

# SUNY CANTON MANDATORY HEALTH REQUIREMENTS

The attached Health History and Immunization Form includes the NEW YORK STATE MANDATORY COLLEGE IMMUNIZATION REQUIREMENTS. **All information is confidential. Please refer to the information on this page** to see which health history, physical examination and immunization requirements apply to you. **NOTE: If you are taking ALL classes on-line and NOT living on campus, you are not required to complete this form.**

## **New York State Mandatory Immunization Requirements:**

**ALL college students born on or after January 1, 1957 and enrolled for at least six credits hours or more, have to show adequate proof of immunity against measles, mumps and rubella (MMR) and complete a meningitis response form. Proof of immunity for MMR consists of:**

**Measles** – Must document two doses of live measles vaccine. The first dose must be administered no more than 4 days prior to the first birthday. The second dose must be at least 28 days after the first dose. A measles (rubeola) titer showing immunity is also acceptable proof.

**Mumps** - Must have documentation of one dose of live mumps vaccine administered no more than 4 days prior to the first birthday. A mumps titer showing immunity is also acceptable proof.

**Rubella** - Must document one dose of live rubella vaccine administered no more than 4 days prior to the first birthday. A rubella titer showing immunity is also acceptable proof. All students in Nursing (AAS & PN programs), Physical Therapist Assistant and Dental Hygiene (AAS) programs must provide proof of immunity to rubella regardless of their date of birth.

**Meningitis Response Form:** New York State also requires that all students attending college six (6) credit hours or the equivalent per semester complete a Meningitis Response Form. Information about meningitis and the Meningitis Response form is included in the attached History/Physical/Immunization form. Refer to the last page for more information.

## **Recommended Vaccines/Tests**

**Tuberculin Skin Test** – This is not a vaccine but a test to determine previous exposure to tuberculosis. This test is also required for high risk students as defined by the Centers for Disease Control and Prevention. High-risk students include, but are not limited to, students who have arrived within the past five years from countries where TB is endemic, students with certain underlying medical problems and students who have worked in high-risk settings such as prisons or nursing homes. For more information, please refer to the CDC Web site at: [www.cdc.gov](http://www.cdc.gov). ***Two doses of PPD Mantoux testing given at least one week apart is REQUIRED for Nursing(AAS and PN programs), Physical Therapist Assistant (PTA) and Dental Hygiene (AAS). Only one PPD test is REQUIRED for Early Childhood.***

**Varicella Vaccine (chickenpox)** –Must document two doses of varicella vaccine or a varicella titer showing proof of immunity. Stated history or even documentation by a medical provider of a history of varicella will not be acceptable proof of immunity. ***Note: Varicella is REQUIRED for PTA, Early Childhood, Dental Hygiene (AAS) & Nursing (AAS & PN) students.***

**Tetanus, Diphtheria, and Pertussis** – After primary series of tetanus, diphtheria and pertussis, one dose of Tetanus toxoid, reduced diphtheria, and acellur pertussis (Tdap) vaccine is recommended after age 11 and a subsequent Td booster every 10 years. ***Note: Physical Therapy Assistant, Early Childhood, Dental Hygiene (AAS) & Nursing (AAS & PN) students are REQUIRED to have proof of Tdap vaccine after age 11 and a subsequent Td booster every 10 years.***

**Hepatitis B** – Series of three doses given prior to college entry is strongly suggested for all college students. Sexually active persons are at high risk. ***Note: All Dental Hygiene (AAS) students are REQUIRED to have a Hepatitis B series completed by the beginning of the second year of program .***

**Meningococcal Vaccine** – 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 received 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 cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. Refer to the last page for more information.

## **Physical Examination Requirements are Mandatory for the following:**

### **1. International Students**

**2. Nursing (AAS, LPN), Physical Therapy Assistant, Dental Hygiene (AAS) and Early Childhood Students.** Students will not be allowed to participate in their clinical or fieldwork practice unless this health form/ physical examination is on file.

**3. Intercollegiate Athletes: DO NOT USE THIS FORM.** Athletes need to complete the **Athletic Pre-Participation Physical Exam Form** which is available at [http://www.canton.edu/health\\_center/forms/Athletic\\_Physical.pdf](http://www.canton.edu/health_center/forms/Athletic_Physical.pdf) or on the Athletic web pages. Be advised that athletes will not be allowed to try out for a team or to practice with a team until a pre-admission physical examination is completed.

