
SKIDMORE COLLEGE HEALTH SERVICES

TO: SKIDMORE COLLEGE SUMMER PROGRAMS PARTICIPANTS
FROM: GLENN EGELMAN, MD, DIRECTOR OF HEALTH SERVICES
SUBJECT: HEALTH ASSESSMENT FORM
DATE: SPRING 2004

WELCOME TO SKIDMORE!

We at Health Services are delighted that you will be here this summer. This memo is to clarify available services, and to stress the importance of completing the enclosed Health Assessment Form.

This summer, Health Services will be open from 9:00 am to 3:00 pm, Monday through Friday, with the exceptions of Memorial Day and Independence Day. We will have a nurse available to discuss your urgent health concerns, and evaluate your situation. She will do her best to assist you in our office, including administering first aid, checking vital signs, and after consultation with a nurse practitioner or physician, treating minor illnesses. We are unable to provide allergy injections. Many times, we will have a nurse practitioner or physician available, but these services are available primarily by appointment. Unfortunately, we cannot act as a substitute for your primary care provider, but we will try our best to work with you. If we are unable to meet your needs, we will refer you to excellent, nearby community resources to assist in your care. Saratoga Springs has a lively, well-informed medical community, with the state-of-the-art, full-service Wilton Medical Arts Urgent Care Center and Saratoga Hospital, both within 5 minutes from campus.

It is **imperative** that the enclosed Health Assessment Form be completely and accurately filled out (by a non-parental health care provider) and submitted to your Program Director **prior to** arriving on campus. All immunization information **must** be completed for the safety, public health and well being of the entire campus community. **There can be no exceptions.** New York State has recently passed a law requiring meningococcal meningitis (Menomune) vaccination, or documentation of refusal of the vaccine, for all campers. Please review the enclosed information carefully, answer all questions on the forms, and obtain all required vaccinations – **it is the law.** Failure to provide the required information will prevent your participation in the summer program. Again this summer, we have a ‘Summer Programs Nurse’ to assist you with the form, and answer any questions you may have. A message can be left for Kathy Sikora, RN, at (518) 580-5550, or by e-mail at ksikora@Skidmore.edu.

If you are under the age of 18, the law requires that your parent or guardian be contacted **before** the delivery of non-emergent health care. So, include all possible telephone numbers (including beepers and cell phones) on the Health Assessment Form, and complete the authorization on the bottom of page one. Please help us help you.

Again, we are delighted that you will be here this summer, and wish you a safe, happy, and healthy learning experience.

**SKIDMORE COLLEGE
SUMMER PROGRAM HEALTH FORM
815 North Broadway
Saratoga Springs, NY 12866-1632**

SUMMER PROGRAM'S NURSE USE ONLY

Program: _____

- Emergency Contact Complete
- Signed by Health Care Provider
- Immunization Record Complete

Required for all participants under 18 years of age, or on campus for 30 days or more.

HEALTH ASSESSMENT - SUMMER PROGRAMS

INSTRUCTIONS AND INFORMATION - IMPORTANT PLEASE READ!

1. This form must be returned to your summer program director prior to arrival at the college. **Immunizations are required for enrollment. Participants will be seen at Skidmore College Health Services only if a completed form is on file.**
2. Page 1 should be filled out **prior** to going to your health care provider.
3. Page 2 should be completed by your non-parental health care provider.

PLEASE TYPE OR PRINT

Name of Summer Program: _____

Name _____ Home Phone #: -- --
 Last First MI

Home Address _____
 #/Street City State Zip Code Country

Gender: male female Date of Birth: SS#:

Father's Name: _____ Mother's Name: _____
 Address: _____ Address: _____
 Phone: (H) _____ (W) _____ Phone: (H) _____ (W) _____

PRIMARY PERSON TO CONTACT FOR CONSENT FOR TREATMENT OR IN CASE OF EMERGENCY

Name: _____ **Check one:** Parent Legal Guardian Spouse Other _____
 Address: _____
 Home Phone: _____ Business Phone: _____
 Cell Phone: _____ Beeper: _____

INSURANCE INFORMATION:

Insurance Co. _____ Insured's Name _____
 Address: _____ Telephone _____
 Insured's SS# _____ Policy # _____ Group# _____

PERMISSION FOR TREATMENT OF PARTICIPANTS UNDER 18 YEARS OF AGE AND MENINGITIS VACCINATION RESPONSE :

*** Required by New York State law.**

New York State law requires us to contact a parent or legal guardian before providing routine medical care to a minor. However, to avoid delay in treatment when emergent medical problems arise, we request that the following statement be signed by a parent or legal guardian.

