

Residential Student:

The Health Office welcomes you to residential living. It is our goal in collaboration with Residential Life, Safety, and Security, and the Dean of Students to promote health and wellness in the residential hall.

The Health Report is the foundation of each student's medical record at the college, and thus a critical element in providing care at the Health Office.

We appreciate your attention to this important time-sensitive matter, and anticipate receiving these documents by the date requested. Failure to comply will jeopardize your housing assignment.

Residence Life Health requirements:

- **Measles, Mumps and Rubella:**
Required immunizations
If a religious or medical waiver is requested, documentation is required.
See attached form.
- **Meningitis Vaccine:**
All students are required to have the meningitis vaccine.
See attached form.
- **Proof of Health Insurance:**
All students are required to have health insurance.
 - * A Copy of the Health Insurance Card needs to be on file in the Health office.
 - * Health Insurance Verification Form, submitted on line. Click on link
[Mandatory Health Insurance Verification Form](#)
Once submitted online no further action is necessary.
- **Health History forms.**
Required.
See attached form.

Please be sure to include your student ID# (A number) on all forms.

If you need any further assistance, please feel free to contact the Health Office.

Brenda Keller, RN, BSN
Supervisor of Nurses
Health Office

DUTCHESS COMMUNITY COLLEGE

HEALTH OFFICE

Health History Form

Please print or type all information:

RESIDENT

ID #: _____

Name: _____ Date of Birth: _____

Address: _____

Cell Phone: _____ Other Phone: _____ E-Mail: _____

Parent or Guardian: _____ Relationship: _____

Address: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Primary Physician: _____ Phone: _____

Address: _____

Emergency Notification (other than parent or guardian)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Insurance Information: (attach a copy of insurance card)

Carrier: _____ Phone: _____ ID #: _____

To be completed and signed by parent/guardian if student is a minor:

Consent for Medical Care: To the Parents/Guardians of Applicants Under 18 Years of Age Only

In order to acquire any necessary medical care and to protect the clinicians and institutions involved, please sign the consent for medical treatment below. Be assured that we make every effort to notify parents at once in case of major injuries or serious illnesses.

I (print full name), _____
by the authority vested in me as the parent/guardian of (student's full name) _____

do hereby authorize the clinical staff at Dutchess Community College's Health Office to provide routine medical care to my son/daughter. This care may include but not limited to treatment of common illnesses, physical examinations for sport participation, ordering of laboratory tests, and prescribing of medications. Furthermore, I do hereby authorize the staff of Dutchess Community College to seek emergency medical care if necessary.

Signed: _____ Date: _____

DUTCHESS COMMUNITY COLLEGE

HEALTH OFFICE

Health History Form

Please print or type all information:

RESIDENT

Name: _____ ID # _____

Medical History: Check box if history of this condition exists in student:

Infectious Disease

- Chicken Pox
- Frequent Respiratory Infections
- Hepatitis A, B, or C
- HIV/AIDS
- Malaria
- Mononucleosis
- Pneumonia
- Positive TB Skin test
- Sexually Transmitted Infections

Chronic Medical Disorders

- Anemia
- Arthritis
- Asthma
- Blood Pressure
- Cancer
- Chronic Intestinal/Stomach Problem
- Diabetes
- Heart Disease
- Kidney Disease
- Muscular Disorders
- Orthopedic Problems
- Respiratory
- Seizure Disorder
- Sickle Cell Disease
- Sleep Disorders

Neurologic/Psychiatric Problems

- Alcohol/Drug Addiction
- Anxiety
- Attention Deficit Disorder
- Depression
- Eating Disorder
- Emotional Disorder
- Fainting
- Head Injury/ Concussion
- Hearing Deficit
- Migraines
- Speech Deficit
- Visual Deficit
- Other

Severe Injuries: Yes No Explain: _____

Operations: Yes No Explain: _____

Medical problems other than those above and please clarify any positive responses: _____

ALLERGIES: (an allergy is a skin rash , hives, joint pain, swollen glands, stuffy nose, and/or fever after exposure to something to which you are allergic.)

Do you have allergies? Yes No

If **YES**, check items to which you are allergic.

Latex Bee Stings Foods Medications Other

Please list: _____

Does your allergy cause an anaphylactic reaction? Yes No

Does your allergy require the use of adrenalin (epipen)? Yes No

MEDICATIONS:

Do you take any medications on a regular or frequent basis? Yes No

Do you take any injectable medications? Yes No

List all medications:

Student Signature: _____ **Date:** _____

DUTCHESS

COMMUNITY COLLEGE

HEALTH OFFICE

Resident

Immunization/Meningitis Form

Please print or type all information:

ID# _____ Date of Birth: _____

Name: _____

Address: _____

Street

City

State

Phone Numbers: _____

House

Cell

To be completed by Health Care Professional (MD,PA,NP,RN)

<u>Immunization/Disease</u>	<u>Vaccine Date</u>	<u>Disease History (Medically Documented)</u>	<u>Titre Date</u>	<u>Titre Result* Attach all laboratory records</u>
MMR	#1 _____ #2 _____	X	X	X
MEASLES	#1 _____ #2 _____	_____	_____	_____
MUMPS	#1 _____	_____	_____	_____
RUBELLA	#1 _____	History of Disease Not acceptable	_____	_____
MENACTRA/ MENOMUNE	#1 _____	History of Disease Not acceptable	Titer not acceptable	Titer not acceptable

*All equivocal results require an additional vaccine

Provider Name: _____	Provider Stamp:
Provider Signature: _____	
Phone Number: _____	

MMR Requirements

N.Y.S. Public Health Law 2165 requires college students enrolled for six or more credits to show proof of immunization against Measles, Mumps, and Rubella. Students born prior to January 1, 1957 are exempt from this requirement.

- **MMR (Combined Live Measles, Mumps, and Rubella Immunization)**. The first dose no more than 4 days prior to the first birthday. The second dose a minimum of 28 days after the first dose.
- **Single Live Measles Immunization**. The first dose no more than 4 days prior to the first birthday. The second dose a minimum of 28 days after the first dose. Physician statement of measles disease (exact date required) is acceptable.
- **Single Live Mumps Immunization**. Dose no more than 4 days prior to the first birthday. Physician statement of mumps disease (exact date required) is acceptable.
- **Single Live Rubella (German Measles) Immunization**. Dose no more than 4 days prior to the first birthday. Diagnosis of Rubella (German Measles) is not acceptable as proof of immunity.
- **Serologic evidence of immunity (titre, attach copy of lab report) is acceptable for Measles, Mumps, and Rubella**
- **Religious /medical exemption acceptable with appropriate documentation**

Information about Meningococcal Meningitis

New York State PHL Section 2167 requires post-secondary institutions to distribute information about meningococcal disease and vaccination to the students, or parents or guardians of students under the age of 18. The institution is required to maintain a record of the following for each student:

- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian; AND, EITHER
- Self reported or parent recall of meningococcal meningitis immunization within the past 10 years; or
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

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 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 (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 11-55 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.

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 physician or your student health service. Additional information is also available on the websites of the [New York State Department of Health](#); the [Centers for Disease Control and Prevention](#); and the [American College Health Association](#)