

REQUESTS FOR ACCOMMODATIONS OF A **LEARNING DISABILITY AND OTHER DISABILITIES** MUST BE ADDRESSED TO THE COLLEGE'S 504/ADA COMPLIANCE OFFICER: THE ASSOCIATE DEAN OF THE COLLEGE/EOAA OFFICER, DUNS SCOTUS HALL 102, (716) 839-8301.



HEALTH SERVICES

Student Health Form

<p>Health Services Use Only:</p> <p>Received _____</p> <p>Compliant: ___ Yes ___ No</p>
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DAEMEN COLLEGE UPHOLDS THE NEW YORK STATE LAW WHICH REQUIRES THAT EACH STUDENT FILE WITH THE CAMPUS A RECORD OF A MEDICAL EXAMINATION AND HEALTH HISTORY PRIOR TO ATTENDANCE. Please complete the medical history before going to your health care provider for the examination.

Any physical examination performed in the last year is acceptable, as are records from a previous university/college health service. An official written request for transfer of the records must be sent by the student to the record holder with permission for the medical release of the records to Daemen College.

Information you provide will be used solely as an aid to providing health care, if necessary, while you are enrolled as a student.

This information is confidential. It is strictly for Health Services use and will not be released to anyone without your knowledge and consent.

Full clearance for course registration cannot be granted until all pre-entrance medical requirements have been met. These include:

1. Documentation of immunizations.

NEW YORK STATE LAW REQUIRES THAT ALL PERSONS ACCEPTED FOR ADMISSION TO COLLEGE MUST PROVIDE PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IF BORN ON OR AFTER JANUARY 1, 1957. ALL STUDENTS MUST MAKE AN INFORMED DECISION ABOUT THE MENINGITIS VACCINE (SEE PAGE 4 OF THIS FORM).

STUDENTS MUST BE COMPLIANT WITH N.Y.S. LAW IN ORDER TO GUARANTEE REGISTRATION.

MEASLES (rubeola)	TWO doses of live measles vaccine given after 12 months of age and after 1968 <u>OR</u> a positive measles titer (copy of lab report must be submitted) <u>OR</u> date of physician-diagnosed measles disease with signature of diagnosing physician.
MUMPS	ONE dose of mumps vaccine given after 12 months of age and after 1969 <u>OR</u> a positive mumps titer (copy of lab report must be submitted) <u>OR</u> date of physician-diagnosed mumps disease with signature of diagnosing physician.
RUBELLA	ONE dose of rubella vaccine given after 12 months of age and after 1969 <u>OR</u> a positive rubella titer (copy of lab report must be submitted); physician diagnosis is not acceptable.

2. Medical history.
3. Administration of tetanus or tetanus/diphtheria (Td) (TDap) toxoid within the past ten years.
4. Physical examination.
5. Informed decision regarding meningitis vaccine (see fact sheet - page 4).

PART I – STUDENT HEALTH HISTORY

COMPLETE THIS BEFORE GOING TO YOUR HEALTH CARE PROVIDER FOR EXAMINATION

NAME _____
(PRINT) Last First Middle

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

SEX: MALE FEMALE FIRST TIME TO ENROLL: SUMMER 20 ____ FALL 20 ____ SPRING 20 ____
 FRESHMAN TRANSFER GRADUATE STUDENT

HOME ADDRESS _____
Number and Street City or Town State Zip Code

Home Telephone Number with Area Code Cell Phone Number with Area Code

PERSON TO BE NOTIFIED IN EMERGENCY _____
Name and Relationship

Home Telephone with Area Code Business Telephone with Area Code

HEALTH CARE PROVIDER _____
Name Telephone Number with Area Code

ADDRESS _____
Number, Street, City, State, and Zip

HEALTH INSURANCE INFORMATION

Do you have health insurance? Yes No If Yes _____
Name of insurance company _____
Policy Number _____

Daemen College requires **ALL students who live on campus, ALL international students, and ALL Student Athletes whether or not they live on campus**, to be covered by health insurance. Students in health-related fields of study must have health insurance coverage when participating in clinical experiences.

ALLERGIES

Are you allergic to any medications? Yes No If yes, list medications _____
Any other allergies? _____

MEDICATIONS

Do you take any medicine on a regular basis? Yes No
List medication and dosage _____

Do you have any health conditions that we should be aware of in order to assist you in the event you need medical care? _____

PERMISSION FOR TREATMENT FOR STUDENTS UNDER 18 YEARS OF AGE

When serious medical problems arise, every effort will be made to reach parents, guardians, or spouse. On occasion, we are unable to make this contact. To avoid delay in treatment, we request that the following statement be signed by a parent, guardian, or spouse:

I hereby grant permission to treat and/or hospitalize my son/daughter/spouse/ward in case of illness.

Signature of Parent or Guardian or Spouse Date

Relationship

Part II – PHYSICAL EXAMINATION

1. Height _____ 2. Weight _____ 3. Blood Pressure _____ / _____ 4. Pulse _____

	NORMAL	ABNORMAL
5. Head, Ears, Nose, or Throat		
6. Eyes (Ophthalmoscopic)		
7. Hearing		
8. Neck – Thyroid		
9. Respiratory		
10. Cardiovascular		
11. Gastrointestinal		

	NORMAL	ABNORMAL
12. Skin		
13. Genitourinary (including Hernia)		
14. Musculoskeletal		
15. Metabolic/Endocrine		
16. Neurological		
17. Psychiatric		

	YES	NO
18. Does this person have any physical or mental impairments, including alcohol or drug dependency? Comment:		
19. Does this person have any communicable disease? Comment:		
20. Are there any restrictions of physical activity indicated by your examination? Comment:		
21. Is the patient now under treatment for any medical or emotional condition? Comment:		
22. Do you have any recommendations regarding the care of this student? Comment:		
23. How long and in what capacity have you known this student?		