I hereby grant permission to the practitioners and nurses of the Skidmore College Health Services to evaluate, treat, or secure a referral to an outside agency for my son/daughter/ward in case of illness/injury. I also hereby grant permission to immunize my son/daughter/ward in cases where immunization is necessary as part of treatment plan or when needed for prevention of illness.

Complete the meningitis vaccination information below by checking the appropriate box.

- I have had or my son/daughter has had the bacterial meningitis vaccine (Menomune). Date received: _____
- I have read, or have had explained to me, the information regarding bacterial meningitis disease. I understand the risk of not vaccinating myself/son/daughter and have decided to decline vaccination at this time.

SIGNATURE OF PARTICIPANT OR PARENT/LEGAL GUARDIAN

DATE

RELATIONSHIP TO PATIENT

() _____
PHONE NUMBER

THE INFORMATION ON THIS FORM MAY BE SHARED WITH SOME CAMPUS OFFICES FOR EMERGENCY PURPOSES ONLY.

TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER: *Please indicate none when applicable.*

DISABILITY: If the participant is handicapped or disabled in any way please complete the following and attach specific information

- Emotional Neurological Hearing Pulmonary Learning Locomotion Other _____ None of the above

LIST ALL MEDICATIONS CURRENTLY BEING TAKEN WITH DOSAGE, FREQUENCY AND CONDITION FOR WHICH IT IS BEING TAKEN:

MEDICATIONS	DOSAGE	FREQUENCY	CONDITION
<input type="checkbox"/> None			

PLEASE LIST ALL PAST MEDICAL PROBLEMS AND RELATED TREATMENTS:

None

PLEASE LIST ALL CURRENT MEDICAL CONDITIONS:

None

Full details of any needed medical treatment **MUST** be recorded, and a copy of your orders **MUST** be attached.

PLEASE LIST ANY ALLERGIES:

None

REQUIRED BY NEW YORK STATE LAW: *Serologic evidence of immunity is acceptable only when copies of laboratory reports are attached.*

Fill in dates:

A. MEASLES (Rubeola) –Must have 2 Measles or MMR injections, both AFTER FIRST BIRTHDAY AND AT LEAST 30 DAYS APART, if you were born after 1957.

Primary Measles or MMR immunization _____ / ____ / ____
 Mo. Day Yr.
 Most recent booster _____ / ____ / ____
 Mo. Day Yr.

B. MUMPS _____ / ____ / ____
 Mo. Day Yr.

C. RUBELLA _____ / ____ / ____
 Mo. Day Yr.

D. TETANUS-DIPHTHERIA
 Latest booster: _____ / ____ / ____
 Mo. Day Yr.

E. POLIO Completed primary series of Polio immunizations: _____ / ____ / ____
 Mo. Day Yr.

F. History of chickenpox: Yes No

VARICELLA Vaccination (recommended if no history of chickenpox)
 _____ / ____ / ____
 Mo. Day Yr.

G. TB SCREENING

1. Does the participant have signs or symptoms of active TB? YES NO
If no, proceed to question 2.

If yes, proceed with additional evaluation to exclude active TB disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

2. Is the participant a member of a high-risk group¹? YES NO
If no, stop. No further evaluation is needed at this time.

If yes, place tuberculin skin test (Mantoux only). A history of BCG vaccination should not preclude testing of a member of a high-risk group. If there is a history of a past positive PPD, proceed to question 4.

3. Tuberculin Skin Test (required within 6 months of Summer Program if needed after above screening).

Date given: _____ / ____ / ____ Date read: _____ / ____ / ____

Result: _____ (Record actual mm of induration, transverse diameter; if no induration write "0")

Interpretation (based on mm of induration as well as risk factors):

- Positive Negative

4. Chest x-ray (required within 6 months of Summer Program **if tuberculin skin test is positive**).

Result: Normal Abnormal Date of x-ray _____ / ____ / ____

¹Categories of high-risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. Prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.

I have performed a physical examination on this patient within the past year. All medical/psychiatric conditions and therapies are noted above or on attached pages. She/he may participate in the above program without restrictions.

Exceptions (if any): _____

Special Accommodations Needed: NO YES

EXPLAIN: _____

Date of Exam: _____ / ____ / ____

Signature _____ **Degree:** _____

Print Name: _____

Address : _____

Telephone: () _____ **Fax:** () _____

Spring 2004

Dear Skidmore College Summer Program Participant Parent,

As the Director of Health Services at Skidmore College, I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a requirement of New York State law.

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 amputations and even death. Cases of meningitis among teens and young adults 15 to 24 years of age have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases.

