



Health and Counseling Services

Phone: (315) 279-5127 Fax: (315) 279-5407

Dear Incoming ASAP, Graduate or Part-time Student:

Health Services and Counseling Services would like to welcome you to Keuka College. We hope that your college years will be healthy ones.

Enclosed are your health forms. It is advised that all students entering Keuka College fill out their health form, submit it, and make sure it is cleared through Health Services **BEFORE** they attend their first class.

Due to New York State Immunization Law, and Keuka College policy, if a student's health form has not been cleared through Health Services within 30 days of first attending class, he or she will be automatically suspended from class and un-enrolled. It is the student's responsibility to check with Health Services to make sure that his or her health form is completed and cleared.

Please send your health forms to:

Keuka College
Center for Professional Studies
Attn: Jessica Dunkelberger
One Keuka Business Park
Penn Yan, NY 14527

Completing these forms allows you to attend classes and to use Counseling Services. In order to receive care at Health Services, you must fill out a long form, which includes your medical history, a more detailed immunization record, and a physical. The complete form can be requested from Health Services or found on the Keuka College website: www.keuka.edu/go/healthforms.

Counseling Services professionals offer confidential, personal and developmental counseling free of charge to any registered student. The staff also conducts educational outreach programming about a variety of issues affecting college students. We invite you to learn more about counseling services by visiting: <http://life.keuka.edu/resources-services/counseling-services>.

Contact Information

Keuka College Health and Counseling Services is located on the first floor of Harrington Hall at Keuka College. An office manager is available Monday through Friday, from 9 a.m. to 4:30 p.m.

For questions concerning health services and forms, call Jessica Dunkelberger, Student Service Coordinator, (315) 279-5127, fax (315) 279-5407, or e-mail jldunkel@keuka.edu.



Tips for Completing Keuka College Health Forms

Places to find old immunizations:

Your parents or guardian
Your high-school
Your medical providers
Your previous college

New York Law requires that you submit two measles vaccination dates given on or after your first birthday and the second at least 28 days after the first on your health form. Please make sure these two dates are listed in your records or on your forms. It will also be mandatory for two mumps vaccinations in the near future. Please make sure to get this done now as it will have to be done eventually.

Remember:

- 1) When handing in records, or requesting them from any source, always request a copy of your records for yourself. Confidentiality laws make receiving and transferring your records more complicated. Bringing us a copy of your health record is the best way to transfer your records to us.
- 2) You do not need to make an appointment with a medical provider to fill out the forms if you have a copy of your immunizations. A physician does not need to sign the health form as long as you have an official copy of your immunizations from them, a previous college or your employer.
- 3) It is very important to have all health forms turned in **before** classes start. You have up to **30 days** after the first day of classes to submit your completed health forms. If your forms are not completed and submitted within 30 days after the start of class, you will be **suspended** and may be charged a fee to be re-enrolled.

If in doubt, call Jessica Dunkelberger, Student Service Coordinator, (315) 279-5127, fax (315) 279-5407, or e-mail jldunkel@keuka.edu.



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Name _____
 Last Name First Name Middle

Address _____
 Street City State Zip

Home phone: (____) _____ Work phone: (____) _____ Cell Phone: (____) _____

Date of Birth ____/____/____ Sex: ____M ____F

Have you previously attended Keuka College? ____Y ____N what year did you stop attending? 19____ / 20____

Has your name changed? If so, what name were you enrolled under? _____

Emergency Contact:

Name _____
 Last Name First Name Middle

Address _____
 Street City State Zip

Home phone: (____) _____ Work Phone: (____) _____ Relationship: _____

IMMUNIZATION RECORD: Immunization record to be filled out and signed by a health care provider not a parent. All students born on or after January 1, 1957 **must** include documented proof of immunity to measles, mumps, and rubella as required by New York State Public Health Law 2165. Immunization records may also be accepted from previous high schools, colleges, the military or other official sources. *Students who are not compliant will be suspended from Keuka College 30 days after classes start and will be reinstated only when proper documentation has been received at Health and Counseling Services. A re-enrollment fee of \$ 250.00 will be added to your student bill. If the State reviews our files and finds that a student is not compliant, the College is fined. This fine of approximately \$2,000.00 is added to the student's bill.*

Disease	Vaccination Type #1	Vaccination Type #2	OR Serology	OR MD Diagnosis Of disease
Measles (Rubeola)- 2 doses or MMR				
Mumps- one dose		N/A		
German Measles (Rubella)		N/A		N/A

Health Provider Signature _____ Date ____/____/____

Printed Name _____ Phone: (____) _____ Fax: (____) _____

Address _____ City _____ State _____ Zip _____

Student: Please sign below. ASAP, part-time, and graduate students are required to complete the above short form in order to attend classes. However, to receive care at Health Services, a medical history and physical form must first be filled out. These forms may be obtained from Health and Counseling Services or at www.keuka.edu should the student wish to receive care on campus.

_____/_____/_____
 Student Signature Date



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MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law §2167 requires that the following form be completed and returned to:

Keuka College
Center for Professional Studies
Attn: Jessica Dunkelberger
One Keuka Business Park
Penn Yan, NY 14527

Check next to one statement and sign below.

I have:

_____ had the meningococcal meningitis immunization – within the past 10 years

Menomune™ is good for 3 - 4 years and Menactra is good for 10 years

Date received: _____

If known please circle which immunization was given: Menomune or Menactra

_____ 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 will **not** obtain
immunization against meningococcal meningitis disease.

Signed _____ **Date** _____

Printed name _____ Date of Birth ____/____/____

E-mail address _____

Mailing Address _____

Phone Number

Home (_____) _____

Office (_____) _____

Cell (_____) _____

Please note: Should you wish to receive the meningococcal meningitis immunization, it is available through Keuka College Student Health Services. Please call (315) 279-5368 to make an appointment.