



Spring 2017

Dear Skidmore College Summer Program Participant and Parents,

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

Health Services is available from 9:00am-11:30am and 12:00pm-3:00 pm, Monday through Friday starting June 5. We will have a nurse and/or a nurse practitioner available to discuss your urgent health concerns, and evaluate your situation. Health Services can provide first aid, check vital signs, and treat minor injury/illness. If we are unable to meet your needs, you will be referred to nearby community resources, Wilton Medical Arts Urgent Care Center or Saratoga Hospital, located about 5 minutes from campus.

It is requested that the enclosed four-page Health Assessment Form be completely and accurately filled out and submitted to your Program Director by the due date indicated.

Immunization information is requested for the public health and safety of the campus and the participants. Without documentation of immunity, participants may be asked to leave campus in the event of an outbreak. New York State law requires meningococcal meningitis 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. There is a 'Summer Programs Nurse' to assist you with the form and answer any questions you may have. A message can be left for Michelle Lapo, RN, at (518) 580-5550, or by e-mail at mlapo@Skidmore.edu.

If your son, daughter, or ward is under the age of 18 while at Skidmore College, it is our policy to secure your consent for medical treatment. By signing the attached consent on the Health Assessment, you will be giving your consent to medical evaluation and treatment necessary to ensure the continued health of the participant. In the event of a major health problem, whenever possible, specific permission will be obtained from you. Therefore, parents of participants under 18 should be sure to include all possible telephone numbers (including cell phones) on the Health Assessment Form, and complete the authorization on the bottom of page one.

Participants of Skidmore College Summer Programs may self-carry/self-administer medications only with written consent of a parent. Please be sure to thoroughly review the health form, be sure all medications and dosages are clearly written, and sign where appropriate.

Please review the enclosed letter for information on arranging accommodations necessary for participation in any summer program.

International participants attending Skidmore Summer Programs: please review the immunization and tuberculin screening requirements very carefully with your health care provider. The requirements may differ from the country in which you reside. The requirements are very specific and **no exceptions** can be made.

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

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE, OR ANY PARTICIPANT ON CAMPUS FOR 30 DAYS OR MORE

PARTICIPANT INFORMATION

Name of Summer Program: _____

Name: _____ Date of Birth: _____
 (Last, First) (MM/DD/YYYY)

Home Address: _____
 Street City State Zip Country

Gender: Male Female Other _____ Participant Cell Phone #: _____

Parent/Guardian #1 Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Parent/Guardian #2 Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

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

Name: _____ Check one: Parent Legal Guardian Spouse other _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

INSURANCE INFORMATION

Insurance Co.: _____ Policy Holder's Name: _____

Policy #: _____ Group #: _____

PARENTAL CONSENT FOR SELF-CARRY/SELF-ADMINISTRATION OF MEDICATIONS

I understand that my child or ward, _____, will self-carry and self-administer medications that are indicated on this health form. I will furnish the medication in the original pharmacy container, properly labeled with name, directions and dosage, or original over the counter medication. I assume responsibility that my child is carrying and taking their medication as ordered. My child is considered to be independent in medication delivery.

Parent/Guardian signature: _____ Date: _____

CONSENT FOR EVALUATION/EXAMINATION OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, _____, being the parent or legal guardian of _____ give my consent to Skidmore College Health Services, medical staff, to administer such care, procedures, and treatment that is deemed necessary and in the best interest of the patient. As long as the medical treatment is considered necessary in the situation and is in accordance with generally accepted standard of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if no, so state) _____

Prior to prescribing treatment or referring your child/ward to an outside medical provider, Health Services will make every attempt to contact a parent or guardian.

 (SIGNATURE OF PARENT/LEGAL GUARDIAN/RELATIONSHIP TO PATIENT)

 DATE

Participant Name: _____

REQUIRED IMMUNIZATIONS:

A. **MEASLES** (Rubeola): Two doses of measles or MMR immunizations. Dose #1 must be given within 4 days of first birthday or later and dose #2 at least 28 days after dose #1.

2 DOSES REQUIRED

Primary Measles OR MMR immunization

#1 ____/____/____
MM DD YYYY

#2 ____/____/____
MM DD YYYY

B. **MUMPS**

#1 ____/____/____
MM DD YYYY

#2 ____/____/____
MM DD YYYY

C. **RUBELLA**

#1 ____/____/____
MM DD YYYY

-OR-

Serologic evidence of immunity to measles, mumps, and rubella is acceptable only when copies of laboratory reports are attached.

