insurance policy.

» HOW EFFECTIVE IS THE VACCINE?
The vaccine has been shown to provide protection against the most common strains of the disease. The vaccine has shown to be 85 to 100 percent effective in serogroups A and C in older children and adults.

» IS THE VACCINE SAFE AND HOW LONG DOES IT PROVIDE PROTECTION?
The vaccine is very safe and adverse reactions are mild and infrequent. The meningococcal vaccine’s efficacy may last five years or longer.

» WHAT IS THE MENINGOCOCCAL VACCINE?
The meningococcal vaccine can be given to patients who are at increased risk of meningococcal disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas are at increased risk.

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CAMPUS HEALTH CENTERS

www.sunyjcc.edu

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

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

MEASLES • MUMPS • RUBELLA

DETACH AND RETURN TO
JCC HEALTH CENTER
(COMPLETE BOTH SIDES OF FORM)

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

OR date of disease ________________________

Rubella

month day year

MMR

#1 ______/______/_____
month day year

#2 ______/______/_____
month day year

You must provide a copy of your immunization records
OR a 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