



UTICA COLLEGE HEALTH FORM AND PHYSICAL EXAM FOR STUDENTS
Immunizations Due By: Fall – August 1, Spring – January 10

Please check one:

- Fall Semester, Year _____
- Spring Semester, Year _____
- Summer Semester, Year _____

Check all that apply:

- Athlete: _____ Sport _____
- Residential
- Commuter

Welcome to Utica College. This form provides a means of identifying students with special needs and is an historical basis for the provision of health care through the Student Health Center. Information on this form is CONFIDENTIAL; it will not be released without the student's consent, and it will not affect the admission status.

Attention Athletes: For Student Athletes – physical exam must be dated after April 1 for Fall admission or after August 1 for Spring admission per NCAA.

Health Insurance Requirements:

All full-time students are required to have health insurance. All full-time students must visit the Web site www.utica.edu/student/health/insurance.cfm for more information.

REQUIRED PERSONAL INFORMATION

Utica College ID # _____ Birth date (MM-DD-YY) _____ - _____ - _____
Last Name _____ First Name _____ MI _____
Address (street) _____
City _____ State _____ Zip Code _____
Phone _____ E-mail Address _____ Cell Phone _____
Sex Male Female Citizenship US Other

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____
Address (street) _____
City _____ State _____ Zip Code _____
Home Telephone Number _____ Business Telephone Number _____
Cell Phone Number _____

AUTHORIZATION TO PROVIDE MEDICAL CARE

I hereby authorize the Student Health Center at Utica College to give medical and minor surgical care to (Student Name) _____ on his/her request and to arrange for such care as necessary in the event of emergencies.

Student Signature (if 18 years or older)

Parent/Guardian Signature (if student under 18 years)

MANDATORY HEALTH UPDATE FORM

ALL students are required to complete and return this form to the Student Health Center at Utica College.

Student Name _____ D.O.B. _____

Utica College ID Number _____

Yes No Do you have any drug allergies? Specify. _____

Yes No Do you have any allergies to insect stings, foods, latex, or others? Specify.

Yes No Do you have any family history of medically unexplained or cardiac-caused sudden death under the age of 50? Please explain. _____

Yes No Do you have asthma? Please list medications taken for this condition.

Yes No Do you have diabetes? Please list medications you are taking for this condition.

Yes No Do you have hypoglycemia (low blood sugar)?

Yes No Do you have any loss of paired-organ function (eye, kidney, testicle)?

Yes No Have you had a previous concussion or loss of consciousness? Please explain.

Yes No Have you ever fainted (syncope) or had near syncope with exercise?

Yes No Have you ever had symptoms of exercised-induced bronchospasm?

Yes No Have you ever had an incident of heart-related illness?

Yes No Have you had any operations? If so, please list.

Yes No Have you had any serious illnesses in the past? If so, please explain.

Yes No Have you been hospitalized in the last five years? If so, please explain.

Yes No Are you currently being treated for any chronic condition? If so, please explain.

Please list all medications that you are currently taking. _____

Student Signature _____ Date ____/____/____

Note to Athletes: Your signature above authorizes the release of this information between the Student Health Center and the athletic training staff at Utica College.

**Please mail this form to: Utica College Student Health Center, 1600 Burrstone Road, Utica, NY 13502
OR Fax to 315-792-3700**

