

Dear Student,

The **Wellness Center** would like to welcome you to SUNY Niagara. Please read the entire *Health Services Packet* very **carefully**. **Complete** the form at the end of the packet, and **return** it to the Wellness Center, C-122.

The *Health Services Packet* contains:

**1. STUDENT LETTER REGARDING MENINGITIS**

**2. IMMUNIZATION/ MENINGITIS RESPONSE FORM**

**\*\*New York State Public Health Laws** require students to submit proof of immunity to **Measles, Mumps, and Rubella, and documentation regarding Meningitis\*\***

If you were born on or after **January 1, 1957, YOU MUST SUBMIT PROOF OF IMMUNIZATION RECORDS: 2-MEASLES, 1-MUMPS, and 1-RUBELLA** (minimum) and/or **BLOOD TITER** documentation. **\*Note: It is STRONGLY recommended to receive 2 MMR (Measles, Mumps, Rubella) vaccinations.**

*After reading the Meningitis information, make an informed decision on whether or not to receive the **Meningitis vaccine**. Official documentation is required as proof of vaccination. Complete and return this form to the Wellness Center. (Regardless of age)*

**3. HEALTH HISTORY FORM**

*Please Note: This form is a voluntary disclosure; therefore, it is not mandatory. The information is completely **confidential**. It will make us aware of any health problems/issues you may have, and will provide information that may be useful to our office in case of illness or injury. The form will be filed in the Wellness Center.*

Please **complete** and **return** the required information to avoid any delays in your **registration process**.

The **Wellness Center** is located in the **Science Building, Room C-122**. Please feel free to stop in or call: **(716) 614-6275**. You may **fax** the required **health information** to our office at: **(716) 614-6817**.

*Please Note:* You may also email your information to: [wellnesscenter@niagaracc.suny.edu](mailto:wellnesscenter@niagaracc.suny.edu)



Dear Student:

As the college health service director at SUNY Niagara, I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and a law in New York State. New York State Public Health Law (NYS PHL) 2167 requires institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus.

SUNY Niagara is required to maintain a record of the following for each student:

- A record of meningococcal meningitis immunization

**OR**

- An acknowledgment of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student (or parent/guardian if student is a minor).

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 amputation and even death.

Cases of meningococcal disease in the United States have increased sharply since 2021 and now exceed pre-pandemic levels. In 2023, 422 confirmed and probable meningococcal disease cases were reported in the United States. This is the largest number of U.S. meningococcal disease cases reported since 2014. Much of the increase in meningococcal disease is driven by *Neisseria meningitidis* serogroup Y.

Approximately 37 to 69 cases of meningococcal disease occur on college campuses each year, and 2 to 4 students will die as a result. Vaccines are available and recommended for all first-year college students, especially those living in a residence hall. However, any college student can receive the vaccine to decrease their chances of getting meningococcal disease.

There are vaccines that protect against four types of meningococcal disease, including 2 of the 3 types most common in the United States (serogroup C, Y, and W-135) and a type that causes epidemics in Africa (serogroup A). These types account for nearly two thirds of meningitis cases among college students. There are also vaccines that protect against meningitis serogroup B.

Meningococcal meningitis vaccines are available from the Niagara County Health Department, Erie County Medical Center, some Pharmacies, and some physician's offices. The cost of the vaccines range from approximately \$100-\$200. *You may want to check with your health insurance provider as they may cover the cost of pre-college immunizations.* The vaccines are not available at SUNY Niagara.

To learn more about meningitis and the vaccine, please feel free to contact your physician or a Nurse in the Wellness Center at: (716) 614-6275. I also encourage you to carefully review the online meningitis information. Additional information is available on the websites of the New York State Department of Health: <http://www.health.state.ny.us/>; the Centers for Disease Control and Prevention at: <https://www.cdc.gov/vaccines/vpd/mening/public/index.html>; and American College Health Association: [www.acha.org](http://www.acha.org)

**Please complete the form and return it to the Wellness Center, C-122, to avoid delays in your registration process.**

Sincerely,



Cheri Yager MSN, BSN, RN  
Supervisor of College Nursing Services/Wellness Center



Niagara Falls Culinary Institute  
28 Old Falls St.  
Niagara Falls, NY 14303  
716-210-2525  
nfculinary.org



NCCC Foundation, Inc.  
3111 Saunders Settlement Rd.  
Sanborn, NY 14132  
716-614-5910  
niagaracc.suny.edu/foundation



SBDC  
3111 Saunders Settlement Rd.  
Sanborn, NY 14132  
716-210-2515  
niagarasbdc.org

NIAGARA COUNTY COMMUNITY COLLEGE  
WELLNESS CENTER

3111 Saunders Settlement Road • Sanborn NY 14132-9460 • (716) 614-6275 phone • (716) 614-6817 fax

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID#: \_\_\_\_\_  
(please print)

**New York State Public Health Law requires that ALL college and university students read the enclosed information regarding Meningitis, complete and sign this form, and return it to Niagara County Community College Wellness Center, Room C122.**

**Check One Box and Sign Below:**

**I have:**

had the meningococcal meningitis immunization. **(Official Documentation REQUIRED)**

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may also choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

**I have:**

read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **NOT** obtain immunization against meningococcal meningitis disease.

