

**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 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: \_\_\_\_\_  
Street City State

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 #: \_\_\_\_\_

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### **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:** \_\_\_\_\_

Resident

### CERTIFICATE OF IMMUNIZATION

Name:	ID#/ A
Birth Date:	Phone: (    )
Residence Hall Student: Yes or No (circle one)	Address:

#### PROOF OF IMMUNIZATIONS

New York Public Health Law 2165 requires all students born after 1956 and enrolled for 6 or more credit hours to prove immunity to Measles, Mumps, and Rubella. Acceptable documentation includes immunizations, serology or history. Immunizations must be for 2 Measles, 1 Mumps, and 1 Rubella. All immunizations must be a live vaccine, administered on or after first birthday, and a minimum of 28 days apart. Positive serology to Measles (Rubeola), Mumps and Rubella is acceptable. Medical documentation of a history to Measles and Mumps is acceptable. Exceptions to this requirement will be made for students with genuine and sincere religious beliefs contrary to immunizations or for those whom immunizations are medically contraindicated.

MEASLES, MUMPS AND RUBELLA IMMUNIZATIONS	SEROLOGY (TITRES) Please attach laboratory results
MMR #1: ____/____/____ MMR #2: ____/____/____ If single antigen vaccine given, please list below: Measles #1: ____/____/____ Measles #2: ____/____/____ Mumps vaccine date: ____/____/____ Rubella vaccine date: ____/____/____	Measles (Rubeola) IgG Titre date: ____/____/____ Result: _____ Mumps IgG Titre date: ____/____/____ Result: _____ Rubella IgG Titre date: ____/____/____ Result: _____

Signature/Stamp of Health Care Provider:

#### MENINGITIS VACCINE INFORMATION

New York Public Health Law 2167 requires colleges to provide all students with information on meningitis and the meningitis vaccines for 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 vaccine record indicating at least 1 dose of meningococcal ACWY vaccine within the last 5 years or a complete 2 or 3 dose series of Meningococcal B vaccine. Dutchess Community College requires all residential students to provide proof of meningococcal vaccine.

#### MENINGITIS IMMUNIZATIONS

Dates of Meningococcal ACWY vaccines within the past 5 years: #1: _____ #2: _____
Dates of Meningococcal B vaccine : #1: _____ #2: _____ #3: _____
Signature/Stamp of Health Care Provider: _____ Date: _____

## Meningococcal Disease

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 a certificate of Immunization for meningococcal meningitis disease; or and an acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization.

For more information: [www.health.ny.gov/prevention/immunization/handbook/](http://www.health.ny.gov/prevention/immunization/handbook/)

**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.

**Who is at risk?** This disease occurs more often in people who are: teenagers or young adults, infants younger than one year of age, living in crowded settings, such as 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, working with meningococcal bacteria in a laboratory

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

**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, limb amputations.

**What should I do if I or someone close to me 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. Teens and young adults can also be vaccinated against the "B" strain. Talk to your health care provider if you have not received two doses of vaccine against meningococcal strains A, C, W and Y or against the "B" strain.

**Who else should receive the vaccine?** Infants, People with certain medical conditions, People exposed during an outbreak, Travelers to the "meningitis belt" of sub-Saharan Africa, Military recruits. Please speak with your health care provider if you may be at increased risk.

**What are the meningococcal vaccine requirements for school attendance?** As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

**Is there an increased risk for meningococcal disease if I travel?** Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the "meningitis belt" of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic. To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

### Travel and meningococcal disease:

[wwwnc.cdc.gov/travel/diseases/meningococcal-disease](http://wwwnc.cdc.gov/travel/diseases/meningococcal-disease)

### Learn more about meningococcal disease:

[www.cdc.gov/meningococcal/](http://www.cdc.gov/meningococcal/)

For more information about vaccine-preventable diseases: [www.health.ny.gov/prevention/immunization/](http://www.health.ny.gov/prevention/immunization/)