CANTON
STATE UNIVERSITY OF NEW YORK

Davis Health Center
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Student Health History, Immunization and Physical Exam Form

DUE DATES: Fall Semester AUGUST 1ST Spring Semester JANUARY 1ST

This Form includes the New York State Mandatory College Requirements
All information is confidential

ATHLETES: DO NOT USE THIS FORM.
Athletes must use the Athletic Pre-Participation Physical Form found on the Athletic or Health Center's web page.

***NOTE:* If you are taking *ALL ONLINE classes and NOT LIVING ON CAMPUS,* you are not required to complete this form.**

ALL FIELDS ON THIS FORM WITH AN ASTERISK (*) ARE REQUIRED AND NEED TO BE COMPLETED ENTIRELY.

*Student Information

*Print Name (First, Middle Initial, Last):*_____ *Student ID #:*_____

Preferred Name: _____ *Preferred Pronouns:* _____

*Date of Birth:*_____ *Phone Number (Home):(___)*_____ *Cell:(___)*_____

*Home Address:*_____
Street *City* *State* *Zip*

*Email Address:*_____
SUNY Canton email *Personal Email*

Entering Term: ☐ Fall ☐ Spring *Year:*_____*Program/Major Entering:*_____

*Emergency Contact Information

*Print Name (First, Last):*_____ *Relationship:*_____

*Home Phone:(___)*_____*Cell Phone:(___)*_____*Work Phone:(___)*_____

Current Health Care Provider Information

*Name & Title of Provider:*_____*Phone:(___)*_____

*Address:*_____
Clinic/Facility

_____
Street, City, State, Zip

Please continue this form and complete Parts I – III
(Immunizations, Personal Health History, and Physical Exam)

Davis Health Center Office Use Only:

*Received by:*_____ *Reviewed by:*_____ *Scanned By:*_____

Student Name:_____ DOB:_____

PART I - IMMUNIZATION/MENINGITIS REQUIREMENTS:

NYS PHL Section 2165 *requires students attending post-secondary institutions who were born on or after January 1, 1957 and registered for 6 or more credit hours to demonstrate proof of immunity against measles, mumps, and rubella.*

A COPY OF AN OFFICIAL IMMUNIZATION RECORD (I.E. HIGH SCHOOL RECORD) CAN BE ATTACHED.

● ***Required for ALL students:***

● **MMR (**2 doses, First one no more than 4 days before first birthday and at least 28 days apart)
1st____/____/____ 2nd____/____/____
Mo Day Yr Mo Day Yr

OR:

○ **MEASLES** 1st____/____/____ 2nd____/____/____
Mo Day Yr Mo Day Yr

○ **RUBELLA** ___/____/____ **MUMPS**____/____/____
Mo Day Yr Mo Day Yr

● **MENINGITIS** ***within 5 yearsof admission***:
Men ACWY ____/____/___
Mo Day Yr

OR:

○ **2 Doses of MENINGITIS B** ***within 5 years of admission***
1st____/____/____ 2nd____/____/____
Mo Day Yr Mo Day Yr

OR:

○ ***Completed Meningitis Response Form*** *(see below)*

✸ ***Required for certain curriculums. Please see page 5 for more information.***

◆ ***Recommended for ALL students:***

✸ ◆ **TETANUS/DIPHTHERIA/PERTUSSIS** (circle one):
Tdap, Boostrix, Adacel or Td (if past hx of Tdap after age 11) (in last ten years): ____/____/___
Mo Day Yr

✸ ◆ **HEPATITIS B:**
1st____/____/____ 2nd ____/____/___
Mo Day Yr Mo Day Yr
3rd ____/____/___
Mo Day Yr

A titer proving immunity for each of the above is an acceptable alternative to receiving the immunizations. A copy of the titer results is required. Please attach documentation to this form.

✸ ◆ **VARICELLA (Chicken Pox):**
1st____/____/____ 2nd ____/____/___
Mo Day Yr Mo Day Yr

A titer proving immunity for each of the above is an acceptable alternative to receiving the immunizations. A copy of the titer results is required. Please attach documentation to this form.

