



HEALTH OFFICE

Pre-Enrollment Health Form

RETURN COMPLETED FORM TO:
 CCC Health Office
 1 Academic Drive
 Corning, NY 14830
 Ph (607) 962-9257, Fax (607) 962-9248
 Email: healthoffice @corning-cc.edu

Student Type (check all that apply): New Student Returning Residential Athlete Nursing ACE On-Campus

Student Name _____ Phone () _____

CCC ID Number C _____ Date of Birth (M/D/Y) _____ Military History: Y / N _____ When _____

Emergency Contact _____ Relationship _____ Phone () _____

Did you attend high school in the U.S?: Y / N _____ Year _____ State _____ GED

A COPY of your vaccination record or test result MUST be attached to this form

REQUIRED IMMUNIZATIONS – Measles (Rubeola), Mumps, and Rubella (German Measles), and Meningitis Education
 All students born on or after January 1, 1957 and who plan on attending 6 or more credit hours MUST complete **ONE** of the following options in Section A. **ALL** students regardless of age **MUST** complete Section B.
Students are encouraged to submit this form prior to registering for classes. Deadlines apply.

Section A

- Two doses of MMR after your first birthday, and a minimum of 28 days apart. (MMR-Measles, Mumps, Rubella)
- OR**
- Measles (Rubeola), Mumps, Rubella (German Measles) titers (blood test) proving immunity.

Section B

- Meningitis vaccine received on: (M/D/Y) _____ Menomune / Menactra / Menveo
- Circle type
- I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine and have elected to not receive this vaccine at this time.

Signature _____ Date _____
Parent/guardian must sign if student is under 18

Other recommended vaccines: * **Varicella/Chicken Pox**, * **Tdap or Td less than 10 years**, * **Hepatitis A & B**, * **Annual Influenza**

Residential, incoming Nursing students, Athletes, and International students identified as high risk for Tuberculosis after completing page 2 are strongly encouraged to obtain a PPD/Mantoux test from your physician or local county health department prior to classes beginning.

Health History

ALLERGIES (including DRUG or other)

CURRENT MEDICATIONS

Past Medical History

Chronic Medical Conditions

Psychological Conditions

Surgical Procedures

Disabilities



HEALTH OFFICE

Tuberculosis Screening Questionnaire

Student Name _____ Date _____
Last First Middle Maiden

Has anyone in your family or other close contact had tuberculosis (TB)? Yes ___ No ___
Have you ever had a positive TB test? Yes ___ No ___
Have you ever been on medication to treat TB? Yes ___ No ___
If yes, did you complete the treatment? Yes ___ No ___
International students – Have you ever had Bacille Calmette-Guérin (BCG) vaccine? Yes ___ No ___

In what country were you born? _____

Have you ever spent more than 2 months outside the United States? Yes ___ No ___
If yes, when _____

If yes, please list the countries _____

Please check any that apply

Have you ever lived, worked, or volunteered in a:
Prison / Jail Yes ___ No ___
Providing patient care in a nursing home, hospital or other health care facility Yes ___ No ___
Homeless shelter or residential facility for patients with AIDS? Yes ___ No ___

- If yes to any of the above, list dates at facility _____
- If you had testing for TB, when was the last time? _____ Was it negative? Yes ___ No ___

Have you had any of the following symptoms in the past month?

Chronic cough (more than 3 weeks) Yes ___ No ___
Fever/Chills Yes ___ No ___
Unexplained weight lost Yes ___ No ___
Feeling tired all the time Yes ___ No ___
Spitting or coughing up blood Yes ___ No ___
Night sweats Yes ___ No ___
Loss of appetite Yes ___ No ___
Extreme weakness Yes ___ No ___

STAFF USE ONLY	TB test indicated	Yes	No	Contraindications reported	Yes	No		
Date student notified	_____	Residential	/	Athlete	/	Nursing	/	International
TB test performed	_____	Staff signature	_____					

Meningococcal Disease

What is meningococcal disease?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord) caused by the meningococcus germ.

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some adolescents, such as first-year college students living in dormitories, there is an increased risk of meningococcal disease. Every year in the United States approximately 2,500 people are infected and 300 die from the disease. Other persons at increased risk include household contacts of a person known to have had this disease, immuno-compromised people, and people traveling to parts of the world where meningococcal meningitis is prevalent.

How is the meningococcus germ spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. The symptoms may appear two to 10 days after exposure, but usually within five days. Among people who develop meningococcal disease, 10 to 15 percent die, in spite of treatment with antibiotics. Of those who live, permanent brain damage, hearing loss, kidney failure, loss of arms or legs, or chronic nervous system problems can occur.

What is the treatment for meningococcal disease?

Antibiotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated? Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, daycare center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (either rifampin, ciprofloxacin or ceftriaxone) from their physician. Casual contact, as might occur in a regular classroom, office or factory setting, is not usually significant enough to cause concern.

Is there a vaccine to prevent meningococcal meningitis?

In February 2005 the CDC recommended a new vaccine, known as Menactra™, for use to prevent meningococcal disease in people 11 to 55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children two to 10 years old and adults older than 55 years. Both vaccines are 85 to 100 percent effective in preventing the four kinds of the meningococcus germ (types A, C, Y, W-135). These four types cause about 70 percent of the disease in the United States. Because the vaccines do not include type B, which accounts for about one-third of cases in adolescents, they do not prevent all cases of meningococcal disease.

Is the vaccine safe? Are there adverse side effects to the vaccine?

Both vaccines are currently available and both are safe and effective vaccines. However, both vaccines may cause mild and infrequent side effects, such as redness and pain at the injection site lasting up to two days.

Who should get the meningococcal vaccine?

The vaccine is recommended for all adolescents entering middle school (11 to 12 years old) and high school (15 years old), and all first-year college students living in dormitories. However, the vaccine will benefit all teenagers and young adults in the United States. Also at increased risk are people with terminal complement deficiencies or asplenia, some laboratory workers and travelers to endemic areas of the world.

What is the duration of protection from the vaccine?

Menomune™, the older vaccine, requires booster doses every three to five years. Although research is still pending, the new vaccine, Menactra™, will probably not require booster doses.

How do I get more information about meningococcal disease and vaccination?

Contact your physician or your student health service. Additional information is also available on the Web sites of the New York State Department of Health, www.nyhealth.gov; the Centers for Disease Control and Prevention www.cdc.gov/ncidod/diseases/index.htm; and the American College Health Association, www.acha.org.

Please complete Section B on the Pre-Enrollment form and retain this information to discuss with your healthcare provider