

**MANDATORY**

**Herkimer County Community College  
Health History/Physical Exam/Immunization Form**

Health Office, PE Building RM 104, 315-866-0300 ext. 8372 or 8373 FAX: 315-866-9203

*(Revised 1/2009)*

PRINT NAME: \_\_\_\_\_

(LAST)

(FIRST)

(MI)

Date of Birth: \_\_\_\_\_ M \_\_\_ F \_\_\_ Social Security or Student ID #: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's College Address (Dorm or Apt.) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: Home (\_\_\_\_) \_\_\_\_\_ Student's Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Year entering: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PART I: IMMUNIZATION/MENINGITIS REQUIREMENTS: NEW YORK STATE REQUIRES THAT ALL STUDENTS ATTENDING COLLEGE TAKING 6 OR MORE CREDIT HOURS BORN ON OR AFTER JANUARY 1, 1957 provide proof of immunity to measles, mumps and rubella. A copy of an official record such as a high school record or military record may be submitted in lieu of completing this section.**

<p><b><u>IMMUNIZATIONS Required by Public Health Law 2165:</u></b> Measles Mumps and Rubella: <b>MUST BE GIVEN AFTER Jan. 1, 1969 and ON OR AFTER THE first BIRTHDAY.</b> Doses must be at least 28 days apart.</p> <p><b>MMR:</b> 1st ____/____/____ 2nd ____/____/____ Mo Day Yr Mo Day Yr</p> <p><b>OR</b></p> <p><b>Measles (Rubeola) 2 doses:</b> 1st ____/____/____ 2nd ____/____/____ Mo Day Yr Mo Day Yr</p> <p><b>Rubella</b> ____/____/____ <b>Mumps</b> ____/____/____ Mo Day Yr Mo Day Yr</p> <p>A titer proving immunity for each of the above is an acceptable alternative to receiving the immunizations. A copy of the results is required. Please attach to this form.</p>	<p><b><u>Tb Mantoux:</u> Required <u>ONLY</u> for International students and students enrolled in the Physical Therapist Asst. Program.</b></p> <p>Date: _____ Result in mm _____</p> <p><b>Chest x-ray if positive</b> Date: _____ Result: _____</p> <p><b><u>Other Vaccinations Received:</u></b> <b>HEPATITIS B VACCINE:</b> Dose #1 _____ Dose #2 _____ Dose #3 _____</p> <p><b>HEPATITIS A VACCINE:</b> Dose #1 _____ Dose #2 _____</p> <p><b>VARICELLA:</b> Dose #1 _____ Dose #2 _____</p> <p><b>HPV (GARDASIL):</b> Dose #1 _____ Dose #2 _____ Dose #3 _____</p> <p><b>TD BOOSTER OR TDAP: (CIRCLE WHICH GIVEN)</b> DATE: _____</p>
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**HEALTH CARE PROVIDER SIGNATURE REQUIRED: (RN, LPN, NP, PA, MD/DO):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*REQUIRED MENINGITIS RESPONSE FORM: CHECK ONE BOX AND SIGN. NEW YORK STATE REQUIRES that all students attending college 6 or more credit hours complete the following: \*\*\*\*\***

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

had meningococcal meningitis immunization within the past 10 years. Date received: \_\_\_\_\_

*[Note: If you (your child) received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3 to 5 years after receiving Menomune™.]*

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

**\*\*\*Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent/Guardian signature ONLY if student is a minor)**

DOB: \_\_\_\_\_  
MI: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

**Part II: Personal History:** Have you had or are you now under treatment for any of the following problems? Check the box if yes and provide a brief explanation in the space below.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcohol/Substance Abuse            | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Kidney Disease             |
| <input type="checkbox"/> Asthma                             | <input type="checkbox"/> Disabling Condition       | <input type="checkbox"/> Orthopedic Problems        |
| <input type="checkbox"/> Back Trouble                       | <input type="checkbox"/> Eating Disorder           | <input type="checkbox"/> Sickle Cell Disease        |
| <input type="checkbox"/> Blood Disorder                     | <input type="checkbox"/> Emotional Problem         | <input type="checkbox"/> Splenectomy                |
| <input type="checkbox"/> Chicken Pox                        | <input type="checkbox"/> Epilepsy/Seizure Disorder | <input type="checkbox"/> Thyroid Disease            |
| <input type="checkbox"/> Congenital or other heart problems | <input type="checkbox"/> Head injury/Concussion    | <input type="checkbox"/> Tuberculosis or TB Contact |
|   | <input type="checkbox"/> Intestinal Disease        | <input type="checkbox"/> Other                      |

Explanation: \_\_\_\_\_

Operations, severe injuries (include dates): \_\_\_\_\_

Medications taken at present? Yes  No  If yes, please list \_\_\_\_\_

Allergies? Yes  No  If Yes, please list: \_\_\_\_\_

Family History (List all familial diseases: diabetes, tuberculosis, mental illness, other): \_\_\_\_\_