**For all other students the physical exam is recommended but not required.**

# SUNY CANTON MANDATORY COLLEGE REQUIREMENT HEALTH/PHYSICAL EXAM AND IMMUNIZATION FORM

OFFICE  
USE

RD \_\_\_\_\_

SC \_\_\_\_\_

BNR \_\_\_\_\_

**ATHLETES: DO NOT USE THIS FORM. ATHLETES MUST USE THE ATHLETIC PRE-PARTICIPATION PHYSICAL FORM FOUND ON THE ATHLETIC WEB PAGE OR THE HEALTH CENTER'S FORM WEB PAGE**

Print Name: \_\_\_\_\_ SS #/College ID \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
Print Name Relationship

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**REQUIRED MENINGITIS RESPONSE FORM: CHECK ONE BOX AND SIGN AND DATE:**

I have (my child has) had meningococcal meningitis immunization within the past 5 years. Date received \_\_\_\_\_

Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 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 healthcare provider.

I have 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. I understand that this decision can be changed at any time, and the vaccine may be available at my health care provider or local health department.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Parent / Guardian signature if student is under 18)

**PART I: IMMUNIZATION/MENINGITIS REQUIREMENTS: NEW YORK STATE REQUIRES THAT ALL STUDENTS ATTENDING COLLEGE 6 OR MORE CREDIT HOURS BORN ON OR AFTER JANUARY 1, 1957 provide proof of immunity to measles, mumps and rubella. A COPY OF AN OFFICIAL IMMUNIZATION RECORD (I.E. HIGH SCHOOL RECORD) CAN BE ATTACHED.**

<p><b><u>IMMUNIZATIONS Required by Public Health Law 2165:</u></b>  <b>MMR</b> (2 doses, First one no more than 4 days before first birthday and at least 28 days apart)                  1st ____/____/____ 2nd ____/____/____  <small>Mo Day Yr Mo Day Yr</small></p> <p style="text-align: center;"><b>OR:</b></p> <p><b>Measles</b> 1st ____/____/____ 2nd ____/____/____  <small>Mo Day Yr Mo Day Yr</small></p> <p><b>Rubella</b> ____/____/____ <b>MUMPS</b> ____/____/____  <small>Mo Day Yr Mo Day Yr</small></p> <p><b>*VARICELLA Vaccine:</b> 1st ____/____/____ 2nd ____/____/____                  A titer proving immunity for each of the above is an acceptable alternative to receiving the immunizations. A copy of the results is required. Please attach documentation to this form.</p> <p><b>*TETANUS/DIPHTHERIA</b> (in last ten years): ____/____/____                  (Tdap, Boostrix, Adacel or Td if past hx of Tdap after age 11)</p> <p><b>*Required for Physical Therapy Assistant, Early Childhood, Dental Hygiene (AAS) &amp; Nursing (AAS &amp; PN) students only.</b></p> <p><b>HEALTH CARE PROVIDER SIGNATURE REQUIRED:</b>  <b>Name:</b> _____  <b>Address:</b> _____</p>	<p><b>*Tb Mantoux: Required for all students at high risk for TB and students in Nursing (AAS &amp; PN), Early Childhood, Physical Therapist Assistant, and Dental Hygiene (AAS). A second PPD Mantoux is required for all students in Nursing, Physical Therapist Assistant and Dental Hygiene curriculums (AAS).</b></p> <p><b>#1 PPD MANTOUX</b> Date: _____                  Result _____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative  <input type="checkbox"/> PPD was positive, a chest x-ray is required. Attach report</p> <p><b>#2 PPD MANTOUX:</b> (2<sup>nd</sup> PPD must be at least one week after the 1<sup>st</sup> PPD)                  Date: _____ Result in mm _____</p> <p><b>STRONGLY RECOMMENDED FOR ALL STUDENTS: HEPATITIS B VACCINE:</b>                  Dose #1 _____ Dose #2 _____                  Dose #3 _____</p> <p><b>MENINGITIS VACCINE</b> Circle one: Menomune Menactra or Menveo Date: _____</p> <p><b>(LPN, RN, NP, PA, MD/DO):</b>  <b>Signature:</b> _____  <b>Phone:</b> _____</p>
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**PART II: PERSONAL HISTORY: Have you had or are you now under treatment for any of the following problems? Check box if yes and provide a brief explanation in the space below.**

