



Hamilton

October 21, 2011

Dear Student,

On behalf of the staff of the Thomas Brown Rudd Health Center, welcome to Hamilton College. We are pleased you have selected Hamilton and look forward to working with you over the next four years. The health center staff is dedicated to encouraging and maintaining the health of all students. Medical and nursing services at the Student Health Center are available to all students without additional cost, although charges may be incurred for tests, medications, outside consultations and hospitalizations.

Enclosed in this packet you will find a **health form that requires a physical exam** done within one year (from start of classes), immunization records, and a TB Mantoux test. I encourage you to schedule your appointment with your healthcare provider as soon as you receive this packet. Please be sure to let us know about any special health problems or considerations. **The health form packet needs to be completed and returned to our office by January 9, 2012, for students entering in spring 2012 semester.**

New York State Law requires us to distribute information about meningococcal disease and vaccination to all students. Please talk with your healthcare provider or local health department about this vaccine. **If you decide not to receive the meningococcal meningitis immunization, you must sign the declination under letter J on the immunization record form.**

Hamilton College requires that all enrolled students carry some form of valid health insurance coverage. All students who are U.S. citizens or permanent residents and do not complete the online waiver are automatically enrolled in the Hamilton College Student Health Insurance Plan. If you have comparable existing health insurance coverage and DO NOT wish to purchase the Hamilton College coverage, you must submit an on-line waiver and present evidence of your own annual health insurance coverage. The waiver form is available at www.GallagherKoster.com/Hamilton or as a link from www.hamilton.edu/healthcenter. Please be aware that coverage cannot be waived after January 10, 2012 (spring coverage only from 1/1/12 - 8/12/12, premium cost \$361). **Please see the enclosed insert for instructions on the waiver process.** For questions or a policy brochure, contact Gallagher Koster at www.GallagherKoster.com/Hamilton or 1-877-308-0473 or 1-617-769-6091.

You will need your Hamilton College e-mail address and student identification number to complete the online waiver form. **To obtain your student identification number, go to www.hamilton.edu/healthcenter/waiver and login with your user name and password provided and your student identification number will be posted.**

Students who are not U.S. citizens or permanent residents are eligible for health insurance coverage offered through the Dean of Students Office. Information about this policy is available at www.hamilton.edu/college/dean_of_students.

Please be sure to notify the health center of any changes in your coverage. Also, be sure to carry a copy of your insurance card with you while you are a student at Hamilton.

We look forward to working with you and hope your stay at Hamilton will be healthy and happy.

Sincerely,

Barbara Fluty, RPA-C
Director, Student Health Services

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.

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 2 to 10 days after exposure, but usually within 5 days. 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.

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, day care center playmates, etc.) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for a special antibiotic (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 11-55 years of age. The previously licensed version of this vaccine, Menomune™, is available for children 2-10 years old and adults older than 55 years. Both vaccines are 85% to 100% effective in preventing the 4 kinds of the meningococcus germ (types A, C, Y, W-135). These 4 types cause about 70% 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.

Are the vaccines 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 (11-12 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 3 to 5 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 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.

REQUIRED BY AUGUST 7th

*Failure to return required health form will result in a hold for class registration,
as well as participation in the Adirondack Adventure program.*

Thomas B. Rudd Health Center, Hamilton College, 198 College Hill Road, Clinton, NY 13323
Telephone 315-859-4111; Fax 315-859-4963 • Website: http://www.hamilton.edu/college/health_center

Last Name First Name Middle Name

Address City State Country (If not U.S.A.) Zip + 4

Gender: Male Female Date of Birth (Month/Day/Year) ____/____/____ Social Security # ____-____-____

E-Mail Address Student Cell Phone #

Parents/Guardian Relationship Daytime Phone Work Home Cell

Home Address Evening Phone Work Home Cell

Emergency Contact Name Home Address Daytime Phone

E-Mail Address Relationship Evening Phone

SPECIAL NEEDS

Do you believe that you have any special needs that the College should consider in order to provide assistance with living and learning conditions?