◆ **COVID-19:** Most recent: ____/____/___
Mo Day Yr

◆ **Gardasil (HPV4, HPV9):**

1st____/____/____ 2nd____/____/___ 3rd ___/___/___
Mo Day Yr Mo Day Yr Mo Day Yr

✸ **TUBERCULOSIS SCREENING:**

Required for all students at high risk for TB. *A second PPD Mantoux is required for certain health-related curriculums.*

✸ **#1 PPD MANTOUX**
Date Administered: _____
Date Read: _____
Result: _____ mm ☐ Negative ☐ Positive
☐ PPD was positive, a chest x-ray is required. Attach report

✸ **#2 PPD MANTOUX:**
(2nd PPD must be at least one week after the 1st PPD)
Date Administered: _____
Date Read: _____
Result: _____ mm ☐ Negative ☐ Positive
☐ PPD was positive, a chest x-ray is required. Attach report

OR:

✸ **QUANTIFERON GOLD- TB BLOOD TEST:**
Test Date: _____ Result Date: _____
Test Result: _____

***HEALTH CARE PROVIDER SIGNATURE REQUIRED: (LPN, RN, NP, PA, MD/DO) DATE:_____**

Name & Title:_____ Signature: _____

Address:_____ Phone:_____

*REQUIRED Meningitis Response Form:

NYS PHL Section 2167 *requires that all students attending college six (6) credit hours or the equivalent per semester complete a Meningitis Response Form*. More information can be found on the attached material of this document.

CHECK ONE BOX BELOW, SIGN AND DATE

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

☐ **had** meningococcal immunization within 5 years of admission. **The vaccine record is attached or has been verified above.**

☐ **decided that I (or my child) will NOT obtain immunization against meningococcal meningitis disease at this time.** I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I understand that this decision can be changed at any time, and the vaccine may be available at my health care provider or local health department.

***Student's Signature:**_____ **Date:**_____

Parent/Guardian signature if student is under the age of 18

Student Name:_____ DOB:_____

PART II - PERSONAL HISTORY:

Check if you have ever had or are currently being treated for the following:

- □ Alcohol/Substance Abuse
- □ Asthma
- □ Back Trouble
- □ Blood Disorder (i.e. Sickle Cell)
- □ Congenital or other heart Problems
- □ Diabetes
- □ Disabling Condition
- □ Eating Disorder
- □ Anxiety/Depression/Other
- □ Mental Health Disorder
- □ Epilepsy/Seizure Disorder
- □ Head injury/Concussion
- □ Intestinal Disease
- □ Kidney Disease
- □ Marfan Syndrome
- □ Orthopedic
- □ Thyroid Disease
- □ Tuberculosis or TB Contact
- □ Other (Explain Below)

Please explain any checked boxes (severity, dates, therapies, medications, etc.)

_____

_____

Tobacco Use: □ Never □ Former – Quit Date:_____ □ Current

Type Used (Mark all that apply): □ Cigarettes □ Cigars □ Snuff or Chew □ E-Cig or Vape □ Hookah □ Other:_____

Medications taken at present? □ No □ Yes *(If Yes, please list medication, dose & reason for taking)*:_____

_____

Allergies (List all drug, food, and other allergies? □ No □ Yes *(If Yes, please list with the type of reaction):*_____

_____

Surgeries and/or severe injuries (include dates): _____

Family History *(List all familial diseases: diabetes, tuberculosis, mental illness, other:*_____

_____

***** STOP HERE UNLESS A PHYSICAL IS REQUIRED *****

PART III - PHYSICAL EXAM:

Required for international students, students in Nursing and students in Physical Therapist Assistant.

**A physical is optional but recommended for all other students.*

Athletes: DO NOT USE THIS FORM

AGE: _____ **SEX:** _____ **B/P:**_____ **WEIGHT:**_____ **HEIGHT:**_____

VISION FAR: R: 20/_____ L: 20/ _____ □ without correction □ with correction

PHYSICAL EXAM	NORMAL	ABNORMAL	COMMENTS
1. GENERAL APPEARANCE			
2. SKIN			
3. HEENT			
4. NECK			
5. LUNGS			
6. HEART			
7. ABDOMEN			
8. MUSCULOSKELATAL			
9. PSYCHIATRIC			

***Is this student able to participate in all physical activity including sports and clinical rotations?** □ Yes □ No

If No, what activities are to be eliminated? _____

***HEALTH CARE PROVIDER SIGNATURE REQUIRED: (NP, PA, MD/DO)** **Date of Exam:**_____

Name & Title:_____ **Signature:** _____

Address:_____ **Phone:**_____

New York State Mandatory Immunization Requirements

MMR (Measles, Mumps, and Rubella):

New York State PHL Section 2165 requires students attending post-secondary institutions who were born on or after January 1, 1957 and registered for 6 or more credit hours to demonstrate proof of immunity against measles, mumps, and rubella.