**\*\*\*\*\* PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD – BOTH FRONT & BACK SIDES \*\*\*\*\***

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

<b>PART III: PHYSICAL EXAM: REQUIRED FOR ATHLETES AND STUDENTS IN PHYSICAL THERAPIST ASSISTANT PROGRAM. FOR ALL OTHER STUDENTS IT IS OPTIONAL.</b>			
NAME: _____		DOB: _____	SS#: _____
AGE: _____	SEX: _____	B/P _____	WEIGHT: _____ HEIGHT _____
VISION FAR: R: 20/ _____ L: 20/ _____		<input type="checkbox"/> without correction <input type="checkbox"/> 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 intercollegiate sports? Yes  No

No, what activities are to be eliminated? \_\_\_\_\_

Examining Health Care Provider (MD, DO, NP, PA) \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN FORM TO:**  
**Herkimer County Community College**  
**Health Office**  
**100 Reservoir Rd.**  
**Herkimer, NY 13350**

# HERKIMER COUNTY COMMUNITY COLLEGE

## REQUIRED HEALTH INFORMATION

The Health History and Immunization form is the foundation of the student's medical record at Herkimer County Community College (HCCC) and includes the NEW YORK STATE MANDATORY HEALTH REQUIREMENTS. **All information is confidential.** The appropriate sections of this form must be completed by you and your clinician and mailed to Student Health Service. Please refer to the information on this page to see which health history, physical examination and immunization requirements apply to you.

### Health History Requirements

**All students must submit a completed Health History and Immunization Form.**

### **Physical Examination Requirements are Mandatory for the following:**

**1. Intercollegiate Athletes.** Please be advised that students will **not** be allowed to try out for a team or to practice with a team until a pre-admission physical examination is completed.

**2. Physical Therapy Assistant Program** students will **not** be allowed to participate in their clinical or fieldwork practice unless a pre-admission physical examination is on file.

### **New York State Mandatory Requirements:**

- **Measles, Mumps and Rubella** –To comply with New York State's immunization laws, all students born on or after January 1, 1957, will have to show adequate proof of immunization against measles, mumps and rubella. Proof of immunity consists of:
  - **Measles** – Two doses of live measles vaccine administered after 12 months of age, physician documentation of measles disease or a blood test showing immunity.
  - **Mumps** – One dose of live mumps vaccine administered after 12 months of age, physician documentation of mumps disease or a blood test showing immunity. Live vaccine was available in 1969.
  - **Rubella** – One dose of live rubella vaccine administered after 12 months of age or a blood test showing immunity. Live vaccine was available in 1969.
- **Meningitis Response Form:** New York State also requires that all students attending college and taking six (6) credit hours or the equivalent per semester complete a Meningitis Response Form. Information about meningitis and the Meningitis Response form is included in the attached History/Physical/Immunization form

### **Recommended Vaccines:**

- **Tetanus Toxoid and Diphtheria, TDAP** – Most college students have completed a primary series in childhood. Boosters every 10 years are suggested to maintain immunity. Tetanus toxoid, reduced diphtheria and acellur pertussis (Tdap) vaccine is recommended as a booster if not previously received in the past.
- **Tuberculin Skin Test** – Is required for all International students and students enrolled in the Physical Therapist Assistant Program.
- **Hepatitis B** – Series of three doses given prior to college entry is strongly suggested for all college students. Sexually active persons are at high risk.
- **Meningococcal Tetravalent Vaccine** – One dose of this vaccine is recommended for college freshmen living in dormitories/residence halls. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease. Please read the fact sheet on the back of this page.

**The Health History and Immunization Form is due in the Health Services Office no later than TWO WEEKS BEFORE THE START OF THE SEMESTER.** Failure to provide this information may result in an "Administrative Withdrawal" later in the semester.

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Herkimer, NY 13350**

## **Meningococcal Disease**

### **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) caused by the meningococcus germ.

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.

### **How is the meningococcus germ spread?**

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

### **What are the symptoms?**

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear 2 to 10 days after exposure, but usually within 5 days. 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.

### **What is the treatment for meningococcal disease?**

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

### **Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?**

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

### **Is there a vaccine to prevent meningococcal meningitis?**

In February 2005, the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children 2-10 years old and adults older than 55 years. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

### **Are the vaccines safe? Are there adverse side effects to the vaccine?**

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

### **Who should get the meningococcal vaccine?**

The vaccine is recommended for all adolescents entering middle school (11-12 years old) and high school (15 years old), and all first year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers, and travelers to endemic areas of the world.

### **What is the duration of protection from the vaccine?**

Menomune™, the older vaccine, requires booster doses every 3 to 5 years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

### **How do I get more information about meningococcal disease and vaccination?**

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, [www.health.state.ny.us](http://www.health.state.ny.us); the Centers for Disease Control and Prevention [www.cdc.gov/ncid/dbmd/diseaseinfo](http://www.cdc.gov/ncid/dbmd/diseaseinfo); and the American College Health Association, [www.acha.org](http://www.acha.org).