

SUNY CANTON REQUIRED HEALTH INFORMATION

The Health History and Immunization form, located inside this publication, 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.** You have been accepted and information you provide on this form will not be used to influence your status at SUNY Canton. Before your registration is considered final, the appropriate sections of this form must be completed by you and your clinician and mailed to Student Health Service. Please refer to the information on this page to see which health history, physical examination and immunization requirements apply to you.

Health History Requirements

All students must submit a completed Health History and Immunization Form upon admission to the college.

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. This physical exam must be completed within a year prior to admission.
2. **Nursing, Occupational Therapy Assistant, Physical Therapy Assistant, Dental Hygiene and Early Childhood students.**

Required Immunizations

Measles, Mumps and Rubella –To comply with New Your State's immunization laws, all student born on or after January 1, 1957, will have to show adequate proof of immunization against measles, mumps and rubella. Proof of immunity consists of:

Measles – Two doses of live measles vaccine administered after 12 months of age, physician documentation of measles disease or a blood test showing immunity. Any vaccine date prior to 1/1/68 must include "live vaccine".

Mumps – One dose of live mumps vaccine administered after 12 months of age, physician documentation of mumps disease or a blood test showing immunity.

Rubella – One dose of live rubella vaccine administered after 12 months of age or a blood test showing immunity. Any vaccine date prior to 1/1/69 must include "live vaccine".

Recommended Vaccines:

Tetanus toxoid and diphtheria – Most college students have completed a primary series in childhood. Boosters every 10 years are suggested to maintain immunity.

Tuberculin Skin Test – (Two TB Mantoux tests are **REQUIRED** for Nursing, OTA, PTA and Dental Hygiene. Only one TB Mantoux test is **REQUIRED** for Early Childhood.) This is not a vaccine but a test to determine previous exposure to tuberculosis. This test is 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.

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.

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.

The Health History and Immunization Form is due in the Student Health Services no later than **FOUR WEEKS BEFORE THE START OF THE SEMESTER.** To prevent delays in your registration, be sure your health care provider completes the immunization section of this form.

Return to: Davis Health Center
SUNY Canton
Canton, NY 13617
Phone: (315) 386-7333
Fax: (315) 386-7932

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.

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 2 to 10 days after exposure, but usually within 5 days. Among people who develop meningococcal disease, 10-15% 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, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (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 11-55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children 2-10 years old and adults older than 55 years. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% 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.

Are the vaccines 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 (11-12 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 3 to 5 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 family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.

SUNY CANTON Health History/Physical Exam/Immunization Form

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

Print Name: _____ Social Security Number _____ - _____ - _____ Date of Birth: _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number: Home (_____) _____ Year entering Fall _____ Spring _____

Parent or Guardian: (1st contact for emergency notification unless otherwise noted) _____

Print Name

(_____)

Address _____ City _____ State _____ Zip Code _____ Phone _____

Emergency Contact Telephone Number: Home (_____) _____ Work (_____) _____

PART I: IMMUNIZATION REQUIREMENTS: NEW YORK STATE REQUIRES THAT ALL STUDENTS ATTENDING COLLEGE 6 OR MORE CREDIT HOURS BORN ON OR AFTER JANUARY 1, 1969 and ON OR AFTER THE first BIRTHDAY. Doses must be at least 28 days apart. A copy of an official record such as a high school record or military record may be submitted in lieu of completing this section.

IMMUNIZATIONS Required by Public Health Law 2165: Measles Mumps and Rubella: MUST BE GIVEN AFTER Jan. 1, 1969 and ON OR AFTER THE first BIRTHDAY. Doses must be at least 28 days apart.

MMR:

1st _____ / _____ / _____
Mo Day Yr

2nd _____ / _____ / _____
Mo Day Yr

OR

Measles (Rubeola) 2 doses:

1st _____ / _____ / _____
Mo Day Yr

2nd _____ / _____ / _____
Mo Day Yr

Rubella _____ / _____ / _____
Mo Day Yr

Mumps _____ / _____ / _____
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 DT (within last ten years): _____ / _____ / _____

1 Tb Mantoux: Required for high risk students (must be done in last 6 months)

Date: _____ Result in mm _____

Chest x-ray if positive Date: _____

Result: _____

A second PPD Mantoux is required for all students in Nursing, Physical Therapist Assistant, Occupational Therapy Assistant and Dental Hygiene curriculums.

#2 Tb Mantoux:

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 or Menactra

Date: _____

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

Name: _____ Signature: _____

Address: _____ Phone: _____

MENINGITIS REQUIREMENT: New York State REQUIRES that all students attending college 6 or more credit hours complete the MENINGITIS RESPONSE FORM BELOW. CHECK ONE BOX AND SIGN. 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 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 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"/> Orthopedic Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Back Trouble | <input type="checkbox"/> Emotional Problem | <input type="checkbox"/> Splenectomy |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Head injury/Concussion | <input type="checkbox"/> Tuberculosis or TB Contact |
| <input type="checkbox"/> Congenital or other heart problems | <input type="checkbox"/> Intestinal Disease | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disease | |

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: _____)

PART IV: PHYSICAL EXAM: REQUIRED FOR ALL ATHLETES AND STUDENTS IN NURSING, PHYSICAL THERAPIST ASSISTANT, OCCUPATIONAL THERAPY ASSISTANT, DENTAL HYGIENE AND EARLY CHILDHOOD CURRICULUMS.

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, Occupational Therapy, Physical Therapy, 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: _____