Date of Measles Immune titer: ____/____/____ (attach lab report)

Date of Mumps Immune titer: ____/____/____ (attach lab report)

Date of Rubella Immune titer: ____/____/____ (attach lab report)

D. **TETANUS** (most recent booster)

____/____/____
MM DD YYYY

E. **POLIO** (Date of completion of primary series)

____/____/____
MM DD YYYY

F. **MenACWY**

#1 ____/____/____
MM DD YYYY

Booster: ____/____/____
MM DD YYYY

-OR-

I have read, or have had explained to me, the information about 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/GUARDIAN

DATE

RECOMMENDED IMMUNIZATIONS:

G. **VARICELLA** Vaccination

#1 ____/____/____
MM DD YYYY

#2 ____/____/____
MM DD YYYY

-OR-

History of Disease

H. **HEPATITIS B**

#1

/

/

#2

/

/

#3

/

/

The following non-prescription medications may be stocked in Health Services and are used on an as needed basis to manage illness or injury. **Please CROSS OUT those the camper should not be given.**

Acetaminophen (Tylenol)

Antihistamine/allergy medicine

Hydrocortisone cream

Bacitracin

Calamine Lotion

Cough Drops

Bismuth subsalicylate (Pepto Bismol)

Ibuprofen

REQUIRED MEDICAL HISTORY:

(TO BE COMPLETED BY MEDICAL PROVIDER)

ALLERGIES:

MEDICATIONS TO BE SELF CARRIED AND SELF ADMINISTERED:

#1: _____

#2: _____

#3: _____

#4: _____

List all current medical problems and related treatments: _____

I have performed a physical examination on this patient on or after 6/25/2016. All med/psychiatric conditions and therapies are noted above or on attached pages. She/he may participate in the above program without restrictions.

Date of Exam: _____

Provider Name: _____

Provider signature: _____

Address: _____

Telephone: () _____

Fax: () _____

Participant Name: _____ SUMMER PROGRAMS HEALTH FORM
 Program: _____

SECTION I - TUBERCULOSIS (TB) SCREENING

To Be Completed By Summer Participant and Their Health Care Provider Within 6 Months Prior to The Participant's Arrival on Campus (Health Care Provider's Signature REQUIRED on the Page 4 of this Form)

- -TUBERCULOSIS SCREENING AND RISK ASSESSMENT QUESTIONNAIRE - -

- 1) **Has the patient ever had a positive TB test?** Yes No Unknown
 2) **Has the patient had recent close contact with someone with infectious TB disease?** Yes No Unknown
 3) **Was the patient born in or have they traveled to/in a high-prevalence TB area within the past 5 years?**
 (See list of high-prevalence countries below. *The significance of the possible travel exposure should be evaluated.*) Yes, patient at **high risk** Yes, but patient at **low risk** No

Countries with High Prevalence of Tuberculosis

Afghanistan	Congo DR	Kenya	New Caledonia	Sri Lanka
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Angola	Croatia	Korea-DPR	Niger	Suriname
Anguilla	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Argentina	Dominican Republic	Kuwait	Niue	Swaziland
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Azerbaijan	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahamas	El Salvador	Latvia	Palau	Thailand
Bahrain	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Bangladesh	Eritrea	Liberia	Papua New Guinea	Togo
Belarus	Estonia	Lithuania	Paraguay	Tokelau
Belize	Ethiopia	Macedonia-TFYR	Peru	Tonga
Benin	Fiji	Madagascar	Philippines	Tunisia
Bhutan	French Polynesia	Malawi	Poland	Turkey
Bolivia	Gabon	Malaysia	Portugal	Turkmenistan
Bosnia & Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent & The Grenadines	Uzbekistan
Burkina Faso	Guinea	Mexico	Sao Tome & Principe	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Saudi Arabia	Venezuela
Cambodia	Guyana	Moldova-Rep.	Senegal	Viet Nam
Cameroon	Haiti	Mongolia	Seychelles	Wallis & Futuna Islands
Cape Verde	Honduras	Montenegro	Sierra Leone	W. Bank & Gaza Strip
Central African Republic	India	Morocco	Singapore	Yemen
Chad	Indonesia	Mozambique	Solomon Islands	Zambia
China	Iran	Myanmar	Somalia	Zimbabwe
Colombia	Iraq	Namibia	South Africa	
Comoros	Japan	Nauru	Spain	
Congo	Kazakhstan	Nepal		

