



Health and Counseling Services

Health Services and Counseling Services would like to welcome you to Keuka College.

Enclosed are your health forms. It is very important to turn in all forms **BEFORE classes start**. 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 re-enroll.

Completing these forms allows you to attend classes and to use Counseling Services. 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. 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 long form and information about Counseling Services can be found on the Keuka College Web site.

Tips for Completing your Health Forms

- 1) Places to find old immunizations: Your parents or guardian, your high-school, your medical providers, your previous college(s).
- 2) 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.
- 3) **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.**

Please send your Health Forms to:
Keuka College
Center for Professional Studies
Attn: Dena Miller
One Keuka Business Park
Penn Yan, NY 14527

For questions regarding Health Forms, contact
Dena Miller, Student Advisor
Phone: (315) 279-5109
Fax: (315) 279-5407
E-mail: dmiller@keuka.edu



Health and Counseling Services

Health Form/Immunization Record

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
MMR Dates OR:			N/A	N/A
Measles (Rubeola-) 2 doses				
Mumps- one dose				
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

Nursing Applicants Only

Disease	Vaccination Type #1	Vaccination Type #2	or Serology	or MD Diagnosis of Disease
Tdap/Td (Tetanus) – Most recent dose within 10 years				
Varicella				
Hepatitis B	#1 #2 #3			
PPD	Date read: Results:			

Health Provider Signature _____ Date ____/____/____

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

Address _____ City _____ State _____ Zip _____



Health and Counseling Services

Meningitis on Campus - Know Your Risk

Learn About Vaccination

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. Freshmen living in residence halls are found to have a six-fold increased risk for the disease. A U.S. health advisory panel recommends that college students learn more about meningitis and vaccination.

- **What is meningococcal meningitis?** Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of 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.
- **How is it spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items such as utensils, cigarettes and drinking glasses.
- **What are the symptoms?** Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy, and confusion.
- **Who is at risk?** Certain college students, particularly freshmen who live in dormitories or residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease.
- **Can meningitis be prevented?** Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.
- **For more information:** To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo, and the American College Health Association, www.acha.org.

Fill out and submit the
Meningitis Vaccination Response Form on the next page

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

Date received: _____

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

OR:

_____ 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 NOT to 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: The meningococcal meningitis immunization is available through Keuka College Health Services. Please call (315) 279-5368 to make an appointment.