- Hearing
- Motor Deficits
- Vision
- Speech
- Other
- Allergies
- Dietary
- Learning
- Psychological

Describe: _____

The Associate Dean of Students for Diversity and Accessibility is available to discuss your concerns. Phone 315-859-4021.

Please Attach
Recent Photograph

I hereby grant permission to the authorized representatives of Hamilton College Student Health Center and Emergency Medical Technicians to provide medical care while I am a student of Hamilton College. This also includes referrals to outside providers, local hospitals and urgent care facilities. I understand I may incur charges for services provided to me and it is my responsibility to provide valid health insurance information upon request. I have read and understand my patient's rights and responsibilities as described within.

Student Signature

Date of Signatures

Parent Signature

Please complete this form before going to your health care provider for an examination (please print).

Family Medical History

Adopted _____ Yes _____ No

	Age	State of Health	Occupation	Age at Death	Cause of Death
Father					
Mother					
Brothers					
Sisters					

Immediate Family Only

	Yes	Relationship
Blood Clotting Disorder		
Cancer		
Diabetes		
Epilepsy/Convulsions		
Heart Disease		
High Blood Pressure		
Kidney Disease		

PERSONAL HISTORY: PLEASE ANSWER ALL QUESTIONS. *Comment on all positive answers in space below.*

HAVE YOU HAD?	Yes	No		Yes	No		Yes	No	ALLERGY TO:	Yes	No	SURGERY:	Yes	No	
Acne (on medication)			Head Injury			Pneumothorax			Medications:			Appendectomy			
ADD/ADHD			w/Unconsciousness			Seizures			If yes, please specify below			Tonsillectomy			
Anemia			Heart: Palpitations/			Sexual				Hernia Repair			Other (describe)		
Anxiety/Depression			Long QT Syndrome			Transmitted Infections			Insect Bites						
Asthma			High Blood Pressure			Sickle Cell Dis./Trait.			Foods (which)						
Blood/Clotting Disorder			Kidney Disease			Sinusitis			Other (explain)						
Cancer/Tumor			Lyme Disease			Sleep Disorders			Do you currently get allergy shots? <i>Please see website for instructions.</i>						
Concussion			Malaria			Stomach or									
Diabetes			Marfans Syndrome			Intestinal Trouble									
Disease/Injury of Joints			Migraines			Suicide Attempts									
Eating Disorder			Mononucleosis			Thyroid Disease									
Eye Trouble			Obsessive Compulsive Disorder			Tuberculosis									
						Vision/Hearing Impair.									

Explain any yes answers from above: _____

Have you received counseling or been hospitalized for mental health or psychiatric care? ___ Yes ___ No
If yes, please explain: _____

Please list any current medications: prescription, over the counter, and herbal medications, including birth control pills: _____

Any additional pertinent information: _____

**HAMILTON COLLEGE IMMUNIZATION RECORD FORM • All information must be in English and listed by Month, Day and Year.
TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER.**

Name: _____ Date of Birth: ____/____/____
Last Name First Name MI

New York State Public Health Law requires that all students born after December 31, 1956 be adequately immunized against Measles, Mumps and Rubella. *You are legally required to provide this information and to get the necessary immunizations, or you will be DENIED enrollment.* If you qualify for a medical or religious exemption, please provide written documentation.

Required by New York State Law:

A. M.M.R. (Measles, Mumps, Rubella) (two doses required or individual vaccine as noted below)

- 1. Dose 1 given at 12 months after birth or later1. ____/____/____
- 2. Dose 2 given no sooner than 30 days after Dose 1.....2. ____/____/____

B. MEASLES (Rubeola)

- 1. Immunized with live vaccine at 12 months after birth or later 1. ____/____/____ 2. ____/____/____
- 2. Has report of positive immune titer. Specify date..... ____/____/____
- 3. Had disease confirmed by doctor's records..... ____/____/____

C. RUBELLA (German Measles) (clinical history is not acceptable)

- 1. Immunized with live measles vaccine at 12 months after birth or later 1. ____/____/____
- 2. Has report of positive immune titer. Specify date..... ____/____/____

D. MUMPS

- 1. Immunized with live vaccine at 12 months after birth or later 1. ____/____/____
- 2. Has report of positive immune titer. Specify date..... ____/____/____
- 3. Had disease confirmed by doctor's records..... ____/____/____