- |                                                             |                                                    |                                                     |
|-------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Alcohol/Substance Abuse            | <input type="checkbox"/> Disabling Condition       | <input type="checkbox"/> Marfan Syndrome            |
| <input type="checkbox"/> Asthma                             | <input type="checkbox"/> Eating Disorder           | <input type="checkbox"/> Orthopedic Problems        |
| <input type="checkbox"/> Back Trouble                       | <input type="checkbox"/> Emotional Problem         | <input type="checkbox"/> Sickle Cell Disease        |
| <input type="checkbox"/> Blood Disorder (i.e. Sickle Cell)  | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Splenectomy                |
| <input type="checkbox"/> Chicken Pox                        | <input type="checkbox"/> Head injury/Concussion    | <input type="checkbox"/> Thyroid Disease            |
| <input type="checkbox"/> Congenital or other heart problems | <input type="checkbox"/> Intestinal Disease        | <input type="checkbox"/> Tuberculosis or TB Contact |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Kidney Disease            | <input type="checkbox"/> Other (Explain Below)      |

Operations, severe injuries (include dates): \_\_\_\_\_

Medications taken at present? Yes  No  If Yes, please list \_\_\_\_\_

Allergies? Yes  No  If Yes, please list: \_\_\_\_\_

Family History (List all familial diseases: diabetes, tuberculosis, mental illness, other) \_\_\_\_\_

**\*\*\*STOP HERE UNLESS A PHYSICAL IS REQUIRED \*\*\***

**PART III: PHYSICAL EXAM: REQUIRED FOR INTERNATIONAL STUDENTS AND STUDENTS IN NURSING (AAS, PN), PHYSICAL THERAPIST ASSISTANT, DENTAL HYGIENE (AAS) AND EARLY CHILDHOOD CURRICULUMS.**

**ATHLETES: DO NOT USE THIS FORM. ATHLETES MUST USE THE ATHLETIC PRE-PARTICIPATION PHYSICAL EXAM FORM FOUND ON THE ATHLETIC WEB PAGE OR THE HEALTH CENTER'S FORM WEB PAGE.**

**A PHYSICAL IS OPTIONAL FOR ALL OTHER STUDENTS.**

NAME: _____		DOB: _____	
AGE: _____	SEX: _____	B/P _____	WEIGHT: _____ HEIGHT _____
VISION FAR: R: 20/ _____ L: 20/ _____		<input type="checkbox"/> without correction <input type="checkbox"/> with correction	
PHYSICAL EXAM	NORMAL	ABNORMAL	COMMENTS
1. GENERAL APPEARANCE			
2. SKIN			
3. HEENT			
4. NECK			
5. LUNGS			
6. HEART			
7. ABDOMEN			
8. MUSCULOSKELATAL			
9. PSYCHIATRIC			

Is this student able to participate in all physical activity including sports? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, what activities are to be eliminated? \_\_\_\_\_

Health Care Provider (MD, DO, NP, PA) \_\_\_\_\_ Date: \_\_\_\_\_

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

\*Please send the completed form no later than four weeks before the start of the semester to: **Davis Health Center, Miller Campus Center 004, SUNY Canton, 34 Cornell Drive, Canton, NY 13617 or FAX to 315-386-7932.**

### ***What is meningococcal disease?***

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications including death. Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Infants younger than one year of age and teenagers or young adults
- Living in crowded settings like college dormitories or military barracks
- Traveling to areas outside of the United States, such as the "meningitis belt" in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak

***What are the symptoms? Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms. Symptoms may include:***

- Weakness and feeling very ill, sudden high fever, Eyes sensitive to light
- Headache and Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash

### ***How is meningococcal disease spread?***

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

***Is there treatment? Early diagnosis of meningococcal disease is very important.***

If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

### ***What are the complications?***

Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include hearing loss, brain damage, kidney damage and limb amputations.

### ***What should I do if I or someone I love is exposed?***

If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

### ***What is the best way to prevent meningococcal disease?***

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age and the second dose (booster) at age 16. It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease. Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal A, C, W and Y.
- Teens and young adults can also be vaccinated against the "B" strain. Talk to your health care provider about whether they recommend vaccine against the "B" strain.
- Others who should receive the vaccine include: Infants, children and adults with certain medical conditions; People exposed during an outbreak; Travelers to the "meningitis belt" of Sub-Saharan Africa, and Military recruits.

### **Additional Information**

- [Travel and meningococcal disease](http://wwwnc.cdc.gov/travel/diseases/meningococcal-disease) <http://wwwnc.cdc.gov/travel/diseases/meningococcal-disease>
- [Learn more about meningococcal disease \(cdc.gov\)](http://www.cdc.gov/meningococcal/) <http://www.cdc.gov/meningococcal/>
- [More information about vaccine-preventable diseases](http://www.health.ny.gov/prevention/immunization/) <http://www.health.ny.gov/prevention/immunization/>