In August 2003, New York State Public Health Law 2167 was initiated. This law requires a record of meningitis vaccination or a refusal of the vaccine for all summer program participants. In other words, we need you to return the enclosed forms to Health Services acknowledging or declining meningitis vaccination, or the law compels us to send the summer program participant home.

Your primary care provider should be able to offer you the meningococcal vaccine for those summer program participants who wish to reduce their risk for disease. Alternatively, your local public health department should be able to assist you in procuring the immunization.

I encourage you and your son or daughter to learn more about meningitis and the vaccine. Please refer to the enclosed informational materials concerning meningococcal meningitis and vaccination, and be sure to complete the forms! For your assistance, we have a 'Summer Programs Nurse' to assist you with the forms, and answer any questions you may have. A message may be left for Kathy Sikora, RN, at (518) 580-5550 or by email at ksikora@skidmore.edu, and/or consult with your family health care provider. You can also find information about the disease by visiting the website of the Center for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo.

Sincerely,

Glenn Egelman, MD
Director, Health Services

Frequently Asked Questions and Answers About Meningococcal Meningitis

What is meningococcal meningitis?

Meningococcal meningitis is a rare but potentially fatal bacterial infection. The disease is expressed as either **meningococcal meningitis**, an inflammation of the membranes surrounding the brain and spinal cord, or **meningococemia**, the presence of bacteria in the blood.

What causes meningococcal meningitis?

Meningococcal meningitis is caused by the bacterium *Neisseria meningitidis*, a leading cause of meningitis and septicemia (or blood poisoning) in teenagers and young adults in the United States. Meningitis and septicemia are the most common manifestations of the disease, although they have been expressed as septic arthritis, pneumonia, brain inflammation and other syndromes.

How many people contract meningococcal meningitis each year? How many people die as a result?

Meningococcal meningitis strikes about 3,000 Americans each year and is responsible for approximately 300 deaths annually. For some college students, such as freshman living in dormitories, there is an increased risk of meningococcal disease. Currently, no data are available regarding whether children at overnight campus or residential schools are at the same increased risk for the disease. However, these children can be in settings similar to college freshman living in dormitories.

How is meningococcal meningitis spread?

Many people in a population can be a carrier of meningococcal bacteria (up to 11 percent) and usually nothing happens to a person other than acquiring natural antibodies. Meningococcal bacteria are transmitted through the air via droplets of respiratory secretions and by direct contact with an infected person. Direct contact, for these purposes, is defined as oral contact with shared items, such as cigarettes or drinking glasses, or through intimate contact such as kissing.

What are the symptoms?

The early symptoms usually associated with meningococcal meningitis include high 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, prompt diagnosis and treatment are important to assuring recovery. Symptoms may appear 2 to 10 days after exposure, but usually within 5 days.

Who is at risk?

Recent evidence indicates that college student residing on campus in residence halls appear to be at higher risk for meningococcal meningitis than college students overall. Further research recently released by the Centers for Disease Control and Prevention (CDC) shows freshmen living in dormitories have a six-fold increased risk for meningococcal meningitis than college students overall.

Although anyone can be a carrier of the bacteria that causes meningococcal meningitis, data indicate certain social behaviors, such as exposure to passive and active smoking, bar patronage and excessive alcohol consumption, may put college students at increased risk for the disease. Patients with respiratory infections, compromised immunity, those in close contact to a known case and travelers to endemic areas of the world are also at increased risk. Cases and outbreaks usually occur in the late winter and early spring when school is in session.

Why should students consider vaccination with the meningococcal vaccine?

Data from the CDC demonstrate that sub-populations of students are at increased risk for meningococcal meningitis. Pre-exposure vaccination enhances immunity to four strains of meningococcus that cause 65 to 75 percent of invasive disease and therefore reduces a student's risk for disease. Development of immunity after vaccination requires 7 to 10 days.

How effective is the vaccine?

The meningococcal vaccine has been shown to provide protection against the most common strains of the disease, including serogroups A, C, Y and W-135. The vaccine is 85 to 100 percent effective in serogroups A and C in older children and adults.

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

The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

What is the duration of protection?

The duration of the meningococcal vaccine's efficacy is approximately **three to five years**. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

Where can I get the meningococcal vaccine?

Your local health care provider or county health department should be able to offer you the vaccine, known as Menomune.

Who can students and parents contact for additional information on meningococcal meningitis and the vaccine?

For additional information on meningococcal meningitis and the vaccine, parents and students can leave a message for Kathy Sikora, RN, the Skidmore College 'Summer Programs Nurse' at (518) 580-5550, or email her at ksikora@skidmore.edu . Information about the disease and vaccine can also be found by visiting the websites of the New York State Department of Health, www.health.state.ny.us or the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo .