



SVA Pre-College Student Health Form

Before completing, please read Instructions for Completing the SVA Student Health Form on the other side of this sheet. **Students will be cleared to continue the registration process once our office has received and processed the completed health form.**

LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH (MONTH/DAY/YEAR)

SVA STUDENT ID NUMBER PRE-COLLEGE PROGRAM E-MAIL ADDRESS

STEP 1 Measles, Mumps, Rubella Immunization (SECTION A, B, OR C MUST BE COMPLETED BY A HEALTH CARE PROVIDER OR SCHOOL OFFICIAL)

- Students are required to submit proof of immunity to Measles, Mumps and Rubella either with documentation of at least 2 Measles, 1 Mumps and 1 Rubella vaccine or serological titers that indicate immunity and a signed lab report.
- All vaccines must be received on or after the student's 1st birthday (12 months or older.)
- All vaccines must be at least 30 days apart.

| | | | | | | | | | | | |
|-----------|-------------------------|------------|---------|-------------|---------|-----------|----------------------------|--------|--|------|--------|
| SECTION A | MMR Vaccination: | FIRST DOSE | | SECOND DOSE | | SECTION C | Serological Titers: | Result | | | |
| | MONTH | DAY | YEAR | MONTH | DAY | | YEAR | | Must also submit copy of the lab report signed by the health care provider. Result must indicate "immune" (negative or equivocal is not acceptable.) | | |
| SECTION B | First Dose: | MEASLES | | MEASLES | | SECTION C | MEASLES | Result | | | |
| | MONTH | DAY | YEAR | MONTH | DAY | | YEAR | MONTH | DAY | YEAR | Result |
| | MUMPS | | MUMPS | | MUMPS | | Result | | | | |
| | MONTH | DAY | YEAR | MONTH | DAY | | YEAR | MONTH | DAY | YEAR | Result |
| | RUBELLA | | RUBELLA | | RUBELLA | | Result | | | | |
| | MONTH | DAY | YEAR | MONTH | DAY | | YEAR | MONTH | DAY | YEAR | Result |

STEP 2 Meningitis Response (MUST BE COMPLETED BY A HEALTH CARE PROVIDER OR SCHOOL OFFICIAL)

Please note that this vaccination is not required. Before completing this step, please review this link to obtain information regarding Meningitis: www.health.ny.gov/publications/2168

Please select one of the boxes below, sign and date:

- Yes, this student has received the meningococcal meningitis vaccine** (ACYW135 or MCV4) after the age of 16 or within the past 5 years.

| | | |
|--------------|-----|------|
| DATE OF SHOT | | |
| MONTH | DAY | YEAR |

- No, this student has not received the meningococcal meningitis vaccine.** The student (or parent/guardian, if student is under 18) has reviewed the information provided regarding the Meningococcal Disease (Meningitis) and has decided to not obtain immunization against Meningococcal Disease at this time.

Proof of immunity will not be accepted without signature and stamp, seal or business card.

HEALTH CARE PROVIDER OR SCHOOL OFFICIAL STAMP, SEAL, OR ATTACH BUSINESS CARD HERE

| | |
|---|------|
| X | X |
| HEALTH CARE PROVIDER OR SCHOOL OFFICIAL SIGNATURE | DATE |

STEP 3 Submit Form (SEE BACK OF FORM FOR SUBMISSION GUIDELINES)

Instructions for Completing the SVA Student Health Form

There is no deadline to submit this form. However, you will be unable to continue with the registration process until we receive the form and can verify that you are in compliance with all of the New York State immunization requirements.

STEP 1 Measles, Mumps, Rubella Immunization

This section must be completed by a health care provider or school official. Depending upon the way you prove immunity, Section A **or** Section B **or** Section C **must** be completed.

New York State Public Health Law 2165, requires that all students born on or after January 1, 1957 prove immunity to Measles, Mumps, and Rubella.

Students are required to submit proof of immunity to Measles, Mumps and Rubella either with documentation of at least 2 Measles, 1 Mumps and 1 Rubella **or** serological titers and lab report signed by the health care provider. All vaccinations must be on or after the student's 1st birthday. All vaccinations must be received at least 30 days apart.

Should you need assistance locating your health records or obtaining a vaccine:

- Please contact the school you most recently attended if you cannot locate your immunization records. Should they have records documenting your vaccination dates (2 Measles, 1 Mumps, 1 Rubella) we will accept a copy (on school letterhead, signed and stamped) along with the health form as official proof. You are still required to submit the health form with Step 1 completed.
- Contact your local health care provider to have serological titers (blood test) for immunity to Measles, Mumps and Rubella. You are still required to submit the health form with Step 1 and Step 2, and Sections C and D completed.
- If you live in the New York City area, contact your health care provider, call 311, or visit the Department of Health and Mental Hygiene's website at www.nyc.gov/health for information on services (various services may be free of charge) and locations. If you live outside the New York City area, contact your local health department for suggestions.

Exemptions From Step 2: Measles, Mumps, Rubella Immunization

All students in these categories must complete Step 1.

1. Medical Exemption:

Students must submit a statement from their health care provider specifying which vaccine product should not be administered and how long the contraindication will last. The statement must also include a future date referring to when the medical exemption may no longer apply. These exemptions are subject to the approval of the Department of Health and Mental Hygiene.

2. Religious Exemption:

Students must submit a statement of genuine and sincere religious (not philosophical) beliefs contrary to the practice of immunization. Supporting documentation on letterhead from a person of authority in your place of worship is also required.

STEP 2 Meningitis Response

This section is completed by clinician/school nurse and must include all of the information requested. The form will not be accepted if incomplete.

The Meningitis vaccine is not required. However, we are required by New York State Public Health Law 2167 to notify students about Meningococcal Disease. Please visit the link on the front side of the form to obtain more information.

STEP 2 must also include the signature and stamp, seal or business card of the health care provider or school official.

STEP 3 Submit Form

Return health form via email to health@sva.edu (subject line must include "Pre-College Health Form" or your SVA Student ID number). You will receive an email once the form has been processed. Please allow up to 3 business days. Contact Student Health and Counseling Services at health@sva.edu or at 212.592.2246 if you have any questions.