

PART A – Personal & Family History (to be completed by Student or Guardian)

FAMILY HISTORY

Have your parents, grandparents, brothers or sisters had any of the following?

	Age	State of Health	Occupation	Age at Death	Cause of Death		Yes	No	Relationship
Father						Alcoholism			
Mother						Arthritis			
Brothers						Asthma, Hay Fever			
						Cancer			
						Diabetes			
						Epilepsy, Convulsions			
						Heart Disease			
Sisters						High Blood Pressure			
						Kidney Disease			
						Mental Illness			
						Sudden Death before 50			
						Stroke			
						Tuberculosis			

PERSONAL HISTORY: Do you have or have you had any of the following? (Please give details in box below for any "YES" answers)

YES	NO	YES	NO	YES	NO	YES	NO
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PART B – Mandatory Immunizations

Please complete all dates as MM/DD/YYYY

New York State Public Health Law requires that all college and university students show protection against measles, mumps, and rubella. Two (2) measles immunizations, after the students first birthday, or serologic proof of immunity are mandatory. Persons born prior to January 1, 1957 are exempt from this requirement.

Mandatory MMR Measles, Mumps, Rubella

MMR (Two Doses Required)

Dose 1 given at 12-15 months or later #1 ____/____/____

Dose 2 given at least 28 days after first dose #2 ____/____/____

OR

Measles (Two Doses Required)

#1 ____/____/____

#2 ____/____/____

Mumps (A second dose is highly recommended)

Dose 1 given at 12 months or later #1 ____/____/____

#2 ____/____/____

Rubella

Dose 1 given at 12 months or later #1 ____/____/____

OR

Serology Completed for Measles, Mumps, Rubella – INCLUDE LAB REPORT ____/____/____

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours, or the equivalent per semester, complete the following:

Mandatory Meningococcal Meningitis - Check one statement and Sign below

Yes

Date Received ____/____/____

Date Required for Compliance with State Law

No

I have decided that I, (my child), **will not obtain** immunization against meningococcal meningitis disease. I have read, or have had explained to me, the information regarding meningococcal meningitis disease and I understand the risks of not receiving the vaccine.

X

Signature required by Student or Parent/ Guardian if student is under the age of 18

Date

Immunization Medical Exemption
(To Be Completed By Physician/Provider, if eligible)

_____ is exempt from receiving _____
Name of Student Name of Immunization(s)

for the following medical reasons: _____

Signature of Physician / Provider

Date

PART C – Recommended Immunizations

Please complete all dates as MM/DD/YYYY

Tetanus-Diphtheria-Pertussis

#1	#2	#3	#4	#5
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Td/Tdap (within 10 years)

Booster

Polio

#1	#2	#3	#4	#5
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Varicella

Two doses of vaccine given at least 28 days apart, or history of disease, or serologic proof of immunity.

#1	#2
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Or History of Disease ____/____/____ Or Serology Completed for Varicella – INCLUDE LAB REPORT ____/____/____

Hepatitis B

#1	#2	#3
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Hepatitis A

#1	#2
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HPV

#1	#2	#3
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PPD (Mantoux) Tuberculin Skin Test – Required, if answer YES to any of the following:

- I live or work with someone who has Tuberculosis (TB) Yes No
- I was born outside of the United States, Canada, or Europe Yes No
- I am immunocompromised or inject recreational drugs Yes No
- I am a healthcare worker or lived, worked in a nursing home, prison, or residential institution. Yes No

Following to be completed by Physician/Provider, if needed:

Date PPD placed ____/____/____ Date Read ____/____/____ Results _____ x _____ mm in duration

If positive PPD, a Chest X-Ray (CXR) and copy of report is required. CXR Date ____/____/____

If positive PPD, and negative CXR, was treatment for Latent TB Infection offered? Yes No Refused

Medication and length of treatment _____

PART D – Physical Exam *(to be completed by your Physician or Health Care Professional)*

Freshmen: A physical exam must have been completed within the past year

Transfer Students & Grad Students: A physical exam must have been completed within the past two years

Part-Time Students (enrolled for less than 12 hours/credits) **& Grad Students who graduated from SUNY Geneseo within the past year** are not required to complete this page.

Height: _____ ft. _____ in. Blood Pressure: _____ Pulse: _____

Weight: _____ lbs. Waist Circumference: _____

Vision: Far: Right 20/ _____ Corr. to 20/ _____ Far: Left 20/ _____ Corr. To 20/ _____

Lab Data: Hct. _____ % Serum Cholesterol _____ mg Urinalysis: Alb. _____ Sug. _____ Micro. _____

Clinical Evaluation

Check each item in proper column. Enter N.E. if not evaluated.

	✓ Normal	✓ Abnormal	Give details of each abnormality with corresponding item number.
1. Head, Neck Face and Scalp			
2. Nose and Sinuses			
3. Mouth and Throat			
4. Ears (perf of drum, etc.)			
5. Eyes (lids, conjunctiva, etc.)			
6. Pupils and Ocular Motion			
7. Lungs			
8. Heart			
9. Vascular System (varicosities, etc.)			
10. Abdomen and Viscera (include hernia)			
11. Breasts / Pelvic Exam			
12. Endocrine System			
13. G-U Male			
14. Upper Extremities (strength, range of motion)			
15. Lower Extremities (as for upper)			
16. Spine, other Musculo-Skeletal			
17. Skin and Lymphatics			
18. Neurologic			
19. Psychiatric (specify)			
20. Is there loss or seriously impaired function of any paired organ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

- Yes No**
21. Any recommendations for special dietary requirements or limitation of physical activity?
22. Is this individual under care for a chronic condition or serious illness? If yes, please enclose further information.
23. Any known allergies? List below.

COMMENTS:

Must be signed by your health care provider

Upon completion of a complete physical examination I have found this student capable of participating in a full program of college study, including participation in intercollegiate sports, and that the immunization record is accurate.

↙ **HEALTH CARE PROVIDER SIGNATURE: X** _____ **Date:** _____

Please Print or Type Name of Physician or Health Care Facility: _____

Address: _____ Phone: (_____) _____

Fax: (_____) _____

**NEW YORK DEPARTMENT OF HEALTH
Bureau of Communicable Disease Control****Meningococcal Disease Information Sheet**

for College Students and their Parents

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).

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, immune-compromised 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. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of Meningococcal disease. 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. Others recover completely.

How soon do the symptoms appear?

The symptoms may appear two to ten days after exposure, but usually within five days.

What is the treatment for Meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with Meningococcal disease.

Is there a vaccine to prevent Meningococcal meningitis?

YES, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing infection with four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with many vaccines, vaccination against meningitis may not protect 100% of all susceptible individuals.

How do I get more information about Meningococcal disease and vaccination?

Contact your family physician or College Health Service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us and the Centers of Disease Control and Prevention, www.cdc.gov/meningitis/about/faq.html.

Adapted by SUNY Geneseo, Student Health Services
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