



HEALTH INFORMATION PACKET

This packet is due immediately after receiving your acceptance to SUNY Potsdam.
It is preferred that you submit each page as it is completed, rather than waiting to send the entire packet all at once.

Please print or type all information.

Student's Name: _____

Parent/Guardian/Spouse: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Student's Date of Birth: _____

Home Phone #: _____

Student's Cell Phone #: _____

Student's E-mail Address: _____

SUNY POTSDAM HEALTH INFORMATION PACKET CHECKLIST

Use this checklist to be sure you have completed all the requirements. Have you sent:

- _____ 1. This completed packet as soon as possible after receiving your acceptance letter?
- _____ 2. A signed affirmation statement (*see below*)?
- _____ 3. Primary care, insurance, and emergency contact information (*see page 2*)?
- _____ 4. A completed Medical History Questionnaire (*see page 3*)?
- _____ 5. A completed Tuberculosis Screening Form (*see page 4*), **with signature**?
- _____ 6. For students born on or after January 1, 1957, proof of immunity to measles, mumps, and rubella (*see Page 5*)?
- _____ 7. A completed Meningitis Response Form (included), **with signature**, OR proof of a meningitis vaccine within the last ten years (*see page 7*)?

AFFIRMATION

I affirm that the information recorded on this Health Information Packet is accurate, to the best of my knowledge.

Student Signature (or parent/guardian if student is < 18 years old)

Date

Watkins Student Health Services Center • Phone: (315) 267-2377 • Fax: (315) 267-3260
44 Pierrepont Avenue • Potsdam, New York 13676-2294 • www.potsdam.edu/studentlife/healthservices

Name: _____ Student ID #: _____

HEALTH INFORMATION PACKET
Insurance and Contact Information

Student's Primary Care Provider Information

At times it is important for our medical providers to contact your primary care provider to discuss your care. This is always done with your permission, but having the following information before it is needed is often helpful.

Name of Provider: _____ Phone #: _____
Address: _____ Fax #: _____

Student's Health Insurance Information

Please complete this section and attach a copy of the insurance card (front and back).

Primary Insurance: _____
Subscriber's Name: _____ Subscriber's Social Security #: _____
Subscriber's DOB: _____ Subscriber's relationship to student: parent guardian self
Insurance ID #: _____ Insurance Group #: _____
Medicare #: _____ (Specify type A, B, C, etc...)

Emergency Contact Information

It is important for SUNY Potsdam to know who you wish to have contacted in an emergency. Often, Student Health Services has the most up-to-date information on campus in this regard; Therefore, the information you submit in this section might be shared with other campus departments. **ABSOLUTELY NO OTHER INFORMATION IN THIS PACKET WILL BE SHARED.** We are very strict about protecting your health information and privacy.

Emergency Contact #1: _____
Relationship to student: _____
Address: _____

Home phone #: _____
Work phone #: _____
Cell phone #: _____

Emergency Contact #2: _____
Relationship to student: _____
Address: _____

Home phone #: _____
Work phone #: _____
Cell phone #: _____

HEALTH INFORMATION PACKET
Proof of Immunization Form

All students MUST provide proof of immunity against measles, mumps, and rubella, regardless of the number of credit hours they are taking. Those individuals born prior to January 1, 1957 are exempt from this immunization requirement, but the rest of this packet must be completed. You may have your health care provider complete this page **OR** you may attach an official copy (signed by your medical provider or school nurse) of your immunization record.

Name: _____
DOB: _____

Student ID#: _____
Prior Name (if any): _____

REQUIRED IMMUNIZATIONS

Options for Proof of Measles/Mumps/Rubella (MMR):

MMR or Measles #1: _____ (mm/dd/yy)

MMR or Measles #2: _____ (mm/dd/yy)

OR

Measles Titer*: _____ (mm/dd/yy)

or

Physician diagnosed Measles: _____ (mm/dd/yy)

plus

Rubella Titer*: _____ (mm/dd/yy)

Mumps Titer*: _____ (mm/dd/yy)

*attach copy of titer reports to this form

RECOMMENDED IMMUNIZATIONS

Meningitis Vaccine (indicate which given):

- MCV4 (Menactra™) _____ (mm/dd/yy)
 MPSV4 (Menomune™) _____ (mm/dd/yy)

Hepatitis B Vaccine series:

Hepatitis B #1: _____ (mm/dd/yy)

Hepatitis B #2: _____ (mm/dd/yy)

