

# 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. Establish your account at the Magnus Health portal after you receive a welcome email from them. This email will come from [service@magnushealthportal.com](mailto:service@magnushealthportal.com) and may go to your spam folder. Make sure you check there. This email will be sent in early June after your deposit has been received.
3. You must submit this form and your immunization records via the Magnus Health portal. Do not mail, email, or fax records to the ESF Student Health Services or to the College.
4. **All students (except online-only students) must 1) submit their immunization record by uploading a copy of the actual record through the Magnus Health portal or having your 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.
5. *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](http://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 Magnus Health 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 16<sup>th</sup> 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 Magnus Health portal. We will notify you if we require additional information. Online-only students should return this form to the Open Academy Office at [openacademy@esf.edu](mailto:openacademy@esf.edu).

**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, 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: \_\_\_\_\_