

# WAGNER COLLEGE

Name: Last/First		Phone/Cell:		Birth Date:	
ID#		Gender:		Preferred Pronoun:	
<b>IMMUNIZATION RECORD</b> To be completed by Student, reviewed and signed by Healthcare Provider to minimize processing delays. Immunization records are NOT confidential as required by law. <b>Complete and return both forms together via fax 718-420-4170 or scan and email to</b> <a href="mailto:studenthealthservice@wagner.edu">studenthealthservice@wagner.edu</a>					
<b>REGISTRATION FOR SUBSEQUENT SEMESTERS WILL BE WITHHELD UNTIL THIS INFORMATION IS COMPLETE AND RETURNED TO WAGNER COLLEGE CENTER FOR HEALTH &amp; WELLNESS</b>					
<b>REQUIRED</b> Measles, Mumps and Rubella: New York State Law and Wagner College requires that all students born after 1956 provide documentation of 2 doses of vaccine or laboratory proof of immunity to Measles, Mumps and Rubella as a condition of attendance at the institution.					
FIRST dose given after 1968 and on or after 12 months of age; SECOND dose separated at least 28 days from first dose. MMR #1 _____ MMR#2 _____		OR	Lab Tests: Measles (Rubeola), Mumps and Rubella Virus IgG, Antibody test for each demonstrating Immunity (Titer). Copy of laboratory report including range must be attached.		
<b>REQUIRED</b> Hepatitis B: All students enrolled full time are required to have THREE doses of HepB vaccine.					
Date dose #1		Date dose #2		Date dose #3	
<b>REQUIRED</b> Meningococcal Meningitis: New York State Law requires that all students receive Meningococcal A, C, Y, & W 135 Vaccine after 16 <sup>th</sup> birthday. Students will <b>NOT</b> be permitted entry into campus housing unless proof of vaccination is provided. Accepted <b>ONLY</b> if vaccine has been administered at age 16 or older.					
A, C, Y, W – 135 vaccine Date: _____					
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 obtain immunization against meningococcal meningitis disease. Signed _____ Date: _____ (Parent/Guardian if student is a minor)					
<b>REQUIRED</b> Influenza (date of vaccine after September 1 <sup>st</sup> )			Date dose		
<b>REQUIRED</b> Covid-19 (SARS-CoV-2) 2-dose or 3-dose injection series			Manufacturer:		
Date dose #1		Date dose #2		Date dose #3	
<b>REQUIRED</b> Tetanus, Diphtheria, Pertussis: Most recent injection within 10 years Date dose: _____					
<b>VOLUNTARY IMMUNIZATION HISTORY</b> <b>Human Papilloma Virus (HPV) 3 injection series Recommended for all students before age 27</b>					
Date dose #1		Date dose #2		Date dose #3	
<b>Meningococcal B (MenB) single-dose or 2-dose injection series Recommended for all students</b>					
Date Dose #1			Date Dose #2		
HEALTHCARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED BY NY STATE LAW					
Name		Telephone		Stamp	
Address		Email			
		Fax			
Signature		Date			

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ID#	Gender:	Preferred Pronouns:

Required by all students. Please print clearly, as this form will be scanned into the patient's record.

## PHYSICAL EXAMINATION

**(Must Be Completed by Healthcare Provider)**

STUDENT: Please attach completed immunization record for provider information.

EXAMINER: Complete this form and confirm the immunization record.

This individual has been accepted at Wagner College. The information will not affect his/her status and will be used only as background for providing health care. With the exception of the immunization record, no part of this medical record will be disclosed or released without written client permission.

MEDICAL EXAMINATION (Required within the past year and prior to the first day of classes.)

Blood pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

VISION: Uncorrected Left \_\_\_\_\_ Right \_\_\_\_\_ Corrected Left \_\_\_\_\_ Right \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS
HEENT		
NECK		
CARDIOVASCULAR		
LUNGS		
BREASTS		
ABDOMINAL		
GENITO-URINARY		
MUSCULO-SKELETAL		
NEUROLOGICAL		
PSYCHOLOGICAL		
SKIN		

Does the applicant have a history of emotional, psychological or psychiatric disorder?

Please list any allergies including reactions:

Please list any current medications and associated problems:

Examiner's Comments/Recommendations:

Is student able to participate in rigorous physical activity? \_\_\_\_\_ yes \_\_\_\_\_ no

HEALTHCARE PROVIDER NAME, ADDRESS AND SIGNATURE REQUIRED BY NY STATE LAW			
Name		Telephone	Stamp
Address		Email	
		Fax	
Signature		Date	

**Instructions to student: Complete and return both forms together via fax 718-420-4170 or scan and email to [studenthealthservice@wagner.edu](mailto:studenthealthservice@wagner.edu)**

**Meningococcal Meningitis Immunization Response Form**

Wagner College Center for Health and Wellness

Phone 718-390-3158, Fax 718-420-4170 email: [studenthealthservice@wagner.edu](mailto:studenthealthservice@wagner.edu)

New York State Public Laws requires that all college and university students enrolled for at least 6 semester hours or the equivalent per semester, or at least 4 semester hours per quarter, complete and return the following form to Wagner College Center for Health and Wellness Office.

**Check one box and sign below.**

I have or my child has (for students under the age of 15):

Had the meningococcal meningitis immunization in your 16<sup>th</sup> year or later.  
Date received: \_\_\_\_\_

**To waive the meningitis vaccine.**

Read or 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 obtain immunization against meningococcal meningitis disease.

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Parent/Guardian if student is a minor)

Student name (print): \_\_\_\_\_ Student date of birth: \_\_/\_\_/\_\_

Student E-mail Address: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

Student Phone Number: \_\_\_\_\_

## **Meningococcal ACWY Vaccine: *What You Need to Know***

### **Why get vaccinated?**

**Meningococcal disease** is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood.

Meningococcal disease often occurs without warning – even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

**Meningococcal ACWY vaccine** can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

Meningococcal conjugate vaccine (**MenACWY**) is licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y.

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose

at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Some people need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.

### **Some people should not get this vaccine**

Tell the person who is giving you the vaccine **if you have any severe, life-threatening allergies**. If you have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine’s ingredients.