SUNY NIAGARA

A Community College Sponsored by Niagara County

3111 Saunders Settlement Road · Sanborn, NY 14132
716-614-6222 · sunyniagara.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, G-217.

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 Health & 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 **Student Center, Room G-217**. 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 & Wellness Services Supervisor 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 2025, 463 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.

College students are at an increased risk compared to their non-college peers due to close contact. Some 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 meningococcal disease (serogroups A, C, Y, W, and B). These types account for nearly two thirds of meningitis cases among college students.

Meningococcal meningitis vaccines are available from the Niagara County Health Department, Erie County Medical Center, some Pharmacies, and some physician's offices. *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, G-217, to avoid delays in your registration process.

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

This section to be completed by Healthcare Providers in lieu of an official copy of immunization records. New York State Public Health Law requires persons born on or after January 1, 1957, to provide the following immunity to Measles, Mumps, Rubella:

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

OR

B.

1. MEASLES (RUBEOLA) IMMUNITY (Must have one of the following):

TWO Measles Immunization *(1) _____ *(2) _____
***Both must have been given after 1/1/68 AND on, or after, first birthday.**

Date of positive Measles Titer _____ Results_____ Copy of titer REQUIRED.

2. MUMPS IMMUNITY (Must have one of the following):

1. ONE Mumps Immunization _____ given after 1/1/69 AND on, or after, first birthday.
2. Date of positive of Mumps Titer _____ Results _____ Copy of titer REQUIRED.

3. RUBELLA (GERMAN MEASLES) IMMUNITY (Must have one of the following):

1. ONE Rubella Immunization_____ given after 1/1/69 AND on, or after, first birthday.
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#: _____

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

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT: Name: _____

Relationship: _____ Home Phone: _____ Cell: _____ Office: _____

PERSONAL MEDICAL HISTORY

Check box if you have had or are currently under treatment for any of the following:
(Please explain all boxes checked below)

ADD		Cerebral Palsy		Heart Disease/Disorder		Peptic Ulcer	
ADHD		Colitis/Irritable Bowel		Hepatitis		Respiratory Issues	
Alcoholism		Depression		High Blood Pressure		Seizures	
Anemia		Diabetes		Hypoglycemia		Skin Disorders	
Anxiety		Eating Disorder		Kidney Disorder		Substance Abuse	
Arthritis		Emotional Disorder		Learning Disability		Thyroid Disease	
Asthma		Endocrine Disorder		Low Blood Pressure		Tuberculosis or TB Exposure	
Back/Spine Disorder		Epilepsy		Migraine Headaches		Whooping Cough	
Bipolar Disorder		Fainting Spells		Multiple Sclerosis		**FEMALES:**	
Cancer		Fibromyalgia		Neurologic Disorder		Irregular Periods	
Deafness		GI Issues		Orthopedic Problems		Severe Cramps	
						Excessive Flow	
Other:							

Check box if you have/had any of the following: (Please explain all boxes checked below)

A medical condition that impairs your vision	
Wear contact lenses and/or glasses	
Hearing impaired	
Frequent headaches	
Ever had surgery	
Had serious injury	
Any limitations on activities	
Any physical disability	
Use any device? (i.e. wheelchair, crutches, other)	

Allergies:	
Environmental	
Medications	
Bee Stings	
Foods	
LATEX (list symptoms below)	
Allergy medications: (list below)	

Explanation for any marked boxes: _____