

Welcome to Syracuse University Health Services!

Syracuse University Health Services (SUHS) requires all students to complete the Health History/Immunization Form prior to the start of classes. The Health History/Immunization Form is used to document a student's health history and required immunizations. All information is confidential and will be used only by Health Services. If you require special accommodations and/or have special requests, please contact the appropriate department as we will **not** share any information on this form with other departments.

The Health History/Immunization Form **must** be received at Syracuse University Health Services by the following deadlines:

Form Due Dates:	RETURN BY:
Fall Entering Students	As soon as possible, but no later than July 1
Winter/Spring Entering Students	December 15
Summer & Other Acceptances	Within 4 weeks of acceptance

New York State Law and Syracuse University mandate completion of this form and all requirements. All records must be submitted in English and all required tests and immunizations must be completed and verified by a health care practitioner or public health official.

New York State Public Health Law #2165 requires that all full-time and part-time (enrolled for at least six hours per semester) students born on or after January 1, 1957, attending a College or University in New York State must provide the following immunization information:

New York State Requirements for both FULL-TIME AND PART-TIME STUDENTS

Measles (Rubeola): Students must submit proof of immunity to measles through one of the following ways:

- Two doses of live measles vaccine. The first dose given on or after the student's first birthday and the second on or after 15 months of age and at least 30 days after the first dose **OR**
- Serological evidence of immunity through a blood test performed by an approved medical laboratory, **OR**
- Proof of honorable discharge from the armed services within 10 years from the date of application to the institution. The proof of honorable discharge shall qualify as a certificate enabling the student to attend the institution pending actual receipt of immunization records from the armed services.

Mumps: Students must submit proof of immunity to mumps through one of the following:

- Single dose of live mumps vaccine given on or after the first birthday, **OR**
- Serological evidence of immunity through a blood test performed by an approved medical laboratory, **OR**
- Proof of honorable discharge from the armed services within 10 years from the date of application to the institution. The proof of honorable discharge shall qualify as a certificate enabling the student to attend the institution pending actual receipt of immunization records from the armed services.

Rubella: Students must submit proof of immunity to rubella through one of the following:

- Single dose of live rubella virus vaccine given on or after the first birthday, **OR**
- Serological evidence of immunity through a blood test performed by an approved medical laboratory, **OR**
- Proof of honorable discharge from the armed services within 10 years from the date of application to the institution. The proof of honorable discharge shall qualify as a certificate enabling the student to attend the institution pending actual receipt of immunization records from the armed services.

MMR (measles/mumps/rubella) vaccine may be used to satisfy a single dose of measles/mumps/rubella. Students born prior to January 1, 1957 need not provide proof of immunity for measles, mumps, and rubella.

Meningococcal: At this time, Meningococcal Vaccination is not required. However Colleges and Universities are required by New York State to distribute information about meningococcal meningitis and vaccine availability to students. Attached to this Health History and Immunization Form is the Meningococcal Disease information sheet. If you have received the Meningococcal vaccine, within the preceding ten years, we asked that you document the date of the vaccine on the Immunization Form. If you choose not to be vaccinated, you must sign the waiver included on the Immunization Form indicating you choose not to be vaccinated.

****Vaccines are available at Health Services (fees may apply)****

Students not in compliance with all requirements by the first day of classes will face strict administrative consequences, including subsequent semester registration hold.

Please ensure all parts of the form are completed before submitting to Health Services:

- Health History and Immunization Form
- Required immunizations
- Physician's Signature, date and contact information
- Please submit completed Health History and Immunization Form to:

Syracuse University Health Services
111 Waverly Avenue
Syracuse NY 13224 *or*
Fax: 315-443-9010 *or*
Email: SUHealth@syr.edu

Mandatory Health and Wellness Fee - The Health and Wellness Fee supports the Advocacy Center, Counseling Center, Health Services and the Office of Student Assistance. Students can participate in the services and activities offered by these departments during the semester for which the fee was paid. Other covered health-related services include SU ambulance services, medical transport services, flu vaccinations, nutrition counseling and short-term psychiatric assessment and intervention. It is important to note that the Health and Wellness Fee does not cover charges for pharmacy, laboratory services, certain clinical procedures, and does not cover any services provided by, or referrals to, other specialists, institutions or agencies. The Health and Wellness Fee is **not** insurance.

