



Congratulations! We would like to welcome you as a new member of the Le Moyne College community and give you some very important information related to your admission to the college.

- Le Moyne College requires **all** students to provide proof of immunization, regardless of number of credit hours. Our **Immunization Report** and the **Meningitis Response Form** must be submitted and approved **3 weeks before the start of your classes**.
- This policy is based on New York State Public Health Law Sections 2165 and 2167 that requires proof of specific immunizations for all students who are enrolled in 6 credit hours or more.
- If the required **Immunization Report** and the **Meningitis Response Form** are not received by Le Moyne College **3 weeks before the start of classes** the student may incur a **\$2000 non-refundable fine** that will be placed on their account.
- New York State law requires the college to de-register all students taking 6 or more credit hours who are not in compliance with the regulation. Students will be unable to attend classes until the report is received and approved.
- LeMoyne College Immunization Requirement- Completed COVID Vaccine Series
- Tuberculosis Screening.
- Lastly, students who are not in compliance will also have a “hold” placed on their account, and they will be unable to register for the upcoming semester.
- The original **Immunization Report** and the **Meningitis Response Form** may be returned in person or by mail. No faxed will be accepted. Both forms can also be found at: [www.lemoyne.edu/wellness](http://www.lemoyne.edu/wellness).

If you have questions regarding the **Immunization Report** and/or the **Meningitis Response Form**, please contact M. Kathleen Adams, RN, BS at 315-445-4440 or [healthservices@lemoyne.edu](mailto:healthservices@lemoyne.edu)

The health and safety of our students is very important to us, and compliance with these Le Moyne policies helps insure the health of our community. We appreciate your full cooperation with these requirements. If you have any question please contact the health center @ [healthservices@lemoyne.edu](mailto:healthservices@lemoyne.edu) or 315-445-4400.

Sincerely,  
Nurse Manager

Wellness Center  
for Health and Counseling

1419 Salt Springs Road  
Syracuse, NY 13214-1301 315-445-  
4440 (Health Office)

## CONTINUING EDUCATION and GRADUATE STUDENT (non-Nursing) IMMUNIZATION AND HEALTH REPORT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

New York State and Le Moyne College require that all students must comply with Public Health Law Sections 2165 and 2167. **Persons born on or after 1/1/1957** must complete the requirement for Measles, Mumps, Rubella. **All students** must complete the Meningitis Response Form **or** show documented proof of vaccine. All vaccines must have been given on or after the first birthday.

1. Meningitis Vaccine (ACWY) (**Required by the State within in the last 5 years**) :

Circle One: Menactra Menveo Menomune #1 \_\_\_/\_\_\_/\_\_\_

**OR**

Meningitis B, Trumenba , Bexsero #1 \_\_\_\_\_ #2 \_\_\_\_\_ **OR** Sign the enclosed Meningitis waiver **AND**

2. MMR 2 doses required: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**OR** Measles – 2 doses 1. \_\_\_\_\_ 2. \_\_\_\_\_ or Titer \_\_\_\_\_

Mumps – 1 dose 1. \_\_\_\_\_ or Titer \_\_\_\_\_

Rubella – 1 dose 1. \_\_\_\_\_ or Titer \_\_\_\_\_

3. Flu Vaccine for all students that ARE NOT 100% remote: \_\_\_/\_\_\_/\_\_\_

4. **COVID VACCINE:**

Moderna #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_

Pfizer #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_

Johnson & Johnson (Janssen) #1 \_\_\_/\_\_\_/\_\_\_

Other #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_

**Titer reports must be positive and must include a copy of the lab report.**

**Health Care Provider must sign:**

Health Care Provider Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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## MENINGITIS WAIVER RESPONSE FORM

New York State requires that you be informed about meningococcal disease and why it is dangerous. Briefly, it is a bacterial infection that is potentially life-threatening. It often begins with symptoms that can be mistaken for flu, but unlike more common infections it can get worse very rapidly and can cause death in as little as 24 – 48 hours. It can also cause permanent disabilities such as amputations, scarring, hearing loss and brain damage. It is spread from person to person by droplets that are released by coughing or sharing eating utensils, or kissing. While anyone can get this disease, college students living in residence halls are at modestly increased risk for meningitis and may wish to consider vaccination. While the vaccine does not eliminate the risk of meningococcal disease, it is very effective in protecting against 4 of the strains of bacteria including the strain most commonly found on college campuses. More information including our meningitis policy is found on Le Moyne College Student Health Website ([www.lemoyne.edu](http://www.lemoyne.edu)), and can also be found at the CDC website ([cdc.gov](http://cdc.gov)) and the American College Health Association website ([acha.org](http://acha.org)). You also can speak with your physician regarding this important decision.

New York State Public Health Law requires that **all** college students have either:

**1 dose of meningitis ACWY vaccine within the last 5 years OR**

**2 meningitis B vaccines OR**

**decline the vaccine** by signing this waiver.

Students that decline the vaccine must complete this form and return it to Le Moyne College Health Services 3 weeks before the start of class. Students may be held out of class and will not be able to register for any further classes until compliance is achieved.

Check the statement and sign below.

I have or my son/daughter<18 has:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Student (Parent/Guardian if student is a minor)

Print Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_