



NIAGARA COUNTY COMMUNITY COLLEGE

3111 SAUNDERS SETTLEMENT ROAD, SANBORN NY 14132-9460
PHONE 716-614-6222 • FAX 716-614-6700
WWW.NIAGARACC.SUNY.EDU

Dear Student,

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

The **Health Services Packet** contains:

1. STUDENT LETTER REGARDING MENINGITIS

2. MENINGITIS FACT SHEET

Please read the information sheet. If you have any questions or concerns, contact your physician or feel free to call the Nurses in the Wellness Center.

3. 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)*

4. HEALTH HISTORY FORM

Please Note: This form is a voluntary disclosure; therefore, it is not mandatory. *The information is completely **confidential**, 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 Wellness Center.*

***Note: We have incorporated all required information into one form for your convenience. This form is the last page of the packet.

Please **complete** and **return** the required information to avoid any delays in your **registration process**. If you have previously submitted records, or are unsure of what you need to provide, please contact the **Wellness Center**.

The **Wellness Center** is located in the **Science Building, Room C-122**. Please feel free to stop in or call: **(716) 614-6275**. You may also **fax** the required **health information** to our office at: **(716) 614-6817**. *Please Note: We do **not** accept documentation via **email**.*

Information in this packet may also be downloaded by going to <http://www.niagaracc.suny.edu/wellness/> and selecting the Forms tab.



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Dear Student:

As the college health service director at Niagara County Community College, 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.

Niagara County Community College 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.

Meningococcal disease strikes about 600 – 1,000 Americans each year and of them 10-15% die from the disease. Adolescents and young adults account for nearly 21 percent of all cases of meningitis in the United States. In addition, 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. People entering the military will receive a meningococcal vaccine before basic training as well.

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. The vaccines are called Menactra and Menveo. Note: As of September 2016, two doses of MCV4 are **required** for high school students.

****FYI:** In January 2015, the FDA approved Bexsero and Trumenba vaccines against meningitis serogroup B. Ask your healthcare provider about these vaccinations as well.

Meningococcal meningitis vaccines available from the Niagara County Health Department are: Menactra at a cost of \$132, Menveo at a cost of \$120, Bexsero at a cost of \$171, plus a \$30 Administrative fee. (There is also a \$20 fee for out of county visits.) Trumenba is available only for people who have no insurance. The following insurance plans are accepted: Blue Cross/Blue Shield, Independent Health, Fidelis, and NYS Medicaid.

Menactra vaccine is available from the Travel Clinic at the Erie County Medical Center for \$135 each (plus a \$50 office visit fee) – cash, Visa, or Mastercard are acceptable forms of payment.

*Prices are subject to change. The vaccines may also be available at your physician's office. ***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 Niagara County Community College.

I encourage you to carefully review the online meningitis information. **Please complete the form and return it to the Wellness Center, C-122, to avoid delays in your registration process.**

To learn more about meningitis and the vaccine, please feel free to contact your physician or a nurse in the Wellness Center at: (716) 614-6275. Additional information is also 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: <http://www.cdc.gov/DiseasesConditions/>.

Sincerely,

Cheri Yager

Cheri Yager MSN, BSN, RN
Supervisor of College Nursing Services

Meningococcal Disease

What is meningitis?

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ.

In the United States, the disease strikes approximately 600 – 1,000 people every year and of those, **10-15% die** from the disease. Among those who survive, approximately **1 in 5 live with permanent disabilities**, such as brain damage, hearing loss, loss of kidney function, or limb amputations. Studies suggest that outbreaks on college campuses may occur because students live and work in close proximity to each other in dormitories and classrooms. The student's lifestyle may also contribute to risk. Exposure to active and passive smoking, alcohol consumption and bar patronage (with or without alcohol consumption) all increase the chance of contracting meningitis from an infected person. It is estimated that 37 to 69 cases of meningococcal disease occur annually on college campuses and 2 to 4 students die as a result.

*Historically, the number of meningococcal disease cases has gone up and down over time. Now, the number of cases is at the lowest it has ever been. Health officials believe this is due, in part, to the increased use of meningococcal vaccines.

What are the signs and symptoms of meningitis?

Early symptoms include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. Even when they are treated with antibiotics, 10%-14% of these die. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf or mentally retarded, or suffer seizures or strokes. The symptoms may appear two to 10 days after exposure, but usually within five days.

Can meningitis be treated?

Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease to avoid death or permanent disabilities. One in five of those who survive will suffer from long-term side effects such as brain damage, hearing loss, seizures, or limb amputation.

Is meningitis contagious?

Yes. Meningococcal disease is contagious and progresses very rapidly. The bacteria are spread through the exchange of respiratory and throat secretions (i.e., coughing, sneezing). The bacteria also can be transmitted through direct contact with an infected person, such as kissing. People in the same household or day-care center, or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection. People who qualify as close contacts of a person with meningitis caused by *N. meningitis* should receive antibiotics to prevent them from getting the disease.

Are there vaccines against meningitis?

Yes. There are currently two vaccines approved by the Food and Drug Administration (FDA). Menactra, Meningococcal conjugate vaccine (MCV4) was licensed in 2005. A second meningococcal conjugate vaccine, Menveo, was FDA approved on February 19, 2010, for use among persons aged 11-55 years. Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the U.S. (serogroup C, Y, and W-135) and a type that causes epidemics in Africa (serogroup A). Meningococcal vaccines cannot prevent all types of the disease, but they do protect many people who might become sick if they didn't get the vaccine. Menactra or Menveo is recommended for people at increased risk, including **college** freshmen living in dormitories, crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, sharing of personal items, and household contact with a person diagnosed with the disease. Other factors also increase risk, such as compromised immune system, having no spleen, respiratory tract infection, and certain genetic risk factors. **NOTE: As of September 2016, two doses of MCV4 are required: the first dose at 11 or 12 years of age, with a booster dose at age 16-18.**

***FYI: In January 2015, the FDA approved Bexsero and Trumenba vaccines against meningitis serogroup B. Ask your healthcare provider about vaccination.

Although large epidemics of meningococcal meningitis do not occur in the United States, some countries experience large, periodic epidemics. Overseas travelers should check to see if meningococcal vaccine is recommended for their destination. Travelers should receive the vaccine at least 1 week before departure, if possible. Information on areas for which meningococcal vaccine is recommended can be obtained by calling the Centers for Disease Control and Prevention at: (800) 232-4636.

NIAGARA COUNTY COMMUNITY COLLEGE
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 Niagara County Community College 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.

OR 3. Date and Signature of Physician that diagnosed Measles _____

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.

OR 3. Date and Signature of Physician that diagnosed Mumps _____

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

Health History

This page is to be filled out by the student to better assist the staff in the Wellness Center in meeting any medical needs. The information on this form is to be disclosed voluntarily, is completely confidential, and will be filed in the Wellness Center.

Name: _____ Student ID#: _____
last first middle initial

Address: _____ Date of Birth: _____
street city state zip code

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

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

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

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 _____