

SARAH • LAWRENCE • COLLEGE

Dear Incoming Student,

On behalf of the staff of Sarah Lawrence College Health & Wellness Center, I would like to extend to you a warm welcome to Sarah Lawrence College. In order to provide you with the most comprehensive care while you are at Sarah Lawrence College, we **require** the completion of **all** health forms.

The **required** admission health forms are due by **June 15th, 2016**. Please use the following checklist to ensure all required documentation has been submitted.

- **Start by printing this packet (6 pages).**
- **Have your physician complete and sign the following forms. Return both forms to Health Services (upload in MySLC, mail or fax) by June 15th, 2016:**
 - ☐ Physical Examination Form
 - ☐ Tuberculosis (TB) Risk Factor Screening Form
- **Read the following forms:**
 - ☐ Immunization Fact Sheet
 - ☐ Meningococcal Disease Information Sheet
- **Go to MySLC portal at <http://my.slc.edu/health/requiredforms/> to complete and submit the following information by June 15th, 2016:**
 - ☐ Required Online Medical History
 - ☐ Required Online Immunizations (**Enter online and submit hard copy by upload, mail or fax**)
 - **2 MMR (Measles, Mumps, Rubella) vaccinations OR proof of immunity by titer results are required by New York State law**
 - **Meningitis (required unless waived in online medical history form)**

Without the required forms and immunization information, you will NOT be:

- **issued a room key for on-campus housing**
- **issued your student ID**
- **allowed to begin classes**

All documentation must be received by June 15th, 2016. **Please keep a copy for your records and return completed forms by upload in MySLC, mail or fax to:**
Sarah Lawrence College Health & Wellness Center
One Mead Way
Bronxville, NY 10708
Fax: (914) 395-2640

Questions can be directed to SLC Health & Wellness Center at healthservices@sarahlawrence.edu or call **(914) 395-2350**. For more detailed information about SLC Health & Wellness Center, please go to: www.sarahlawrence.edu/healthservices. We look forward to your arrival on campus.

Sincerely,
Mary Hartnett, R.N.
Director of Medical Services
Sarah Lawrence College Health & Wellness Center

PHYSICIAN'S FORM-SIGNATURE REQUIRED**RETURN FORMS:**

By upload in MySLC
 Mail: SLC Health & Wellness Center
 1 Mead Way, Bronxville, NY 10708
 or Fax: (914) 395-2640

PHYSICAL EXAMINATION

To the examining Physician: Please complete this form. Please comment on all positive answers. This student has been accepted and the information supplied will not affect admission status. It will be used for continuity of care and for sports clearance.

Last name _____	First _____	Middle initial _____	Date of birth ____/____/____	Gender _____
BP _____	Urinalysis:	Last Menstrual Period _____		
Pulse _____	Sugar _____	Corrected Vision R ____/____ L ____/____		
Height _____	Albumin _____	ALLERGIES _____		
Weight _____	Micro. _____			
BMI _____	Hematocrit _____			

Are there abnormalities of the following systems? Describe fully. Use additional sheet if needed.

	Yes	No	Describe
Ears, Nose, Throat	_____	_____	_____
Respiratory	_____	_____	_____
Cardiovascular	_____	_____	_____
Gastrointestinal	_____	_____	_____
Hernia	_____	_____	_____
Genitourinary	_____	_____	_____
Muscle tone/strength	_____	_____	_____
Joint Abnormalities	_____	_____	_____
Metabolic/Endocrine	_____	_____	_____
Neurologic	_____	_____	_____
Dermatologic	_____	_____	_____
Psychiatric	_____	_____	_____

Is patient now under treatment for any medical condition? Yes ____ No ____

If yes, your recommendations _____

Is patient now under treatment for any mental health condition? Yes ____ No ____

If yes, your recommendations _____

Is this patient currently taking prescription medication? List below if yes. Yes ____ No ____

Recommendations for physical activity/intercollegiate activities

Unlimited ____ Limited ____ Explain: _____

IMMUNIZATION FORM **REQUIRED FOR REGISTRATION**

Complete below or attach copy of immunization record

****** REQUIRED IMMUNIZATIONS ******

Persons born before 1957 are exempt from this requirement.

