



SVA Student Health Form

Before completing, please read instructions for completing the health form on the second page.

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

SVA STUDENT ID NUMBER STUDENT E-MAIL ADDRESS PARENT E-EMAIL ADDRESS

STEP 1 Meningitis Response (MUST BE COMPLETED BY STUDENT)

Please note this vaccination is not required. Before completing this section please visit this link to obtain information regarding Meningitis: www.health.state.ny.us/diseases/communicable/meningococcal.htm

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

I have received the meningococcal (Meningitis) immunization (Menomune™ or Menactra™) within the past 10 years.

DATE OF SHOT		
MONTH	DAY	YEAR

I have not received the meningococcal (Meningitis) immunization. I have reviewed the information provided to me regarding Meningococcal Disease (Meningitis) and have decided that I (my child) will not obtain immunization against Meningococcal Disease at this time.

STUDENT'S SIGNATURE (IF UNDER 18, PARENT'S SIGNATURE IS REQUIRED)

MONTH/DAY/YEAR

STEP 2 Measles, Mumps, Rubella Immunization (SECTION A, B, OR C AND SECTION D 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		
MONTH	DAY	YEAR

SECOND DOSE		
MONTH	DAY	YEAR

SECTION B First Dose: Second Dose:

MEASLES		
MONTH	DAY	YEAR

MUMPS		
MONTH	DAY	YEAR

RUBELLA		
MONTH	DAY	YEAR

SECTION C Serological Titers: Must also submit copy of the lab report signed by the health care provider. Result must indicate "immune" (negative or equivocal is not acceptable.)

MEASLES		
MONTH	DAY	YEAR

Result

MUMPS		
MONTH	DAY	YEAR

Result

RUBELLA		
MONTH	DAY	YEAR

Result

SECTION D Proof of immunity will not be accepted without signature and stamp, seal or business card verifying Step 2.

HEALTH CARE PROVIDER OR SCHOOL OFFICIAL SIGNATURE DATE

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

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, we require that you are in compliance with all of the New York State immunization requirements prior to the start of the program. Return health form via email to precollege@sva.edu or by fax 212-592-2242. Please direct questions via email to precollege@sva.edu or by phone to 212-592-2103.

STEP 1

Meningitis Response

This section is completed by the student 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.

If a student is under the age of 18, the parent's signature and date are required.

STEP 2

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

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. Age Exemption:

Students born before January 1, 1957 are age exempt. Please submit the health form with a copy of your driver's license, birth certificate, or passport to prove that you are age exempt.

2. 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.

3. 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 3

Submit Form

Return health form via email to precollege@sva.edu or by fax 212-592-2242. Please email precollege@sva.edu or call 212-592-2103 with questions.