MANDATORY PHYSICAL EXAM FOR FULL-TIME UNDERGRADUATES

Name _____ D.O.B. ____/____/____ Date of Physical ____/____/____

This section to be completed by health care provider

Exam: Height _____ Weight _____ B/P _____ P _____ BMI _____

Statement as to student's physical and mental status, any restrictions _____

√ Check = Normal Circle = N/A Blank = Not Examined	Note Variances, Abnormal or Significant Findings
<input type="checkbox"/> General: Healthy appearing, in no acute distress	
<input type="checkbox"/> Skin: Warm, pink, dry with no rash or lesions	
<input type="checkbox"/> Head/Face: Normcephalic. Normal hair growth	
<input type="checkbox"/> Eye: Sclera white. PERRLA.	
<input type="checkbox"/> Nose/Sinuses: Sinuses nontender to palpation, nares	
<input type="checkbox"/> Ears: No pain when helix pulled. External canal normal. TM with light reflex and landmarks present without erythema, injection, bulging, fluid, retraction, perforation or drainage. No hearing loss.	
<input type="checkbox"/> Pharynx: Good dental hygiene. No tonsillar hypertrophy. No erythema, swelling, injection, exudate or lesions of palate/pharynx. Uvula midline.	
<input type="checkbox"/> Neck: Supple with full ROM. No cervical adenopathy. No thyromegaly.	
<input type="checkbox"/> Respiratory: Respirations easy and nonlabored. Aerates all lobes well. Lungs clear to auscultation and percussion. No pleural rub heard.	
<input type="checkbox"/> Cardiovascular: Regular S1, S2 without murmur, gallop or run. No peripheral edema.	
<input type="checkbox"/> Abdomen: Soft, nondistended with active bowel sounds x 4. No hepatosplenomegaly. No abdominal guarding, rigidity, tenderness or masses on palpation. No CVA tenderness.	
<input type="checkbox"/> Musculoskeletal: Extremities with full ROM, no varicosities.	
<input type="checkbox"/> Neurologic: Oriented x 3. Cranial nerves II-XII intact.	
<input type="checkbox"/> Breast: Symmetrical, no masses/lumps, no dimpling, no palpable nodes, no nipple discharge, no retraction, no tenderness, BSE discussed.	
<input type="checkbox"/> Genitourinary: External genitalia and hair distribution WNL, inguinal nodes WNL, no urethral lesions or tenderness.	

List all current medications _____

Yes No Any pertinent physical findings (e.g. heart murmur, etc.) Specify _____

Yes No Any recommendations for limitation of physical activity? Specify _____

Yes No Is this individual under care for a chronic condition or serious illness? If yes, attach letter of recommendations.

Yes No Any recommendations for special dietary requirements? Specify _____

Yes No Any recommendations for special housing considerations? Specify _____

Unrestricted athletic participation Conditional athletic participation No participation

List further medical evaluation need before participation is allowed _____

Provider's Signature _____ MD, NP, PA, DO Date _____

Address _____ Telephone _____

City/State/Zip _____ Fax _____

Please mail this completed form to: Utica College Student Health Center, 1600 Burrstone Rd. Utica, NY, 13502 ♦ Phone: 315-792-3094

IMMUNIZATIONS

Due By August 1 for Fall and January 10 for Spring
Submit this form OR immunizations records from your school/personal physician.

Student Name _____ D.O.B. _____
 Utica College ID Number _____

REQUIRED IMMUNIZATIONS:

Disease	Vaccine Date (Please list dates MM/DD/YY)	Titre Results and Date
Combined as MMR 2 doses	Dose 1 ___/___/_____ Dose 2 ___/___/_____	
Measles* (Rubeola) 2 doses	Dose 1 ___/___/_____ Dose 2 ___/___/_____	
Rubella* (German Measles) 1 dose	___/___/_____	
Mumps* 1 dose	___/___/_____	

REQUIRED RESPONSE FORM

(One dose, recommended at entry into college for freshmen living in dorms.)

CHECK ONE BOX ONLY AND SIGN:

I have had the meningococcal meningitis immunization within the past 10 years.

Date received Menactra ___/___/_____ Date Received Menomune ___/___/_____

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.

Signed Date _____ D.O.B. ___/___/_____

Student Signature (or Parent/Guardian signature if student under 18 years)

PLEASE LIST VACCINE DATES FOR THE FOLLOWING:

Tdap/Td (Tetanus) ___/___/_____ Meningitis ___/___/_____

Hepatitis A: Dose 1 ___/___/_____ Dose 2 ___/___/_____

Hepatitis B(3 Doses): Dose 1 ___/___/_____ Dose 2 ___/___/_____ Dose ___/___/_____

Tuberculin Skin Test (PPD): Date given ___/___/_____ Date read ___/___/_____ Results _____

Varicella (Chicken Pox): Dose 1 ___/___/_____ Dose 2 ___/___/_____ or Disease date: ___/___/_____

Gardasil: Dose 1 ___/___/_____ Dose 2 ___/___/_____ Dose ___/___/_____

I certify that the above is complete and accurate.