MMR #1 given at >1 year of age ____/____/____

MMR #2 given >28 days after dose #1 ____/____/____

OR

proof of Measles, Mumps, Rubella immunity by titer:
 must attach copy of laboratory titer results.

RECOMMENDED IMMUNIZATIONS

Dtap ____/____/____

Tdap ____/____/____

Hep A #1 ____/____/____ #2 ____/____/____

Hep B #1 ____/____/____ #2 ____/____/____ #3 ____/____/____

Varicella ____/____/____ or illness ____/____/____

Meningitis vaccine Type: _____

Date (within 5 years): ____/____/____

Physician's Signature

Physician's Name (must print or stamp)

Date of exam

Address (must print or stamp)

Telephone No.

Fax No.

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Tuberculosis (TB) Risk Factor Screening (Part I)

 Last Name First Name Middle Initial Date of Birth

Please review your patient's risk factors using the following 6 factors.

Tuberculin testing is only indicated for individuals with any of the following risk factors for TB:

- ☐ 1. History of exposure to anyone with TB.
- ☐ 2. Immigration from a country with a high incidence of TB (including countries of Asia, Africa, Eastern Europe, Central and South America) - Countries **not** listed in below table.
- ☐ 3. Travel to high-incidence country (**not** listed in below table) where housing was with family members or local residents- not hotels, resorts, etc.
- ☐ 4. Household contact with parents or others who immigrated from a country with a high incidence of TB (**not** listed in below table) and tuberculin status unknown.
- ☐ 5. Exposure to individuals in the past 5 years who are HIV-infected, homeless, institutionalized, users of illicit drugs, incarcerated (test all groups every 2-3 years).
- ☐ 6. Immunocompromised (HIV infection (test yearly), diabetes mellitus, chronic renal failure, malnutrition, reticuloendothelial diseases, other immunodeficiencies or receiving immunosuppressive therapy).

Countries/Areas with **low rates** of Tuberculosis (TB)

Australia	Czech Republic	Iceland	Monaco	Sweden
Austria	Denmark	Ireland	Netherlands	Switzerland
Belgium	Finland	Israel	New Zealand	U.S.A.
Canada	France	Italy	Norway	United Arab Emirates
Chile	Germany	Jordan	Slovakia	U.K.
Cyprus	Greece	Luxembourg	Slovenia	

PHYSICIAN TO COMPLETE ITEM A OR B and sign below:

A. ☐ No risk factors were identified and the Tuberculin Skin Test (TST) or IGRA Test was not performed.

B. ☐ A risk factor has been identified according the above assessment and the TST or IGRA Test was performed.

Note: Test must be within 6 months of the first day of classes at SLC. Patients with a history of a previous positive should not be retested. Document positive results and continue to Part II on next page.

TST (Mantoux): Placed ____/____/____ Read: ____/____/____ Result: _____mm *
 mm/dd/yyyy mm/dd/yyyy **(*If 5mm or more, complete Part II – next page)**

IGRA: Date ____/____/____ Result: Negative ☐ *Positive ☐ **(*If positive, complete Part II next page)**
 mm/dd/yyyy

 Physician's Signature Physician's Name (must print or stamp) Date of exam

 Address (must print or stamp) Telephone No. Fax No.

