

ESF Student Health Services Immunization History Form

Follow these steps to successfully submit your Immunization History Form:

1. Read this form carefully and thoroughly (there are three pages).
2. **All students (except online-only students) must 1) submit their immunization record by uploading a copy of the actual record through the ESF Student Portal or having a health care provider complete page 1 of this form and 2) must complete the Meningococcal Vaccination Response Form (page 2).** If you are uploading an actual immunization record with your immunizations listed from your health care provider, you do **NOT** also need to fill them out in the section below.
3. You must submit this form and your immunization records via the ESF Student Portal. Do not mail, email, or fax records to the ESF Student Health Services or to the College.
4. *If you are requesting either a **medical** or **religious** exemption and have **not** received immunizations, or if you are an **online-only** student, refer to the Exemptions Form (page 3) for further instructions.*

Note: A physical is **NOT** required for most students unless you are a student-athlete and received separate paperwork.

Student Name: _____

Date of Birth: _____

Check any student status that applies to you:

- First-year** **Transfer** **Graduate** **International** **Visiting** **Online-only**
(6+ hours on campus) (Complete page 3 only)

Mandatory Immunizations: See www.esf.edu/health for more information about immunization requirements.

Use this section of the form **only** if you are unable to upload the actual immunization record from your health care provider and need to have your health care provider fill out and sign this record instead. After this is completed and signed by your health care provider, upload this via the ESF Student Portal.

Measles, Mumps, Rubella (MMR): (Persons born before January 1, 1957 are exempt from the measles, mumps, and rubella requirement.)

Dates of Immunization if given in the usual two-part series: _____/_____

OR Dates of Immunization if given as three separate immunizations:

2 doses of measles: _____/_____ and 1 dose of mumps: _____ and
1 dose of rubella: _____

OR Date of Titer showing immunity: _____ (If you choose this option, we **ALSO** need the actual lab documentation from your health care provider showing your immunity.)

*Recommended Immunizations (but **NOT** mandatory):*

If you have received any of the following immunizations, list the dates they were given below:

Hepatitis A: _____ Hepatitis B: _____

Tdap (Tetanus, Diphtheria, Pertussis): _____

HPV (Human Papilloma Virus): _____/_____/_____

Polio: _____ Varicella (Chicken Pox): _____

Meningococcal (A,C,Y, W-135): _____/_____

Meningococcal B: _____/_____

*****Healthcare Provider Signature (MD,DO,NP,PA)***:** _____ **Date:** _____

Office Address & Telephone Number or Stamp: _____

ESF Student Health Services

MENINGOCOCCAL VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college/university students enrolled in at least six (6) semester hours or the equivalent per semester complete and return the following form.

Check one box and sign below.

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

had meningococcal immunization within the past 5 years. The vaccine record is attached (or my health care provider filled out my immunization dates and signed the Immunization History Form on page 1).

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one (1) dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a health care provider.]

read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease **within 30 days** from my private health care provider or ESF Student Health Services.

read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

Student Signature: _____ **Date:** _____

Print Student Name: _____

Parent or Guardian Signature (if under 18): _____

Date: _____

Student Date of Birth: _____ Student ID #: _____

Student Mailing Address: _____

Student Phone Number: _____

EXEMPTIONS FORM

Check one box below, complete this form, and provide any additional requested information if you are requesting a **religious** or **medical** exemption, or if you are an **online-only** student and won't be physically present on campus. If you are requesting an exemption, you need to upload the completed form via the ESF Student Portal. We will notify you if we require additional information.

Religious Exemption

This may be completed by the student if over 18 years of age or by a parent/guardian if under 18. Provide a written statement that includes the following elements. Attach additional page(s) if needed.

- Explain why the religious exemption is being requested.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

Student Signature (parent/guardian if under 18): _____ Date: _____

Medical Exemption

Provide a written statement by a Physician, Nurse Practitioner, or Physician Assistant stating that a valid contraindication to vaccination exists. The statement must indicate which immunizations are contraindicated and why.

Student Signature: _____ **Date:** _____

Print Student Name: _____

Health Care Provider Signature (MD, DO, NP, PA): _____ Date: _____

Office Telephone Number and Address: _____

Online-only Student Exemption

By signing below, you are agreeing that as an online-only student, you are enrolled in all online classes, you are not living in on-campus housing, or attending more than 5 credit hours of in-person classes on campus in one semester. If, at any point, your status changes and you will be attending more than 5 credit hours of on-campus classes in one semester, living in on-campus housing, and/or using any on-campus facilities, you are required to submit immunization information and sign a Meningococcal Vaccination Response Form within 30 days.

Student Signature: _____ Date: _____