REQUIRED BY HAMILTON COLLEGE:

E. TUBERCULOSIS (*PPD required within the past 12 months regardless of prior BCG inoculation and risk assessment.*)

- 1. PPD (Mantoux) within the past 12 months (tine or momovac not acceptable)
Date Placed: ____/____/____ Date Read: ____/____/____ Result: ____ mm induration (NO SELF READS)
- 2. If greater than 10 mm induration, chest x-ray required.X-ray Result: Date: ____/____/____ Normal ____ Abnormal ____
- 3. Treated with INH Yes ____ No ____ Duration _____ Months. Was treatment completed? _____

F. TETANUS-DIPHTHERIA (Primary series with DtaP or DTP and booster with Td in the last ten years meets requirement.)

- 1. Primary series of four doses with DtaP or DTP1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____ 5. ____/____/____
- 2. Tetanus-Diphtheria (Td) booster within the last ten years Received Td ____ or Tdap ____ ____/____/____

G. POLIO

- 1. Type of vaccine: Live (OPV)____ Inactivated (IPV)____ Enhanced Potency (EP-IPV)____
Primary Series: 1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____ Date of Booster: ____/____/____

The following, H-L are only recommended:

H. HEPATITIS B (recommended) 1. ____/____/____ 2. ____/____/____ 3. ____/____/____
Hepatitis B surface antigen antibody ____/____/____ Reactive ____ Non-reactive ____

I. VARICELLA Hx of Disease Date ____/____/____ or Vaccinated 1. ____/____/____ 2. ____/____/____
or Immune Titer Value _____ Date ____/____/____

J. MENINGITIS ____ Menomune or ____ Menactra>>>>>>..... Received ____/____/____
OR I have been informed regarding the risks of Meningitis and **decline** the immunization.

Student Signature Date

K. HEPATITIS A 1. ____/____/____ 2. ____/____/____

L. HPV Vaccine 1. ____/____/____ 2. ____/____/____ 3. ____/____/____

HEALTH CARE PROVIDER (please print)

Name _____ Address _____

Signature _____ Phone (_____) _____

Fax (_____) _____

Patient's Rights and Responsibilities

The patient has a right

- to be treated with respect and dignity and to be provided with courteous, considerate care;
- to be informed about the diagnosis, treatment and prognosis of the health problem in terms that can be understood;
- to know the chances that treatment will be effective and to know the possible risks, side effects and alternative methods of treatment;
- to receive confidential treatment of their disclosures and medical records and, except when required by law, afforded the opportunity to approve or refuse their release;
- to know the name and professional status of those treating you;
- to have access to a second medical opinion before making any decision. The patient can decide not to be treated, but must be informed of the medical consequences of refusal;
- to participate in decisions involving the health problem;
- to be informed of the personal responsibilities involved in seeking medical treatment and maintaining health and well-being thereafter;
- to privacy;
- to have access to resource persons and information concerning health education, self-care and prevention of illness;
- to be given appropriate and professional quality health care without discrimination against their race, creed, color, religion, sex, national origin, sexual preference, handicap or age;
- to voice grievance with health care services and/or staff without being threatened, restrained and discriminated against.

The patient has a responsibility

- to inform clinician of any changes in his/her health status that could affect treatment;
- to adhere to a prescribed treatment plan and to discuss any desired change;
- to act in a considerate and cooperative manner with the Student Health Service staff;
- to ask questions and seek clarification regarding areas of concern;
- to weigh the consequences of refusing to comply with instructions and recommendations;
- to assist the clinicians in compiling a complete record by authorizing the Student Health Service to obtain necessary medical information from appropriate sources;
- to inform staff if he/she has a prescription card or new health insurance information at the time of appointment;
- to keep appointments on time; or cancel appointment in a timely manner.
- to respect the Health Center policies.

We recommend that students bring the following items to college:

- Health Insurance Card
- Thermometer
- Band-aids
- Analgesics (ie: Ibuprofen, Acetaminophen)
- Nasal Decongestants
- Cough Syrup/Cough Drops
- Tissues
- Hand Sanitizer