Hepatitis B #3: _____ (mm/dd/yy)

Varicella (Chicken Pox) Vaccine if never had disease:

Varicella #1: _____ (mm/dd/yy)

Varicella #2: _____ (mm/dd/yy)

Tetanus/Diphtheria Booster (within last 10 years):

- Td
 Tdap _____ (mm/dd/yy)

Human Papilloma Virus (HPV) Vaccine:

HPV #1: _____ (mm/dd/yy)

HPV #2: _____ (mm/dd/yy)

HPV #3: _____ (mm/dd/yy)

Hepatitis A Vaccine:

Hep A Vaccine #1: _____ (mm/dd/yy)

Hep A Vaccine #2: _____ (mm/dd/yy)

THIS FORM MUST BE SIGNED BY A HEALTH CARE PROVIDER TO CERTIFY ITS ACCURACY.

Signature and Title of Healthcare Provider

Date

Printed Name

Address

Phone/Fax Number

SEND FORM TO:

Student Health Services
44 Pierrepont Avenue, Potsdam NY 13676
Fax: 315-267-3260



Meningococcal Meningitis FAQs

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 *Neisseria meningitidis* germ.

Who gets meningococcal disease? Anyone can get meningococcal disease, but it is more common in infants, children, and those living in crowded conditions (such as college students). Other persons at increased risk include household contacts of those known to have had the disease, immunocompromised people, and people traveling to parts of the world where the disease is common.

How is the meningococcus germ spread? It is spread by coming in contact with the nose or throat secretions 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. 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 are the mainstay of treatment for meningococcal disease.

Is there a vaccine to prevent meningococcal meningitis? There are two types of meningococcal vaccines available in the US:

- Meningococcal polysaccharide vaccine (MPSV4) – marketed under the trade name Menomune.®
- Meningococcal conjugate vaccine (MCV4) – produced by different companies under the names Menactra® and Menveo.®

Each vaccine can prevent 2 of the 3 most common meningococcal strains in the US. While the shots do not prevent every vaccinated person from becoming ill, they do protect many people who might otherwise become sick or die.

Who should get the meningococcal vaccine? The vaccine is recommended for:

- all 11 to 18 year olds;
- all first year college students living in dormitories;
- People at increased risk of meningococcal disease (persons with terminal complement deficiencies, asplenia, some laboratory workers, travelers to areas of the world where meningococcal illness is common).

I had one meningitis vaccine. Do I need a booster dose? MPSV4, the older vaccine, requires a booster dose every 3 to 5 years. When MCV4 first arrived it was expected that boosters would not be needed; however, current data suggests that its immunity wanes in most adolescents after 5 years. A booster dose is now recommended for students headed to college if it has been more than 5 years since their last dose.

Is the vaccine safe? Vaccines, like any medicines, can cause serious problems like severe allergic reactions. The risk of the meningococcal vaccine causing serious harm or death is extremely small. A serious nervous system disorder called Guillain-Barré Syndrome (or GBS) has been reported among some people who received MCV4. This happens so rarely that it is currently not possible to tell if the vaccine might be a factor. Mild side effects, such as redness or pain where the shot is given, can occur in up to 50% of those vaccinated. If a problem like this occurs they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4. A small percentage of people who receive the vaccine develop a fever.

How do I get more information about meningococcal disease and vaccination? Contact your medical provider or SUNY Potsdam's Student Health Service. There is also information available on the websites of the New York State Department of Health, http://www.health.state.ny.us/diseases/communicable/meningococcal/fact_sheet.htm; and the Centers for Disease Control and Prevention, <http://www.cdc.gov/meningitis/index.html>.

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HEALTH INFORMATION PACKET

Meningococcal Meningitis Response Form

New York State Public Health Law 2167 requires all college and university students who are enrolled for at least six (6) semester hours or equivalent, or at least four (4) semester hours per quarter, to complete this form or to submit proof of meningitis vaccination. Mail or fax this form to the address below, or submit it electronically through your BearPaws account (only available if the student is over 18 years old).

You must check one of the following boxes.

Student's Name: _____ DOB: _____
Student ID #: _____ Date: _____

I certify that:

- the student has had the meningococcal meningitis immunization (MPSV4 or MCV4) within the past 10 years.
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. The student will obtain the immunization against meningococcal meningitis.
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. The student will NOT obtain immunization against meningococcal meningitis disease.

Student's Signature: _____
(if student is under 18 years old, must be signed by parent/guardian)

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