- 4) **Does the patient have any of the following:**
- Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease? Yes No Unknown
 - HIV/AIDS? Yes No Unknown
 - Organ transplant recipient? Yes No Unknown
 - Immunosuppressed? Yes No Unknown
 - History of illicit drug use? Yes No Unknown
 - Resident, employee or volunteer in a high-risk setting (e.g., correctional facility, nursing home, homeless shelter, hospital or other health care facility)? Yes No
 - Medical condition associated with increased risk of progressing to TB disease if infected (e.g., diabetes mellitus, silicosis, head/neck/lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight)? Yes No
- 5) **Does the patient have signs or symptoms of active TB disease?** Yes No

****If the answer is YES to any of the above questions, patient is considered to be in a high risk group****

****If the answer to all above questions is NO, patient is considered to be at low risk ****

PROCEED TO PAGE 4 OF THIS FORM



Spring 2017

Dear Skidmore College Summer Program Participant and Parents,

The purpose of this letter is to provide information about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. This notification is a requirement of New York State law.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Bacterial meningitis can lead to inflammation of the membranes 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. In 2013, 550 people in the United States were diagnosed with meningitis.

There are two types of vaccines available in the United States to protect against meningitis. MenACWY (Menveo, Menactra) provides protection against four strains (ACWY) of meningitis. MenB (Bexsero, Trumenba) provide protection against 1 strain (B) of meningitis. Strains B, C, Y account for nearly all cases of meningitis in the United States. Strain A is the primary strain responsible for illness in developing countries, as in the meningitis belt in sub Saharan Africa.

In August 2003, New York State Public Health Law 2167 was initiated. This law requires a record of meningitis vaccination with MenACWY or a signed refusal of the vaccine for all summer program participants.

Currently there is no requirement for vaccination with MenB other than for those students who may be considered immunocompromised or working directly with the meningococcal bacteria.

We encourage you and/or your son or daughter to learn more about meningitis and the vaccine. Your primary care office or local health department can assist with questions or concerns and should be able to offer you and/or your son or daughter the meningitis vaccine.

Please refer to the enclosed FAQ concerning meningococcal meningitis and vaccination. For your convenience, we have a 'Summer Programs Nurse' to assist you with the forms and answer any questions you may have. You can contact Michelle Lapo, RN at (518) 580-5550 or by email at mlapo@skidmore.edu. You can also find information about the disease by visiting the website of the Center for Disease Control and Prevention (CDC) <http://www.cdc.gov/meningococcal/>.

Health Services Staff



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?

In the year 2013, about 550 people in the United States were diagnosed with meningitis. About 10 to 15% of infected individuals die even with the use of antibiotics and of the survivors, about 11-19% will have some disability (deafness, loss of limb, nervous system problems). 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?

There is an increased risk of disease for young adults from age 16-21. College student residing on campus in residence halls appear to be at higher risk for meningococcal meningitis than college students overall. Further research 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?

Pre-exposure vaccination with Menveo or Menactra (MenACWY) enhances immunity to four strains (A,C,W,Y) of meningococcus. Pre-exposure vaccination with Bexsero or Trumenba (MenB) enhances immunity to one strain (B) of meningococcus. Serotypes B, C, and Y are responsible for the majority of meningitis cases in the United States. Serotype A is more prevalent in developing countries as in the meningitis belt in sub Saharan Africa.

Currently, in New York State, vaccination or documented declination is required with MenACWY. MenB is recommended for certain categories of people with immune system disorder or those working meningococcus bacteria in laboratories. Your primary care physician can help you decide which meningitis vaccine to receive.

How effective is the vaccine?

MenACWY vaccine is 85 to 100 percent effective in preventing infection from subtypes ACWY. Currently, the effectiveness of MenB is estimated to be 63-88%.

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

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

Where can I get the meningococcal vaccine?

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

What is the duration of protection?

Protection provided by Men ACWY wanes within 5 years following vaccination. At this time, CDC recommends "initial meningococcal vaccine at age 11-12, followed by a booster at age 16 to provide continued protection during peak years of vulnerability." As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

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 Michelle Lapo, RN, the Skidmore College 'Summer Programs Nurse' at (518) 580-5550, or email her at mlapo@skidmore.edu . Information about the disease and vaccine can also be found by visiting the website for the Centers for Disease Control and Prevention (CDC) <http://www.cdc.gov/meningococcal/> .