SUNY NIAGARA

A community college sponsored by Niagara County

3111 Saunders Settlement Road · Sanborn, NY 14132
716-614-6222 · niagaracc.suny.edu

**Dear Student,**

The **Health &Wellness Center** would like to welcome you to SUNY Niagara. Please read the entire *Health Services Packet* very **carefully**. **Complete** the form at the end of the packet, and **return** it to the Health & Wellness Center, C-122.

The *Health Services Packet* contains:

1. **STUDENT LETTER REGARDING MENINGITIS**

2. **IMMUNIZATION/ MENINGITIS RESPONSE FORM**
   ***New York State Public Health Laws* require students to submit proof of immunity to **Measles, Mumps, and Rubella, and documentation regarding Meningitis****
   If you were born on or after ***January 1, 1957,* YOU MUST SUBMIT PROOF OF IMMUNIZATION RECORDS:** 2-MEASLES, 1-MUMPS, and 1-RUBELLA (minimum) and/or **BLOOD TITER documentation.** ***Note: It is STRONGLY recommended to receive 2 MMR (Measles, Mumps, Rubella) vaccinations.***
   *After reading the Meningitis information, make an informed decision on whether or not to receive the **Meningitis vaccine**. Official documentation is required as proof of vaccination. Complete and return this form to the Wellness Center.* ***(Regardless of age)***

3. **HEALTH HISTORY FORM**
   *Please Note: This form is a voluntary disclosure; therefore, it is not mandatory. The information is completely **confidential**. It will make us aware of any health problems/issues you may have, and will provide information that may be useful to our office in case of illness or injury. The form will be filed in the Health & Wellness Center.*

Please **complete** and **return** the required information to avoid any delays in your **registration process.**

The **Health & Wellness Center** is located in the **Science Building, Room C-122**. Please feel free to stop in or call: **(716) 614-6275**. You may **fax** the required **health information** to our office at: **(716) 614-6817.** *Please Note:* You may also email your information to: wellnesscenter@niagaracc.suny.edu

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Dear Student:

As the college health service director at SUNY Niagara, I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a law in New York State. New York State Public Health Law (NYS PHL) 2167 requires institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus.

SUNY Niagara is required to maintain a record of the following for each student:

- A record of meningococcal meningitis immunization

**OR**

- An acknowledgment of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student (or parent/guardian if student is a minor).

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningococcal disease in the United States have increased sharply since 2021 and now exceed pre-pandemic levels. In 2023, 422 confirmed and probable meningococcal disease cases were reported in the United States. This is the largest number of U.S. meningococcal disease cases reported since 2014. Much of the increase in meningococcal disease is driven by Neisseria meningitidis serogroup Y.

Approximately 37 to 69 cases of meningococcal disease occur on college campuses each year, and 2 to 4 students will die as a result. Vaccines are available and recommended for all first-year college students, especially those living in a residence hall. However, any college student can receive the vaccine to decrease their chances of getting meningococcal disease.

There are vaccines that protect against four types of meningococcal disease, including 2 of the 3 types most common in the United States (serogroup C, Y, and W-135) and a type that causes epidemics in Africa (serogroup A). These types account for nearly two thirds of meningitis cases among college students. There are also vaccines that protect against meningitis serogroup B.

Meningococcal meningitis vaccines are available from the Niagara County Health Department, Erie County Medical Center, some Pharmacies, and some physician's offices. The cost of the vaccines range from approximately $100-$200. *You may want to check with your health insurance provider as they may cover the cost of pre-college immunizations.* The vaccines are not available at SUNY Niagara.

To learn more about meningitis and the vaccine, please feel free to contact your physician or a Nurse in the Health & Wellness Center at: (716) 614-6275. I also encourage you to carefully review the online meningitis information. Additional information is available on the websites of the New York State Department of Health: http://www.health.state.ny.us/; the Centers for Disease Control and Prevention at: https://www.cdc.gov/vaccines/vpd/mening/public/index.html; and American College Health Association: www.acha.org

**Please complete the form and return it to the Health & Wellness Center, C-122, to avoid delays in your registration process.**

Sincerely,

*Cheri Yager*

Cheri Yager MSN, BSN, RN
Supervisor of Health & Wellness Center

**SUNY NIAGARA**
HEALTH & WELLNESS CENTER
3111 Saunders Settlement Road • Sanborn NY 14132-9460 • (716) 614-6275 phone • (716) 614-6817 • fax

Name_____ Date of Birth_____ Student ID#:_____
(Please Print)

**New York State Public Health Law requires that ALL college and university students read the enclosed information regarding Meningitis, complete and sign this form, and return it to SUNY Niagara Health & Wellness Center, Room C122.**

**Check One Box and Sign Below:**

**I have:**

❑ had the meningococcal meningitis immunization. **(Official Documentation REQUIRED)**

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 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 also choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

**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 have decided that I (my child) will **NOT** obtain immunization against meningococcal meningitis disease.

