Farmingdale State College
State University of New York

Meningococcal Vaccination Response Form

Check one box and sign below.

I have (for students under the age of 18; My child has:

☐ had meningococcal immunization within the past five years. The vaccine record is attached.
Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College students should discuss the Meningococcal B vaccine with a health care provider.

☐ read or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease **within 30 days** from my private health care provider or Farmingdale State College Health and Wellness Center.

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

_____ **Date** _____/_____/_____
Signed *(Parent/Guardian if student is a minor)*

_____ **Students Date of Birth** _____/_____/_____
Print Student's Name

Student's E-mail Address _____ **Student RAM ID#**_____/_____/_____

Student's Mailing Address _____

Student's Phone Number (_____) _____

About Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is caused by bacteria called Neisseria meningitis. 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 outbrea.k
- Working with meningococcal bacteria in a laboratory.

What are the symptoms?

Symptoms appear suddenly - usually three to four 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

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Farmingdale State College
State University of New York
Health + Wellness Center
☎ 631-420-2009 631-420-2137 wellness@farmingdale.edu

Farmingdale State College
State University of New York

Student Information, Medical History + Physical Report

A health form is required for all full-time students. *(Complete pages 1 and 2 before going to your health care provider for physical examination.)*

The information requested on this form is for the use of the Health and Wellness Center and will not be released to anyone without your knowledge and consent except as required by law.

You may go into the OASIS registration system to read and electronically submit the Meningitis Letter.

Date: _____ **Name:** _____
Last First Middle

RAM ID #: R _____ -_____ -_____ **Sex: M F Other** **Date of Birth:** _____/_____/_____

Address: _____ **Cell Phone: (**_____**)** _____
Number Street Apt

_____ **Home Phone: (**_____**)** _____
Town State Zip Code Country

Email: _____ **Are you planning to reside on campus? ☐Yes ☐No** **Are you an athlete? ☐Yes ☐No**

What is your major? _____

In Case of Emergency Contact:

_____
Name and relationship of person to be notified

_____
Number Street

_____
City State Zip

(_____) _____ (_____) _____
Home telephone Business telephone

Do you have medical insurance? ☐Yes ☐No *(If yes, please attach copy of insurance card.)*
If you are interested in or have any questions regarding the College Insurance Plan, please contact the Insurance Claims Specialist at (631) 420-2154.

PARENTAL CONSENT FOR MEDICAL CARE OF STUDENTS UNDER 18 YEARS OF AGE

_____
Parent/Guardian Signature Relationship to student Date

Farmingdale State College
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Health + Wellness Center
☎ 631-420-2009 631-420-2137 wellness@farmingdale.edu

LAST NAME, FIRST_____ RAM ID_____

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Pulse _____

1. Skin _____
2. Eyes _____
3. Ears _____
4. Nose/Sinuses _____
5. Mouth/Thyroid/Dental _____
6. Neck/Thyroid _____
7. Heart _____
8. Lungs/Chest _____
9. Breasts _____
10. Abdomen _____
11. Nervous System _____
12. Extremities/Joints _____
13. Back _____
14. Genitourinary System _____
15. Emotional/Mental Status _____

DATE OF PHYSICAL EXAM _____

For females, Date of LMP _____

VISION

Glasses ☐Yes ☐No

Contacts ☐Yes ☐No

Eye Glass Prescription _____

LAB WORK

MANTOUX TEST FOR TB (within 1 year)

Date of Test _____

Date of Reading _____

Results in millimeters _____

If mantoux is positive (>10mm):

Date of chest x-ray _____

Results: ☐Positive ☐Negative

If recent converter or chest x-ray positive, explain treatment

_____

_____

_____

_____

Please list all allergies _____

_____

_____

Recommendations for physical activity: ☐Unlimited ☐Limited (with explanation below)

☐ Recommendations regarding care of this student (with explanation below)

☐ Student now under treatment for medical or emotional condition (with explanation below)

FOR STUDENTS WHO PLAN TO PARTICIPATE IN ATHLETICS

☐ Student is fully cleared to participate in athletics. ☐ Attach Athletic Cardiac Questionnaire (ATTACH COPY)

Have you consulted or been treated by a psychiatrist, clinical psychologist, social worker, or other counselor? ☐Yes ☐No

If yes, please explain _____

Are you taking any medications? ☐Yes ☐No

If yes, please explain _____

If you have been hospitalized or have any medical problems, please explain: _____

_____

_____

LAST NAME, FIRST_____ RAM ID_____

IMMUNIZATION REQUIREMENTS

New York State law and Farmingdale State College, in keeping with recommendations of the American College Health Association and the Centers for Disease Control, require all students born on or after January 1, 1957 who are attending an institution of higher education to show proof of two doses of live measles vaccine, one dose of live mumps vaccine and one dose of live rubella vaccine, given after one year of age. In lieu of immunization dates, the physician may provide a date of disease for measles and mumps only; history of rubella disease is not acceptable. Student may also choose to have blood tests called titers in lieu of immunizations which will show actual levels of immunity to each of the three diseases. If titers are drawn, please attach copies of actual laboratory reports.

	DATE	DATE	DATE	DATE OF DISEASE	TITER DATE + RESULTS
					Attach actual lab report
MMR					
MEASLES					
MUMPS					
RUBELLA					
RECOMMENDED HEPATITIS-B					
RECOMMENDED VARICELLA					
TDAP within 10 years					
MENINGOCOCCAL within 5 years for resident students required					

ALL NURSING, DENTAL HYGIENE AND MEDICAL LABORATORY TECHNOLOGY STUDENTS MUST SUBMIT THE FOLLOWING TITERS, WHICH ARE REQUIRED FOR THEIR CLINICAL ROTATIONS:

Hepatitis B *(or proof of shots)* Measles Mumps

Rubella Varicella

Please use grid above to enter information. Please attach copies of laboratory reports for all titers.

Provider's Signature_____

Print Name _____

Address _____

Phone (_____) _____

Fax (_____) _____

RETURN THIS FORM TO:
Health and Wellness Center
Farmingdale State College
2350 Broadhollow Road
Farmingdale, NY 11735

OFFICE STAMP

Farmingdale State College
State University of New York
Health + Wellness Center ☎ 631-420-2009 631-420-2137 wellness@farmingdale.edu