Proof of immunity for MMR consists of:

- **Measles** – Must document two doses of live measles vaccine, *OR* a measles (rubeola) titer showing immunity.
- **Mumps -** Must document one dose of live mumps vaccine, *OR* a mumps titer showing immunity.
- **Rubella -** Must document one dose of live rubella vaccine, *OR* a rubella titer showing immunity.

Meningitis:

New York State PHL Section 2167 requires post-secondary institutions to distribute information about meningococcal disease and immunization to the students (or parents or guardians of students under the age of 18) accompanied by a response form. Acceptable documentation includes any of the following:

- A vaccine record indicating at least 1 dose of meningococcal ACWY vaccine **OR** 2 doses of Meningococcal B vaccine within 5 years of admission without any breaks in enrollment;

OR:

- A signed Meningitis Response Form indicating that the student will not obtain immunization against meningococcal disease.

If the student has not received meningococcal vaccine within 5 years of enrollment date, then they **must submit the signed response form.*

Recommended Immunizations

Tuberculin Skin Test

Tuberculin skin test **OR** Quantiferon Gold-TB blood test. This is to determine previous exposure to tuberculosis. This test is required for high-risk students as defined by the Centers for Disease Control and Prevention. For more information, please refer to the CDC Web site at www.cdc.gov. * ***REQUIRED for the following curriculums: Nursing, Physical Therapist Assistant (PTA), and Early Childhood***

Varicella Vaccine (chickenpox)

Must document two doses of varicella vaccine *OR* a varicella titer showing proof of immunity. Stated history or even documentation by a medical provider of a history of varicella will not be acceptable proof of immunity.

****REQUIRED for the following curriculums: Nursing and PTA***

Tetanus, Diphtheria, and Pertussis

After primary series of tetanus, diphtheria and pertussis, one dose of Tetanus toxoid, reduced diphtheria, and acellur pertussis (Tdap) vaccine is recommended after age 11 and a subsequent Td booster every 10 years.

****REQUIRED for the following curriculums: Nursing and PTA***

COVID-19

SUNY policy adopts the State of New York directive that public colleges and universities recommend that all students who intend to engage in-person at a SUNY campus or facility receive a COVID-19 vaccination.

****While this is not a requirement, it is HIGHLY recommended for the following curriculums: Nursing and PTA***

Hepatitis B

Series of three doses given prior to college entry is strongly suggested for *all* college students. **** REQUIRED for the following curriculums: Nursing, PTA students must show proof of Hep B vaccines OR sign a declination/waiver form.***

Gardasil (HPV4, HPV9)

HPV vaccines are vaccines that protect against either two, four, or nine types of human papillomavirus, which have been implicated in causing certain infections and cancers.

Physical Examination Requirements

1. **International Students**
2. **Nursing and Physical Therapy Assistant students.** Students will **NOT** be allowed to participate in their clinical or fieldwork practice unless a physical examination is completed and on file. The physical examination must be within the last year.
3. **Intercollegiate Athletes:** Be advised that athletes will **NOT** be allowed to try out for a team or to practice with a team until a pre-admission physical examination is completed and on file. The physical examination must be within the last 6 months.

***For all other students the physical exam is recommended but not required.**

Meningitis Information Sheet

The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16th birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series.

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:

- Infants younger than one year of age and teenagers or young adults
- Living in crowded settings like 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

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:

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

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 and 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 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, and Military recruits.

Additional Information

- Travel and meningococcal disease http://wwwnc.cdc.gov/travel/diseases/meningococcal-disease
- Learn more about meningococcal disease (cdc.gov) http://www.cdc.gov/meningococcal/
- More information about vaccine-preventable diseases http://www.health.ny.gov/prevention/immunization/