_____ _____
Student Signature (Parent/Guardian of student under 18 years of age) Date

**New York State Public Health Law requires persons born on or after January 1, 1957, to provide the following immunizations - All dates must include MONTH, DAY and YEAR. This section to be completed by health care providers in lieu of, or in addition to, an official copy of immunization records.**

**MEASLES (RUBEOLA) IMMUNITY:**

A. MMR(two doses) administered on or after first birthday and after January 1, 1972.
1. _____ 2. _____

**OR**

B. Must have **one** of the following:
1. TWO Dates of Measles Immunization *(1) _____ *(2) _____ **Both must have been given after 1/1/68 AND on, or after, first birthday.**

**OR** 2. Date of positive Measles Titer _____ Results_____ Copy of titer REQUIRED.

**MUMPS IMMUNITY:**

Must have **one** of the following:
1. Date of ONE Mumps Immunization _____ Must have been given after 1/1/69 AND on, or after, first birthday.

**OR** 2. Date of positive of Mumps Titer _____ Results _____ Copy of titer REQUIRED.

**RUBELLA (GERMAN MEASLES) IMMUNITY:**

Must have **one** of the following:
1. Date of ONE Rubella Immunization_____ Must have been given after 1/1/69 AND on, or after, first birthday.

**OR** 2. Date of positive Rubella Titer _____ Results _____ Copy of titer REQUIRED.

_____ _____
Signature of Health Care Provider Required Date

_____ _____
Address Phone Number

**SUNY Niagara Health & Wellness Center**
**Health History**

Students are requested to complete this self-reporting form to better assist the staff in the Health & Wellness Center in meeting any medical/emotional needs. The information on this form is completely confidential.

Name: _____ Student ID#: _____
Last First Middle Initial

Address: _____ _____ Date of Birth: _____
Street City State Zip Code

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

College(s)/Universities attended since 1990: _____ Dates of attendance: _____

**EMERGENCY NOTIFICATION**

Name: _____ Relationship: _____

Home Phone: (_____ ) _____ - _____ Cell: (_____) _____- _____ Office: (_____ ) _____ - _____

**PERSONAL MEDICAL HISTORY**

Please x below if you have had or are currently under treatment for any of the following: (Please explain all X's marked below)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ADD | ❑ | Cerebral Palsy | ❑ | Hepatitis | ❑ | Seizures | ❑ |
| ADHD | ❑ | Chicken Pox | ❑ | High Blood Pressure | ❑ | Skin Disorders | ❑ |
| Alcoholism | ❑ | Chronic Bronchitis | ❑ | Hypoglycemia | ❑ | Substance Abuse | ❑ |
| Anemia | ❑ | Colitis/Irritable Bowel | ❑ | Kidney Disorder | ❑ | Thyroid Disease | ❑ |
| Anorexia | ❑ | Deafness | ❑ | Learning Disability | ❑ | Tuberculosis or TB Exposure | ❑ |
| Anxiety | ❑ | Depression | ❑ | Low Blood Pressure | ❑ | Whooping Cough | ❑ |
| Arthritis | ❑ | Diabetes | ❑ | Mental Health | ❑ | **FEMALES:** | |
| Asthma | ❑ | Emotional Disorder | ❑ | Migraine Headaches | ❑ | Irregular Periods | ❑ |
| Back/Spine Disorder | ❑ | Epilepsy | ❑ | Mononucleosis | ❑ | Severe Cramps | ❑ |
| Bipolar Disorder | ❑ | Fainting Spells | ❑ | Multiple Sclerosis | ❑ | Excessive Flow | ❑ |
| Bulimia | ❑ | GERD | ❑ | Orthopedic Problems | ❑ | Other _____ | |
| Cancer | ❑ | Heart Disease/Disorder | ❑ | Peptic Ulcer | ❑ | _____ | |

Explanation for any marked boxes above: _____

_____

Do you have a medical condition that impairs your vision? ❑ No ❑ Yes Do you wear glasses? ❑ No ❑ Yes
Do you wear contact lenses? ❑ No ❑ Yes Is your hearing impaired? ❑ No ❑ Yes Do you have frequent headaches? ❑ No ❑ Yes

**ALLERGIES:** (An allergy is a skin rash, hives, joint pain, swollen glands, stuffy nose and/or fever after exposure to something to which you are allergic.)
Do you have any allergies? ❑ No ❑ Yes If "YES", check items to which you are allergic
Environmental ❑ Medications ❑ Bee Stings ❑ Foods ❑ Other ❑

Explain allergy(s) _____
Do you have a LATEX allergy? ❑ No ❑ Yes If "YES", what are your symptoms? _____
Do you take an allergy vaccine or medications? ❑ No ❑ Yes If "YES", please list _____
Have you ever had surgery? ❑ No ❑ Yes if "YES", list date(s) and reason(s) _____
Have you had any serious injury? ❑ No ❑ Yes If "YES", list with dates) _____
Do you have any limitations on activities? ❑ No ❑ Yes If "YES", Explain _____

**DISABILITY:**
Do you have any physical disability? ❑ No ❑ Yes If "YES", what? _____
Do you use any device? (i.e. wheelchair, crutches, other)? ❑ No ❑ Yes If "YES", please list _____