PARTICIPATION IN SPORTS

Recommendation for physical activities, including participation in club, intramural & intercollegiate sports: Unlimited Limited

If Limited, please explain: _____

PART III – IMMUNIZATIONS

MMR: ① _____ ② _____ **OR** DATES: _____

Measles: 2 doses vaccine _____
 or proof of disease _____
 or pos. serologic test _____
 (attach lab report)

Mumps: mumps vaccine _____
 or proof of disease _____
 or pos. serologic test _____
 (attach lab report)

Rubella: rubella vaccine _____
 or pos. serologic test _____
 (attach lab report)

Td _____
 or
TDap _____
 (Required within 10 years)

MENINGITIS MCV4 _____
 Vaccine given within 10 years

OR

WAIVER

I have reviewed the Fact Sheet on page 4 regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine. I decline the vaccine at this time.

 Signature of Student (or Parent/guardian if under 18) Date

PPD within 1 year. _____ (Administered)
 Results to be read within 72 hours
 (IF TEST IS POSITIVE, CHEST X-RAY IS REQUIRED). _____ (Read)
 POS _____ mm. NEG _____ mm.

Chest X-ray (only required if + PPD) _____ DATE: _____
 (attach report)

Hepatitis B
 1st Dose _____ DATE: _____
 2nd Dose _____ DATE: _____
 3rd Dose _____ DATE: _____
 or
 Positive serologic test _____ DATE: _____
 (attach lab report)

Varicella
 Date of Disease _____ DATE: _____
 or
 2 doses vaccine _____ DATE: _____
 or
 Positive serologic test _____ DATE: _____
 (attach lab report)

Signed _____, Title _____

Name _____ (PRINT)

Address _____ Zip _____

Tel. No. (Include area code) () _____

Date of Examination _____

WHEN COMPLETED, MAIL DIRECTLY TO:

Health and Insurance Services Office – M.B. #104
 Daemen College
 4380 Main Street
 Amherst, New York 14226-3592
 (716) 839-8446
 FAX (716) 839-8230

FAST FACTS ABOUT MENINGOCOCCAL DISEASE AND VACCINATION

Q. What is meningococcal disease and why is it so dangerous?

A. Meningococcal disease is a bacterial infection. It can cause *meningitis* – severe swelling of the brain and spinal cord. It can also lead to *sepsis* – a potentially life-threatening infection of the blood.

Meningococcal disease is very dangerous because it often begins with symptoms that can be mistaken for influenza or another respiratory infection. But unlike more common infections, meningococcal disease can get worse very rapidly and it can kill an otherwise healthy young adult in a little as 24 to 48 hours. In fact, 10%, and in some cases as many as 23%, of those who develop meningococcal disease may die. Of those who survive, 11% to 19% will suffer from permanent disabilities, including amputations, scarring, hearing loss, and brain damage.

Q. How is meningococcal disease spread?

A. The bacteria that causes meningococcal disease (*Neisseria meningitidis*) can be spread from person to person by droplets that are released in the air through coughing. It can also be spread by kissing or sharing a glass or eating utensils.

Q. Who is at risk for meningococcal disease?

A. Although anyone can get the meningococcal disease, the risk for getting this disease is higher for college students living on campus. According to the Centers for Disease Control and Prevention (CDC), college freshmen living in dormitories have a 6-times greater chance of getting meningococcal disease compared with other college students. Students who smoke, drink, or spend time in crowded bars on or near campus are also at higher risk.

Q. What are the symptoms of meningococcal disease?

A. The early symptoms of meningococcal disease are similar to influenza. Many people complain of having a headache, fever, stiff neck, extreme fatigue, nausea, vomiting, and sensitivity to light. Some people also develop a purplish black-red rash of small dots (petechiae), mainly on their arms and legs. Remember, meningococcal disease can get worse very quickly, so recognizing the characteristic signs and symptoms of the disease is critical and potentially lifesaving.

Q. Will vaccination eliminate the risk of meningococcal disease?

A. Meningococcal vaccination can greatly reduce your risk of infection, but it will not completely eliminate it. The vaccine helps to protect against the strains of bacterial (*M meningitidis* A, C, Y, and W-135) that cause 68% to 83% of meningococcal disease in college-aged people. In the US military, meningococcal vaccination has been mandatory since the 1970s, and it has been associated with a 94% reduction in meningococcal disease among new recruits. Be aware, however, that the meningococcal vaccine does not protect against infection caused by strains other than A,C,Y, and W-135, and that no vaccine is guaranteed to protect 100% of susceptible individuals.

Q. Can I get meningococcal disease from the vaccine?

A. No. The vaccine does not contain any live bacteria – so it is impossible to get meningococcal disease from the vaccination. Additionally, the meningococcal vaccine is very well tolerated. The most common reactions after vaccination are mild ones, such as soreness or redness at the injection site for 1 or 2 days. A very small number of people may also experience headache, body aches, chills, and fever.

Vaccination should be avoided by persons with known hypersensitivity to any component of the vaccine. As with most vaccines, immunization should be delayed if you have any acute illness.

Q. Who should be vaccinated against meningococcal disease?

A. College students, particularly freshmen living in dormitories, should consider vaccination to reduce their risk of getting meningococcal disease. This recommendation is supported by the Advisory Committee on Immunization Practices (ACIP), the American College Health Association (ACHA) and the American Academy of Pediatrics (AAP).

In addition, 14 states have enacted legislation mandating distribution of information to students and their parents about the dangers of meningococcal disease and the availability of the meningococcal vaccine. In 6 of these states, vaccination is *required* for incoming students who are planning to live on campus, unless they sign a waiver stating that they are aware of the risk and do not wish to be vaccinated.