

# SUNY CANTON MANDATORY HEALTH REQUIREMENTS

The attached Health History and Immunization form is the foundation of the student's medical record at SUNY Canton and includes the NEW YORK STATE MANDATORY HEALTH 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:**

**Measles, Mumps and Rubella** –To comply with New York State's immunization laws, 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. Proof of immunity consists of:

**Measles** – Two doses of live measles vaccine administered no more than 4 days prior to the first birthday and the second dose at least 28 days later, physician documentation of measles disease or a blood test showing immunity.

**Mumps** – One dose of live mumps vaccine administered no more than 4 days prior to the first birthday, physician documentation of mumps disease or a blood test showing immunity. Live vaccine was available in 1969.

**Rubella** – One dose of live rubella vaccine administered no more than 4 days prior to the first birthday or a blood test showing immunity. Physician diagnosis is not acceptable proof of immunity to rubella. Live vaccine was available in 1969. All students in Nursing, 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.

**Tuberculin Skin Test** – This is not a vaccine but a test to determine previous exposure to tuberculosis. **Two doses of PPD Mantoux testing given at least one week apart is REQUIRED for Nursing, Physical Therapist Assistant and Dental Hygiene (AAS). Only one PPD test is REQUIRED for Early Childhood.** 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).

## **Recommended Vaccines:**

**Tetanus Toxoid and Diphtheria** – Most college students have completed a primary series in childhood. Boosters every 10 years are recommended to maintain immunity. Tetanus toxoid, reduced diphtheria and acellur pertussis (Tdap) vaccine is recommended as a booster if not previously received in the past.

**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 Tetravalent Vaccine** – One dose of this vaccine is recommended for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease. Please read the fact sheet on the back of this page.

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

**1. Intercollegiate Athletes.** Please be advised that students will **not** be allowed to try out for a team or to practice with a team until a pre-admission physical examination is completed.

**2. International Students**

**3. 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 the physical examination is on file.

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

**The Health History and Immunization Form is due in the Health Services Office no later than FOUR WEEKS BEFORE THE START OF THE SEMESTER. RETURN TO:**

**Davis Health Center, Miller Campus Center 004, SUNY Canton, Canton NY 13617**

**Phone: (315) 386-7333 Fax: (315) 386-7932**

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

Davis Health Center, Miller Campus Center 004, 315-386-7333 FAX 315-386-7932

Print Name: \_\_\_\_\_ SS #/College ID \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone Number: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Year entering Fall \_\_\_\_\_ Spring \_\_\_\_\_

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

Parent /Guardian/Emergency Contact: \_\_\_\_\_  
 Print Name \_\_\_\_\_

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

**REQUIRED MENINGITIS RESPONSE FORM: CHECK ONE BOX AND SIGN. NEW YORK STATE REQUIRES that all students attending college 6 or more credit hours complete the following:** I have (for students under the age of 18: My child has):

had meningococcal meningitis immunization within the past 10 years. Date received: \_\_\_\_\_  
*[Note: If you (your child) received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3 to 5 years after receiving Menomune™.]*

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 that the vaccine can be obtained at the Student Health Center. It also may be available at my health care provider or local health department.

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

**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) may be submitted in lieu of completing this section.**

**OFFICE USE ONLY: MC MW /MV DATE: PE DATE: STAFF: DATE:**

**MMR IMMUNIZATIONS Required by Public Health Law 2165:**  
**Measles Mumps and Rubella: MUST BE GIVEN AFTER Jan. 1, 1969 and the first dose administered no more than 4 days prior to the first birthday and the second dose at least 28 days later.**

1st \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2nd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Mo Day Yr Mo Day Yr

**OR**

**Measles (Rubeola) 2 doses:**  
 1st \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2nd \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Mo Day Yr Mo Day Yr

**Rubella** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Mumps** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Mo Day Yr Mo Day Yr

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 to this form.

**Tetanus or Tdap (within last ten years):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**HEALTH CARE PROVIDER SIGNATURE REQUIRED: (LPN, RN, NP, PA, MD/DO):**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

**Tb Mantoux: Required for all students in Nursing, Early Childhood, Physical Therapist Assistant, and Dental Hygiene (AAS) as well as students at high risk. A second PPD Mantoux is required for all students in Nursing, Physical Therapist Assistant and Dental Hygiene curriculums (AAS).**

**#1 PPD Mantoux** Date: \_\_\_\_\_  
 Result \_\_\_\_\_ mm € Positive € Negative  
 € PPD was positive, a chest x-ray is required. Attach report

**#2 PPD Mantoux: (2<sup>nd</sup> PPD must be at least one week after the 1<sup>st</sup> PPD)**  
 Date: \_\_\_\_\_ Result in mm \_\_\_\_\_

**Strongly recommended for all students:**  
**HEPATITIS B VACCINE GIVEN AS FOLLOWS:**  
 Dose #1 \_\_\_\_\_ Dose #2 \_\_\_\_\_  
 Dose #3 \_\_\_\_\_

**MENINGITIS VACCINE** Circle one: Menomune Menactra  
 Date: \_\_\_\_\_ Menveo

**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 ALL ATHLETES, INTERNATIONAL STUDENTS AND STUDENTS IN NURSING, PHYSICAL THERAPIST ASSISTANT, DENTAL HYGIENE (AAS) AND EARLY CHILDHOOD CURRICULUMS.**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ B/P \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT \_\_\_\_\_

VISION FAR: R: 20/ \_\_\_\_\_ L: 20/ \_\_\_\_\_  without correction  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 intercollegiate sports? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

**For Nursing, Physical Therapist Assistant, and Dental Hygiene Students:** To the best of my knowledge this student (is / is not) free from physical or mental impairments including habituation or addiction to depressants stimulants, narcotics, alcohol or other behavior altering substances which might interfere with the performance of his/her duties or would impose a potential risk to patients or personnel.

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

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

**RETURN FORM TO: Davis Health Center, Miller Campus Center 004, SUNY Canton, Canton NY 13617**

## Meningococcal Disease

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

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

### ***Who gets meningococcal disease?***

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

### ***How is the meningococcus germ spread?***

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

### ***What are the symptoms?***

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

### ***What is the treatment for meningococcal disease?***

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

### ***Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?***

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

### ***Is there a vaccine to prevent meningococcal meningitis?***

In February 2005 the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease in people 11 to 55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children two to 10 years old and adults older than 55 years. Both vaccines are 85 to 100 percent effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

### ***Is the vaccine safe? Are there adverse side effects to the vaccine?***

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

### ***Who should get the meningococcal vaccine?***

The vaccine is recommended for all adolescents entering middle school (11 to 12 years old) and high school (15 years old), and all first-year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

### ***What is the duration of protection from the vaccine?***

Menomune™, the older vaccine, requires booster doses every three to five years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

### ***How do I get more information about meningococcal disease and vaccination?***

Contact your physician or your student health service. Additional information is also available on the Web sites of the New York State Department of Health, [www.nyhealth.gov](http://www.nyhealth.gov); the Centers for Disease Control and Prevention [www.cdc.gov/ncidod/diseases/index.htm](http://www.cdc.gov/ncidod/diseases/index.htm); and the American College Health Association, [www.acha.org](http://www.acha.org). Rev. 10/10