

# NEW STUDENT HEALTH FORM

You will **not** be allowed to register without this document completed and signed, on file with the Weigel Health Center. Sections I and II must be completed.

Last name	Maiden name	First name	Middle initial
Street		City	State
Date of birth: _____ / _____ / _____	Social security number: _____ - _____ - _____	Phone: ( _____ ) _____	
Month	Day	Year	

## SECTION I: IMMUNIZATIONS

New York State Public Health Law requires all college students to show **proof of immunity to measles, mumps, and rubella**. All dates must include month, day, and year. If you were born before January 1, 1957, you are exempt from this requirement, but you must return this form with proof of date of birth. **Fill out EITHER section A or B.**

**A MMR** (two doses) administered on or after first birthday, **and** after January 1, 1972.

1. \_\_\_\_\_
2. \_\_\_\_\_

**OR**

**B Measles (Rubeola) Immunity**

Two dates of measles immunization: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Both must** have been administered on or after first birthday **and** after January 1, 1968.

**OR**

Date of positive measles titer: \_\_\_\_\_ Results: \_\_\_\_\_

**OR**

Date and signature of physician that diagnosed measles: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Rubella (German Measles) Immunity**

Date of one rubella immunization: \_\_\_\_\_ **Must** have been administered on or after first birthday **and** after January 1, 1969.

**OR**

Date of positive rubella titer: \_\_\_\_\_ Results: \_\_\_\_\_

**History of illness is not acceptable.**

**Mumps Immunity**

Date of one mumps immunization: \_\_\_\_\_ **Must** have been administered on or after first birthday **and** after January 1, 1969.

**OR**

Date of positive mumps titer: \_\_\_\_\_ Results: \_\_\_\_\_

**OR**

Date and signature of physician that diagnosed mumps: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## SECTION II: MENINGITIS INFORMATION RESPONSE FORM

New York State Public Health Law requires all college students enrolled for six credit hours or more (or equivalent) per semester to read the information regarding meningococcal meningitis disease (see reverse side of form). All students must either indicate immunization within the past 10 years, or indicate that they have decided not to obtain immunization. No student may attend Buffalo State in excess of 30 days without complying, according to the law. **One box must be checked:**

- I have had the meningococcal meningitis vaccine within the past 10 years.  
**Healthcare provider fills in:** Type of vaccine: \_\_\_\_\_ Date received: \_\_\_\_\_
- I have read (or have had explained to me) the information regarding meningococcal meningitis disease on the reverse side of this form. I understand the risks of not receiving the vaccine. At this time I have decided that I will not obtain immunization against meningococcal meningitis disease.

\_\_\_\_\_  
**Signature of student (or parent/guardian if student is a minor)**

\_\_\_\_\_  
**Date**

➔ **Signature of health care provider (REQUIRED)**

\_\_\_\_\_  
**Date**

# **MENINGOCOCCAL MENINGITIS FACT SHEET**

## **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. Other persons at increased risk include household contacts of a person known to have had this disease, immunocompromised 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.

## **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 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 preventative treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either 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, Menactra,<sup>TM</sup> to prevent meningococcal disease in people 11-55 years of age. The previously licensed version of this vaccine, Menomune,<sup>TM</sup> 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.

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

Both vaccines are safe and effective and are currently available. However, they 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 and older), and all first-year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. People with terminal complement deficiencies or asplenia, and laboratory workers and travelers to endemic areas of the world also are at increased risk.

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

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

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

Contact your physician or your student health service. Additional information also is available through 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/ncidod/diseased/index.htm](http://www.cdc.gov/ncidod/diseased/index.htm); and the American College Health Association, [www.acha.org](http://www.acha.org)