

ISRAEL STUDY ABROAD IMMUNIZATION FORM



SUBMISSION OPTIONS | ONLINE: daemen.edu/branchcampusupload | FAX: 716.839.8230
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PART 1 – STUDENT INFORMATION

LAST NAME (BIRTH)	FIRST NAME (BIRTH) <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Self Identify As:	MIDDLE INITIAL	OTHER NAMES USED (FIRST AND/OR LAST, IF APPLICABLE)		
DATE OF BIRTH	GENDER	MEDICAL EMERGENCY PHONE (INCLUDE AREA CODE)			
PREFERRED PHONE (INCLUDE AREA CODE)	STREET ADDRESS		CITY	STATE	ZIP CODE

PART 2 – PROOF OF IMMUNITY REQUIRED BY NEW YORK STATE

This section must be completed and signed or stamped by a health care provider. Students may also submit immunization records from a previous school, health care provider or government agency in place of having this form completed. *Student Athletes are required to submit a physical within 6 months of first date of participation, noting clearance to participate in physical activity in addition to the items required below. If you have questions about the requirements below, email health@daemen.edu.

1. MEASLES, MUMPS, RUBELLA (MMRs)

NYS Public Health Law 2165 requires students born on or after January 1, 1957 taking 6 or more credits to submit record of immunity to Measles, Mumps and Rubella. **Please take action by completing one of the options below.**

Option #1: 2 MMR Vaccinations (1st dose after 1st birthday; *2nd dose at least 28 days later; month, day, year must be recorded)

MMR 1: ____ / ____ / ____ *MMR 2: ____ / ____ / ____

Option #2: Individual Vaccination Dates (1st dose after 1st birthday; *2nd dose at least 28 days later)

Measles 1: ____ / ____ / ____ Measles 2*: ____ / ____ / ____

Mumps: ____ / ____ / ____ Rubella: ____ / ____ / ____

Option #3: Titer Dates (Attach lab report with test date, results and clinical indications)

Positive Measles Titer: ____ / ____ / ____

Positive Mumps Titer: ____ / ____ / ____

Positive Rubella Titer: ____ / ____ / ____

2. MENINGITIS

NYS Public Health Law 2167 requires colleges to distribute information about meningococcal disease and vaccinations to all students (back) and students to submit their decision on meningococcal disease. **Please take action by completing one of the options below.**

Option #1: Submit proof of Meningitis immunization(s) (a, b or c) within the past 5 years (month, day, year must be recorded)

- a) MCV4/Menactra (most recent): ____ / ____ / ____
- b) Bexero (2 doses required): ____ / ____ / ____ ____ / ____ / ____
- c) Trumemba (3 doses required): ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Option #2: Review the Meningitis Fact Sheet (back) and complete the waiver below

By signing, I acknowledge that I have read the meningitis disease fact sheet and I am fully aware of the risks associated with the disease, availability and effectiveness of the vaccine. I have decided that I (or my child) will NOT obtain the immunization against meningococcal meningitis disease at this time.

Student Signature Parent/Guardian Signature (student is under 18 years of age) Date / ____ / ____

Provider Name (print or stamp)	Provider Signature	Provider Address & Phone Number	Date
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MENINGOCOCCAL DISEASE FACT SHEET

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. Some people are at higher 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 I love 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.
- Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the "B" strain. Talk to your health care provider about whether they recommend vaccine against the "B" strain.

Others who should receive the vaccine include:

- Infants, children and adults 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.

Learn more about meningococcal disease:

www.cdc.gov/meningococcal/

For more information about vaccine-preventable diseases:

www.health.ny.gov/prevention/immunization/



Questions or concerns?
Contact Health Services

Office: Wick 116
Phone: 716-839-7380
Email: health@daemen.edu
Hours: M-F, 8:30am – 4:30pm

ISRAEL STUDY ABROAD PHYSICAL FORM

The purpose of this form is to determine the student's health history and any special needs they may have in order to help ensure a successful and safe experience abroad.

THIS FORM MUST BE COMPLETED WITHIN 1 YEAR OF STUDENT'S DEPARTURE DATE.



LAST NAME (BIRTH)

FIRST NAME (BIRTH)

DATE OF BIRTH

PART 1 – GENERAL HEALTH (student to complete)

List any recent or continuing health problems:

List any drug, food, or environmental allergies and briefly describe the reaction:

List any physical or other disabilities (e.g. emotional, learning, mental):

List any history or mental health concerns (e.g. depression, anxiety, eating disorder, substance abuse):

PART 2 – MEDICATIONS (student to complete)

List any medications taken. Indicate how often and for what condition each is taken. Participants should bring an adequate supply of medication(s) that are required on a daily or routine basis, in their original bottles for the duration of the program. It is suggested you bring a copy of all prescriptions while travelling. Student is responsible for ensuring that all medications are legally permissible abroad.

Medication:

Condition taken for:

Frequency:

PART 3 – ADDITIONAL MEDICAL NOTES (student to complete)

Are there any other precautions or medical requirements we should know about in case of an emergency abroad?

No

Yes, please explain: _____

PART 4 – PHYSICAL EVALUATION (medical provider to verify student health evaluation and clearance for travel abroad)

By signing or stamping below, I certify that:

The information self-reported by the patient (general health & medications) was been reviewed with the patient

A health history and physical evaluation was completed

Any concerns or restrictions related to travel abroad have been documented and will be submitted with this form

Provider Name (print or stamp)

Provider Signature

Provider Address & Phone Number

Date

PART 5 – AUTHORIZATION FOR MEDICAL TREATMENT (student to complete)

I _____ hereby authorize any representative of Daemen College to secure dental and medical treatment for me if I am injured or become ill while participating in an international travel program sponsored by the College, including without limitation, anesthetic and surgical treatment. I agree that in such a case, the College representative may sign all authorization forms necessary to obtain the treatment. I assume full responsibility for all costs relating to or arising out of the treatment. I authorize any representative of Daemen College to administer first aid treatment to me should it be necessary or I request it.

Student Signature

Parent/Guardian Signature (student is under 18 years of age)

____ / ____ / ____
Date