



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 is your health form. It is advised that all students entering Keuka College fill 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 Health and Counseling Services, Harrington Hall, 141 Central Avenue, Keuka Park, NY 14478. For questions concerning the below described services or your health and counseling form, call (315) 279-5368, fax (315) 279-5359, or e-mail jbarnard@mail.keuka.edu(.)

Completing this form allows you to attend classes and to use Counseling Services. However, in order to receive care at Health Services, you must first fill out the long form, which includes your medical history, a more detailed immunization record, and a physical. The complete form may be obtained from Health Services or from the Keuka College website (www.keuka.edu under the "Student Life" tab).

Keuka College Health and Counseling Services is located on the first floor of Harrington Hall. There is an office manager from 9 a.m. to 4:30 p.m., Monday through Friday. To make an appointment, or for questions, call (315) 279-5368 (ext. 5368 if on campus).

Health Services staff includes a full-time director/nurse practitioner, a part-time registered nurse and a part-time physician. Appointments are recommended, since there are only specific times when health care professionals are available to evaluate a student's symptoms. Students who call or walk into Health Services for non-emergency reasons will be seen as soon as an appointment is available.

Health Services provides assessment, diagnosis, treatment, and referrals for acute health concerns such as upper respiratory infections, gastrointestinal distress, urinary infections, and muscle strains and sprains, etc. Other services include tuberculosis testing; tetanus/diphtheria, meningitis and hepatitis B immunizations; allergy injections; strep throat screening; and urine testing for infection. Physicals, clearance for sports, counseling for health-related conditions, and health education are also available. Students may be referred to a specialist if needs exceed what Health Services is able to provide on campus. Professional services are free. A small fee is charged for physicals, injections, medications, and loan of equipment when necessary. We invite you to go to the Keuka College website (www.keuka.edu/studentlife/Health_Counseling/) to learn more about Health Services at Keuka College.

The Family Planning Center of Penn Yan shares the facility Monday and Wednesday from 1p.m. - 4:30 p.m. The Center offers routine reproductive health care and screening for women and men. Appointments are made by calling the Center's office in Penn Yan at (315) 536-2752. Payment is expected at the time of services, fees are based on a sliding scale, and Medicaid is accepted.

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 go to the Keuka College website (www.keuka.edu/studentlife/Health_Counseling/counsel.html) to learn more about counseling services at Keuka College.

Keuka College Health and Counseling Services

Harrington Hall, Keuka Park, NY 14478
Phone: 315-279-5368 Fax: 315-279-5359

Name _____
Last Name First Name Middle
Address _____
Street City State Zip
Home phone: (____) _____ Work phone: (____) _____ Cell Phone: (____) _____
Social Security Number _____ 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 doctor or health care provider. 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.

MEASLES (RUBEOLA), MUMPS, RUBELLA (Required): Either 2 MMR's, or individual injections or history of disease (measles, mumps) or positive titers. See below.

MMR (Measles, Mumps, Rubella):

Dose 1 given after 1967 and at age 12-15 months or later: Date ____/____/____

Dose 2 given after 1967 and at age 4-6 years or later, and at least one month after first dose: Date ____/____/____

OR

Measles (Rubeola) 2 live injections given after 1967, the first dose given on or after the first birthday, the 2nd dose given on or after 15 months of age and at least one month after first dose or history of disease or positive titer.

Date of vaccination #1 ____/____/____ #2 ____/____/____ Date of titer ____/____/____ Results _____

Date of diagnosed measles disease ____/____/____ AND Signature of diagnosing physician _____

Mumps live injection given on or after first birthday or history of disease or a positive titer.

Date of vaccination ____/____/____ Date of titer ____/____/____ Results _____

Date of diagnosed measles disease ____/____/____ AND Signature of diagnosing physician _____

Rubella (German Measles) live injection given on or after first birthday or a positive titer.

Date of vaccination ____/____/____ Date of titer ____/____/____ Results _____

Physician's diagnosis NOT acceptable

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 complete 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

KEUKA COLLEGE **STUDENT HEALTH 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.

In fact, freshmen living in dorms are found to have a six-fold increased risk for the disease. A U.S. health advisory panel recommends that college students, particularly freshmen living in dorms, 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.

(If you would like a copy of the above, please contact the Adult Learning Department.)

Keuka College Health Services
MENINGITIS VACCINATION RESPONSE FORM

**New York State Public Health Law §2167 requires that the following form be completed and returned to:
Keuka College Health Services, Harrington Hall, Keuka Park, NY 14478.**

Check one box and sign below.

I have:

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____

[Note: The vaccine's protection lasts approximately 3 - 5 years. Revaccination may be considered within 3-5 years.]

- 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 _____

Print Student's name _____ Student Date of Birth _____ / ____ / ____

Student E-mail address _____ Student ID# _____

Student Mailing Address _____

Student Phone number _____ () _____

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.