

## **HEALTH INFORMATION FORM**

New York State requires all students born on or after January 1, 1957, registered for 6 or more credit hours on campus, to provide proof of immunity or immunization to measles, mumps, and rubella (MMR) and sign the Meningitis Response.

Name: \_\_\_\_\_ Student ID M# \_\_\_\_\_  
First Last Preferred Name

Gender Identity: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Please read the steps below and submit appropriate documentation:**

### **1) MMR Measles, Mumps, and Rubella**

Submit a copy of your immunization records (2 MMRs or separate Measles, Mumps, and Rubella immunizations) or documented proof of immunity (titer bloodwork or proof of disease).

### **MMR Exemptions**

- Medical and Religious exemptions are allowed only as stated by NYS Public Health Law 2165.
- Age exemptions if born before 1/1/57 require proof of date of birth, i.e., a copy of driver's license.
- Military Service temporary exemptions are allowed to those veterans who have been honorably discharged from the Military within the past 10 years. You will need to produce a copy of your honorable discharge; and a request to the Military requesting your immunization records. Please see the Health Center for assistance.

### **2) Meningitis**

Check one box: I HAVE (for students under the age of 18: My child has):

- ☐ had a meningococcal immunization within the past 5 years.  
**IF YOU CHECK THIS BOX, PROOF OF THE IMMUNIZATION MUST BE SUBMITTED.**
- ☐ I have either read, received, or acknowledge the website link below containing, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child, if under 18) will NOT obtain immunization against the meningococcal disease at this time. <https://www.mvcc.edu/health-wellness-center/meningitis-information.php>

X \_\_\_\_\_ Date: \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
Student's signature Parent/guardian signature (student under 18 years old)

**(TURN FORM OVER PLEASE)**

Student's Name: \_\_\_\_\_ M# \_\_\_\_\_

**Authorization to Provide Medical Care for students under 18 years of age**

I hereby authorize the Health and Wellness Center at Mohawk Valley Community College to give medical care to (Student Name) \_\_\_\_\_ at their request or to arrange such care as necessary in the event of emergencies.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Student Date

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Parent/Guardian Signature - (*If student under 18 years of age*) Date

**Person to Notify in Case of a Medical Emergency** (only called in an emergency)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Please submit to:**

**In-Person:** Utica Campus: Alumni College Center Room 104  
Rome Campus: Plumley Complex Room 130

**By Mail:** MVCC Health and Wellness Center, 1101 Sherman Drive, Utica, NY 13501-5394

**By Fax:** 315-731-5854

**Office Telephone:** 315-792-5452