Tuberculosis (TB) Risk Factor Screening (Part II)_____
Last Name_____
First Name_____
Middle Initial_____
Date of Birth**Interpretation of Results**

Risk Factor	Positive Result
Close contact with case of TB or is immunocompromised	5 mm or more
Born in country with a high rate of tuberculosis	10 mm or more
Traveled or lived for a month or more in a country with a high rate of tuberculosis	10 mm or more
No risk factors	15 mm or more

If Tuberculin Skin Test is Positive, now or previously, the following are required:

1. Date of Positive TST or IGRA: Date: ____/____/____
2. Is this a recent conversion (within the past 2 years)? Yes No
3. Chest X-ray: **(Please attach copy of report)**
☐ Normal
☐ Abnormal _____
(Describe)
4. Clinical Evaluation:
☐ Normal
☐ Abnormal _____
(Describe)
5. Medication Treatment Initiated:
☐ Offered treatment and patient declined
☐ No (reason) _____
☐ Yes (Drug, Dose, Frequency, Dates Initiated/Completed) _____

Physician's Signature_____
Physician's Name (must print or stamp)_____
Date of exam_____
Address (must print or stamp)_____
Telephone No._____
Fax No.

REQUIRED READING BY STUDENT

Sarah Lawrence College Health & Wellness Center Immunization Fact Sheet

Students born on or after January 1, 1957 are
REQUIRED TO SHOW PROOF OF IMMUNIZATION

Immunization requirements:

- **Measles Immunization:**

- Two injections on or after January 1, 1968 (at least 28 days apart) administered no more than 4 days before the student's first birthday.

Immunizations administered prior to January 1, 1968 are acceptable if there is proof that a live vaccine was used.

- Or provide the date of the physician-documented disease.
- Or provide a Positive Immune Titer.

- **Mumps Immunization:**

- One injection on or after January 1, 1969 administered no more than 4 days before the student's first birthday
- Or provide the date of the physician-documented disease.
- Or provide a Positive Immune Titer.

- **Rubella Immunization:**

- One injection on or after January 1, 1969 administered no more than 4 days before the student's first birthday.
- Or provide a Positive Immune Titer (Proof of disease not acceptable).

- **Meningitis:**

- The student* must indicate one of the following:
 - a. That the student has had the meningococcal vaccination within the past five years as documented on the students immunization record, or
 - b. An acknowledgement of reading the risks of meningococcal disease and refusal of the Meningococcal Vaccine as documented on the Medical History form.

* or parents/guardian of students if student is under the age of 18

REQUIRED READING BY STUDENT

Sarah Lawrence College Health & Wellness Center Meningococcal Disease Information

Information for College Students and Parents of Children at Residential Schools New York State Department of Health Bureau of Communicable Disease Control

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become inflamed, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the “meningitis belt” in Africa
- Living with a damaged spleen or no spleen
- Being treated with Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms. Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to 15 percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your health care provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y. The first dose is given at 11 to 12 years of age, and the second dose (booster) at age 16.
 - It is very important that teens receive the booster dose at age 16 in order to protect them through the years when they are at greatest risk of meningococcal disease.
 - Talk to your health care provider today if your teen has not received two doses of vaccine against meningococcal strains A, C, W and Y.
- Teens and young adults can also be vaccinated against the “B” strain. Talk to your health care provider about whether they recommend vaccine against the “B” strain.

Others who should receive the vaccine include:

- Infants, children and adults with certain medical conditions
- People exposed during an outbreak
- Travelers to the “meningitis belt” of sub-Saharan Africa
- Military recruits

Please speak with your health care provider if you may be at increased risk.

What are the meningococcal vaccine requirements for school attendance?

As of September 1, 2016, children entering grades 7 and 12 must be immunized against meningococcal disease strains A, C, W and Y according to the recommendations listed above.

Is there an increased risk for meningococcal disease if I travel?

- Meningococcal disease and outbreaks occur in the United States and around the world. The disease is more common in the “meningitis belt” of sub-Saharan Africa. The risk is highest in people who visit these countries and who have prolonged contact with local populations during an epidemic.
- To reduce your risk of illness, wash your hands often, maintain healthy habits such as getting plenty of rest and try not to come into contact with people who are sick.

Travel and meningococcal disease:

wwwnc.cdc.gov/travel/diseases/meningococcal-disease

Learn more about meningococcal disease:

www.cdc.gov/meningococcal/

For more information about vaccine-preventable diseases:

www.health.ny.gov/prevention/immunization/