Health Insurance - In accordance with the national Patient Protection and Affordable Care Act (ACA), the University will offer a new, comprehensive student health insurance plan as of August 1. Along with the new plan, the University will institute a new policy requiring all full-time students to have appropriate health insurance coverage. Beginning in the 2015-16 academic year all incoming, newly-matriculating full-time students (graduate, law, and undergraduate), all full-time matriculated international students (current and incoming, graduate and undergraduate), and all graduate student Fellows will be subject to the insurance requirement. Additional information, including a Frequently Asked Questions page, is available on our website <http://health.syr.edu/new-student-health-insurance-plan.html>.

Students should always carry their health insurance card with them when seeking care, and be familiar with how to access services under their policy. Please note SUHS does not bill all insurances directly. Currently we direct bill Aetna, BC&BS Bluecard, Pomco and HTH. The Pharmacy bills many other insurances. Please visit our Pharmacy or contact them at 315-443-5691 or email pharmacy@syr.edu to inquire about your insurance.

If you need assistance or have questions about our services, please contact Syracuse University Health Services at 315-443-9005, email us at suhealth@syr.edu or visit our website at <http://health.syr.edu/>.

Thank you!

Syracuse University Health Services

Meningitis Requirements

Attention: Meningitis Requirements

The New York State Assembly and Senate passed and the Governor approved meningitis legislation effective August 15, 2003 that amended the public health law relating to immunization against meningococcal meningitis type A. It requires secondary schools and colleges to provide information to its constituents on meningococcal meningitis and transmission thereof; the benefits, risks, and effectiveness of immunization; and the availability and cost of immunization. The bill also requires each institution to distribute and maintain response forms indicating that the student, parent or guardian has received and reviewed the information and that the student has either been immunized within the preceding ten years or has opted not to obtain immunization against meningococcal meningitis type A. The bill prohibits students not fulfilling the requirements to remain enrolled at an institution in excess of thirty days.

Meningococcal Meningitis

Meningococcal meningitis is an air-borne disease, transmitted through droplets of respiratory secretions and from direct contact with persons infected with the disease. Therefore, the disease could spread by a sneeze, cough, kiss, sharing drinks, utensils, cigarettes or any other direct contact. In settings where people from different families and/or geographical areas spend many hours together in close physical contact, germs are spread more easily. Students living in confined areas such as student housing are at an increased risk of contracting the disease.

Meningitis can be hard to detect because of its flu-like symptoms - severe headache, high fever, nausea, vomiting and drowsiness. Some of the distinct symptoms of meningitis are a stiff neck or back, confusion or agitation and rashes. These symptoms, however, do not necessarily occur and the disease can worsen very quickly, sometimes in a matter of hours, if not treated with antibiotics. There are an estimated 3,000 cases of meningococcal disease reported in the United States each year. The disease is fatal in 10 to 15 percent of the cases. Those who survive meningitis typically face a lifetime of severe complications. While overall meningitis cases are low, they have been rising among young adults - the number of meningitis cases has doubled for persons aged 15 to 24 since 1991.

Meningitis Vaccine

Vaccination is an easy and effective way for students to help protect themselves against possible infection. The meningitis vaccine protects against the majority of strains of meningococcal disease. The vaccine is safe with infrequent side effects. After vaccination, antibodies develop within 7 to 14 days. The need for, or timing of, a booster dose of meningitis vaccine has not yet been determined. As with any vaccine, vaccination against meningitis does not provide 100% protection against meningitis.