Physician Name: _____ MD, NP, PA, DO
Print or Stamp *Signature*

Address _____ City/State/Zip _____

Phone _____ Fax _____ Date Form Completed _____

Please mail this form to: Utica College Student Health Center, 1600 Burrstone Road, Utica, NY 13502
OR Fax to 315-792-3700

New York State Public Health Law mandates that all incoming students provide proof of immunity against measles, mumps, and rubella.

The laws of the State of New York require certain immunizations for college and other post-secondary students. As of August 1991, all full and part-time students taking 6 or more credit hours must submit immunization records for measles, mumps, and rubella. Students born prior to January 1, 1957 are exempt from these requirements.

For the purpose of the college immunization law, the following are **required**: proof of immunity for measles, mumps, and rubella, and submission of the Meningitis Response Form.

Read the following statements for explanation of requirements.

Measles (Rubeola): Official record of two doses of live measles virus vaccine; given on or after 1-1-68; the first must be given on or after the first birthday and the second after 15 months of age, physician-documented history of disease, or serological evidence of immunity (titer).

Rubella (German Measles): Official record of one dose of rubella vaccine given on or after 1-1-68 and to be given on or after the first birthday, or serological evidence of immunity (titer).

Mumps: Official record of one dose of mumps vaccine given on or after 1-1-68 and to be given on or after the first birthday, physician-documented history of the disease, or serological evidence of immunity (titer).

Meningitis Response Form: (See immunization page for requirement.) Meningitis vaccination is recommended, but not required.

In addition to the measles, mumps, and rubella immunizations, the American College Health Association (ACHA) strongly recommends that students entering college be vaccinated against tetanus, diphtheria, polio, varicella (chicken pox), Hepatitis B, and meningitis, although at this time they are not mandated by law.

Please consult with your doctor, former high school nurse, or public health clinic to obtain an official copy of your immunizations. Review your immunization record with your health care provider so that he/she can administer any additional doses of vaccine that you may need. To avoid a last minute rush to comply with these regulations, it would be advisable to make an appointment well in advance of the beginning of the school year.

Students who are not compliant will be pulled from their classes one month after start and be barred from attending classes until immunizations are received. If the state reviews our files and finds that a student is not compliant, the College is fined. Your immunization records may be faxed to (315) 792-3700 or mailed to the Student Health Center prior to submitting the Health Form.

Please submit your immunizations to the Student Health Center, Utica College, 1600 Burrstone Rd., Utica, NY 13502, (315) 792-3094.

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).

Who gets meningococcal disease?

Anyone can get meningococcal disease, but it is more common in infants and children. For some college students, such as freshmen living in dormitories, there is an increased risk of meningococcal disease. Between 100 and 125 cases of meningococcal disease occur on college campuses every year in the United States; between 5 and 15 college students die each year as a result of infection. Currently, no data is available regarding whether children at overnight camps or residential schools are at the same increased risk for disease. However, these children can be in settings similar to college freshmen living in dormitories. Other persons at increased risk include household contacts of a person known to have had this disease, and people traveling to parts of the world where meningitis is prevalent.

How is the germ meningococcus spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

High fever, headache, vomiting, stiff neck and a rash are symptoms of meningococcal disease. Among people who develop meningococcal disease, 10-15% 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.

How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually within five days.

What is the treatment for meningococcal disease?

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

Is there a vaccine to prevent meningococcal meningitis?

Yes, a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of bacteria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is safe, with mild and infrequent side effects, such as redness and pain at the injection site lasting up to 2 days. After vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

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

Contact your family physician or your student health service. Additional information is also available on the websites of the New York State Department of Health, www.health.state.ny.us; the Centers for Disease Control and Prevention www.cdc.gov/ncid/dbmd/diseaseinfo; and the American College Health Association, www.acha.org.