

130 CLAREMONT AVENUE, NEW YORK, NY 10027-4698

### INSTRUCTIONS:

All new and returning students must submit the MSM Immunization Form and all related immunization documentation before they may enroll at Manhattan School of Music. Please submit the enclosed form before **July 1, 2021**.

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Students may mail original documentation to:

*Office of Admissions  
Manhattan School of Music  
130 Claremont Avenue  
New York, NY 10027*

Doctors' offices may send this form to the Admissions Office by fax, with a cover sheet, to (917) 493-4436. **Attention students – do NOT fax or email this form yourself. Only your doctor's office may fax it.**

All supporting documentation must be stamped and signed by a hospital, medical provider, or in the case of prior high school or university records, stamped and signed by an official of that institution.

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### Meningococcal Disease Information for College Students and Parents/Guardians

New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, to distribute written information about meningococcal disease and vaccine to all students meeting enrollment criteria, whether they live on or off campus.

Meningococcal disease is rare. However, when it strikes, flu-like symptoms appear suddenly and can make diagnosis difficult. Meningococcal disease can cause serious illness such as infections in the lining of the brain (meningitis) or blood infections (sepsis). The disease can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, and can even lead to death.

Meningococcal disease can be easily spread from person-to-person by coughing, kissing, sharing beverages, or by spending prolonged time in close contact with someone who is sick or who carries the bacteria. About one in ten people carry meningococcal bacteria in their nose or throat without showing any signs or symptoms of the disease. These people can unknowingly transmit the bacteria. **Keeping up to date with recommended immunizations is the best defense against meningococcal disease.** Maintaining healthy habits, like getting plenty of rest and not having close contact with people who are sick, also helps.

The meningococcal ACQY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States. The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who receive the MenACWY vaccine before their 16<sup>th</sup> birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of the cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider.

### New York State Public Health Law 2165

New York State Health Law 2165 requires college and graduate students born on or after 1 January 1957 to demonstrate proof of immunity against measles, mumps, and rubella. Those born before 1957 do not need to submit proof of immunization. Proof of immunity consists of an official record of immunization or letter from a doctor on his/her stationery detailing immunization history. All documents must include a signature (not a stamp) of the appropriate health official and include dates (month/day/year) of the immunizations.

#### **Disease Fact Sheets are located on the Center for Disease Control Website**

For more information about meningococcal disease, please visit:  
<https://www.cdc.gov/meningococcal/downloads/17-275138A-MeningococcalDis-FS.pdf>

For more information about measles, mumps, and rubella, please visit:  
<https://www.immunize.org/vis/mme03.pdf>

#### **Exemptions:**

1. Persons may be exempt if a physician certifies in writing that the immunizations/vaccines may be detrimental to their health. Doctor must state when it will be safe for the student to receive the immunizations at a later time.
2. Persons who object to immunization due to their religious beliefs may be considered for an exemption if they submit a signed statement explaining how their beliefs prevent them from being vaccinated.

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**DUE DATE: July 1, 2021** for all students.

**PART I: STUDENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle month date year*

Degree: \_\_\_\_\_ Program (Major): \_\_\_\_\_

**PART II: MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE**

Please check appropriate box and sign below.

- I had a meningococcal immunization **within the past 5 years** on: month/date/year \_\_\_\_\_
- I have read the information regarding meningococcal disease (provided on reverse). 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: month/date/year \_\_\_\_\_  
(Parent/Guardian if student is a minor)

**PART III: MEASLES, MUMPS, AND RUBELLA IMMUNIZATION REQUIREMENT**

To be completed and signed by a healthcare provider

**MMR (MEASLES, MUMPS, RUBELLA)** Two doses required at least 28 days apart for all students born after 1957.

- Dose 1 administered at age 12 months or later Date: month/date/year \_\_\_\_\_
- Dose 2 administered at least 28 days after first dose Date: month/date/year \_\_\_\_\_

If you have not received combined MMR vaccinations, we require the following:

**A. Measles (Rubeola)** If given instead of an MMR – Two doses required at least 28 days apart

- Dose 1 administered at age 12 months or later Date: month/date/year \_\_\_\_\_
- Dose 2 administered at least 28 days after first dose Date: month/date/year \_\_\_\_\_
- OR History of disease (MUST SUBMIT VERIFICATION FROM A DOCTOR) Date: month/date/year \_\_\_\_\_
- OR Antibody Titer of disease (MUST SUBMIT COPY OF LAB REPORT) Date: month/date/year \_\_\_\_\_

**B. Mumps** If given instead of an MMR – One dose required

- Dose 1 administered at age 12 months or later Date: month/date/year \_\_\_\_\_
- OR History of disease (MUST SUBMIT VERIFICATION FROM A DOCTOR) Date: month/date/year \_\_\_\_\_
- OR Antibody Titer of disease (MUST SUBMIT COPY OF LAB REPORT) Date: month/date/year \_\_\_\_\_

**C. Rubella** If given instead of an MMR – One dose required

- Dose 1 administered at age 12 months or later Date: month/date/year \_\_\_\_\_
- OR Antibody Titer of disease (MUST SUBMIT COPY OF LAB REPORT) Date: month/date/year \_\_\_\_\_

**HEALTH CARE PROVIDER INFORMATION**

Health Care Provider's Name \_\_\_\_\_  
Health Care Provider's Signature \_\_\_\_\_  
Date month/date/year \_\_\_\_\_ License Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

**HEALTH CARE OFFICE STAMP HERE**