HEALTH HISTORY AND IMMUNIZATION FORM

SYRACUSE UNIVERSITY

Health Services

111 WAVERLY AVENUE

SYRACUSE, NY 13244

PHONE (315) 443-9005 FAX (315) 443-9010

website: <http://health.syr.edu> email: suhealth@syr.edu

*Welcome to Syracuse University. Your health history is an important part of the care we will provide to you while you are a student. **Please fill out all sections on pages 1 & 2.** Your Health Care Provider will need to complete the Immunization and Physical Exam form on pages 3 & 4. **PLEASE BE SURE THAT YOUR NAME IS WRITTEN ON THE TOP OF EACH PAGE (1-4) OF THIS form.** All information is confidential and will be used only by Health Services. If you require special accommodations and/or have special requests, please contact the appropriate department, we will not share any information on this Health Form with other departments. Thank You.*

NAME AND ADDRESS PLEASE PRINT		DATE:	
Last Name, First Name, MI		SUID #	
Street Address/PO Box/Apt.#		City	State ZIP
Telephone	Date of Birth	Age	Gender

EMERGENCY CONTACTS (PERSONS TO BE CONTACTED IN CASE OF EMERGENCY) Please list two contacts		
1. Name	Relationship	Home Phone
Address		Business Phone
2. Name	Relationship	Home Phone
Address		Business Phone

PRIMARY CARE PHYSICIAN	Phone
Address	Fax

Form Due Dates:	RETURN BY:
Fall Entering Students	As soon as possible, but no later than July 1
Winter/Spring Entering Students	December 15

STUDENT LAST NAME

FIRST

MI

SU ID or DOB

MEDICAL CARE AUTHORIZATION

I, the undersigned, hereby specifically authorize Syracuse University Health Services and/or any authorized member of its staff, or duly affiliated consultant, to provide care in the Syracuse University Health Services and/or for emergency treatment, including mental health.

SIGNATURE: If under 18 years of age, signature of both parent/guardian and student is required.

Student: _____ :DATE: _____

Parent/Guardian: _____ DATE: _____

To all Students, Parents, and Health Care Providers: Health information submitted to Health Services via this form will be held confidential as part of the student’s medical record in accordance with federal laws regarding confidentiality of protected health information.

PLEASE COMPLETE THIS SECTION BEFORE GOING TO YOUR HEALTH CARE PROVIDER FOR EXAMINATION.

PERSONAL MEDICAL HISTORY

Please check conditions/diseases you have had.

	Yes		Yes		Yes	FAMILY MEDICAL HISTORY	Yes	Relationship
ADD/ADHD		Heart Murmur		Recurrent Diarrhea		Cancer		
Acne (on medication)		Hepatitis		Rheumatic Fever		Diabetes		
Allergies		Hernia		Seizures		Epilepsy/Seizures		
Anxiety/Depression		High Blood Pressure		Shortness of Breath		Heart Disease		
Asthma		High Cholesterol		Stomach or Intestinal Trouble		High blood pressure		
Back Problems		Insomnia		Surgery (explain below)		Kidney Disease		
Crohn’s/Ulcerative Colitis		Kidney Disease		Throat infections		Other		
Diabetes		Malaria		Thyroid Disorder				
Disease/Injury of Joints		Measles		Tuberculosis				
Ear Infections		Migraines		Tumor/Cancer (explain below)				
Eye Trouble		Mononucleosis		Urinary Tract Infection				
Fainting Spells		Mumps		Weakness/Paralysis				
Gallbladder		Palpitations (Heart)		FEMALES ONLY:				
German Measles		Psychotherapy		Birth Control (list below)				
Head Injury w/ Concussion		Recent Weight Gain or Loss		Irregular Periods				

PLEASE EXPLAIN ANY “YES” ANSWERS ABOVE:

NOTE: IF YOU HAVE A FOOD ALLERGY OR FOOD INTOLERANCE, YOU MUST NOTIFY FOOD SERVICES DIRECTLY AT 315-443-3803 OR EMAIL MEALTALK@SYR.EDU.

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STUDENT LAST NAME

FIRST

MI

SU ID OR DOB

THIS SECTION IS TO BE COMPLETED BY THE HEALTH CARE PROVIDER

REQUIRED IMMUNIZATIONS BY NEW YORK STATE

Students with incomplete immunization records will NOT be able to obtain grades and will be ineligible to register for a second semester.

MMR	First Dose	Second Dose
<i>Measles, Mumps, Rubella</i>	_____	_____
	mm/dd/yyyy	mm/dd/yyyy

If born after 1956, two doses of live virus measles vaccine, or MMR, the first dose at 12 months of age or later and the second dose at least one month later, but not before 15 months of age. Persons born before 1957 are exempt due to natural immunity from the disease.

OR

2 doses **Measles** 1st _____ 2nd _____ 1 dose **Mumps** _____ 1 dose **Rubella** _____
month/day/year month/day/year month/day/year month/day/year

OR

Serologic evidence (blood work) of immunity to each. **Lab work must be submitted with physical.**

MENINGOCOCCAL MENINGITIS TYPE A VACCINE RESPONSE BELOW

Student received the meningococcal meningitis, **TYPE A VACCINE**, within preceding ten years.

MENINGOCOCCAL MENINGITIS TYPE ACWY #1 _____ **BOOSTER** _____
month/day/year month/day/year

MENINGOCOCCAL MENINGITIS TYPE ACWY WAIVER REQUIRED IF DOCUMENTATION OF VACCINATION NOT PROVIDED

Waiver: I have reviewed the enclosed Fact Sheet regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine. I have elected NOT to receive the vaccine.

Signature of Student (or parent/guardian if under 18)

DATE

RECOMMENDED IMMUNIZATIONS

PPD (Mantoux) within 6 months of admission to college _____ mm induration
Date Administered Date Interpreted Result

*If currently history of positive PPD, chest x-ray report (in ENGLISH and done within 6 months of admission), with date and result must be submitted with physical. **International Students** must have tuberculosis screening done at Syracuse University Health Services upon arrival to campus.*

MENINGOCOCCAL MENINGITIS B/ BEXSERO #1 _____ **#2** _____ **OR**
MENINGOCOCCAL MENINGITIS B/ TRUMENBA #1 _____ **#2** _____ **#3** _____

TETANUS (please circle one: Td or Tdap) Within 10 years of admission to college _____
month/day/year

HEPATITIS A #1 _____ **OR** #2 _____

HEPATITIS B #1 _____ #2 _____ #3 _____

VARICELLA ___ history of chicken-pox disease please check **OR** #1 _____ #2 _____

month/date/year of disease

OR Titer (include lab report): pos neg

SIGNATURE/MEDICAL PROFESSIONAL CERTIFYING ABOVE IMMUNIZATION RECORD

DATE

STUDENT LAST NAME FIRST MI SU ID OR DOB

THIS SECTION IS TO BE COMPLETED BY THE HEALTH CARE PROVIDER

PHYSICAL EXAMINATION

Date of Exam: _____ (Must be completed not more than one year prior to the start of the semester).

Ht. _____ Wt. _____ BP _____ Pulse _____ Build: Slender Medium Heavy Obese

CLINICAL EXAMINATION			
Check each item in proper column; Enter NE if not evaluated.	Normal	Abnormal	If abnormalities are noted, please describe
Neck			
HEENT			
Lungs, chest and breasts			
Heart (include any murmur/defect)			
Abdomen (include hernia)			
Genitalia			
Musculoskeletal/Extremities			
Skin			
Neurologic			
Psychiatric			

Does this student have any limitations while attending Syracuse University? Yes No **If YES, what activities are to be limited?** _____

ALLERGY TO: (Please circle Yes or No)

Medication: Yes No (If yes, please list) _____

Insect bites/bee stings: Yes No

Foods: Yes No (If yes, please list) _____

NOTE: IF YOU HAVE A FOOD ALLERGY OR FOOD INTOLERANCE, YOU MUST NOTIFY FOOD SERVICES DIRECTLY AT 315-443-3803 OR EMAIL MEALTALK@SYR.EDU.

Other: Please explain _____

Does patient need to carry an EpiPen? Yes No

CURRENT MEDICATIONS: Please list any prescription and over the counter medications, including birth control pills:

Name	Dose	How taken

None

Name of examining Physician/NP/PA		Date	
Street	City	State	Zip code
Signature		Area code and phone #	
Student, Please return completed form to: Syracuse University Health Services 111 Waverly Avenue Syracuse, NY 13244 Phone (315) 443-9005 Fax (315) 443-9010			

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