\_\_\_\_\_  
Student Signature (Parent/Guardian of student under 18 years of age) Date

**New York State Public Health Law requires persons born on or after January 1, 1957, to provide the following immunizations - All dates must include MONTH, DAY and YEAR. This section to be completed by health care providers in lieu of, or in addition to, an official copy of immunization records.**

**MEASLES (RUBEOLA) IMMUNITY:**

A. MMR(two doses) administered on or after first birthday and after January 1, 1972.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**OR**

B. Must have **one** of the following:

1. TWO Dates of Measles Immunization \*(1) \_\_\_\_\_ \*(2) \_\_\_\_\_ **Both must have been given after 1/1/68 AND on, or after, first birthday.**

**OR** 2. Date of positive Measles Titer \_\_\_\_\_ Results \_\_\_\_\_ Copy of titer REQUIRED.

**OR** 3. Date and Signature of Physician that diagnosed Measles \_\_\_\_\_

**MUMPS IMMUNITY:**

Must have **one** of the following:

1. Date of ONE Mumps Immunization \_\_\_\_\_ Must have been given after 1/1/69 AND on, or after, first birthday.

**OR** 2. Date of positive of Mumps Titer \_\_\_\_\_ Results \_\_\_\_\_ Copy of titer REQUIRED.

**OR** 3. Date and Signature of Physician that diagnosed Mumps \_\_\_\_\_

**RUBELLA (GERMAN MEASLES) IMMUNITY:**

Must have **one** of the following:

1. Date of ONE Rubella Immunization \_\_\_\_\_ Must have been given after 1/1/69 AND on, or after, first birthday.

**OR** 2. Date of positive Rubella Titer \_\_\_\_\_ Results \_\_\_\_\_ Copy of titer REQUIRED.

\_\_\_\_\_  
Signature of Health Care Provider Required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

## Health History

This page is to be filled out by the student to better assist the staff in the Wellness Center in meeting any medical needs. The information on this form is to be disclosed voluntarily, is completely confidential, and will be filed in the Wellness Center.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
last first middle initial

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
street city state zip code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

College(s)/Universities \_\_\_\_\_ Dates of attendance: \_\_\_\_\_  
attended since 1990:

### EMERGENCY NOTIFICATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### PERSONAL MEDICAL HISTORY

Please x below if you have had or are currently under treatment for any of the following: (Please explain all X's marked below)

ADD <input type="checkbox"/>	Cerebral Palsy <input type="checkbox"/>	Hepatitis <input type="checkbox"/>	Seizures <input type="checkbox"/>
ADHD <input type="checkbox"/>	Chicken Pox <input type="checkbox"/>	High Blood Pressure <input type="checkbox"/>	Skin Disorders <input type="checkbox"/>
Alcoholism <input type="checkbox"/>	Chronic Bronchitis <input type="checkbox"/>	Hypoglycemia <input type="checkbox"/>	Substance Abuse <input type="checkbox"/>
Anemia <input type="checkbox"/>	Colitis/Irritable Bowel <input type="checkbox"/>	Kidney Disorder <input type="checkbox"/>	Thyroid Disease <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Deafness <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Tuberculosis or TB Exposure <input type="checkbox"/>
Anxiety <input type="checkbox"/>	Depression <input type="checkbox"/>	Low Blood Pressure <input type="checkbox"/>	Whooping Cough <input type="checkbox"/>
Arthritis <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Mental Health <input type="checkbox"/>	<b>FEMALES:</b>
Asthma <input type="checkbox"/>	Emotional Disorder <input type="checkbox"/>	Migraine Headaches <input type="checkbox"/>	Irregular Periods <input type="checkbox"/>
Back/Spine Disorder <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Mononucleosis <input type="checkbox"/>	Severe Cramps <input type="checkbox"/>
Bipolar Disorder <input type="checkbox"/>	Fainting Spells <input type="checkbox"/>	Multiple Sclerosis <input type="checkbox"/>	Excessive Flow <input type="checkbox"/>
Bulimia <input type="checkbox"/>	GERD <input type="checkbox"/>	Orthopedic Problems <input type="checkbox"/>	Other _____
Cancer <input type="checkbox"/>	Heart Disease/Disorder <input type="checkbox"/>	Peptic Ulcer <input type="checkbox"/>	_____

Explanation for any marked boxes above: \_\_\_\_\_

Do you have a medical condition that impairs your vision?  No  Yes Do you wear glasses?  No  Yes

Do you wear contact lenses?  No  Yes Is your hearing impaired?  No  Yes Do you have frequent headaches?  No  Yes

**ALLERGIES:** (An allergy is a skin rash, hives, joint pain, swollen glands, stuffy nose and/or fever after exposure to something to which you are allergic.)

Do you have any allergies?  No  Yes If "YES", check items to which you are allergic

Environmental  Medications  Bee Stings  Foods  Other

Explain allergy(s) \_\_\_\_\_

Do you have a LATEX allergy?  No  Yes If "YES", what are your symptoms? \_\_\_\_\_

Do you take an allergy vaccine or medications?  No  Yes If "YES", please list \_\_\_\_\_

Have you ever had surgery?  No  Yes if "YES", list date(s) and reason(s) \_\_\_\_\_

Have you had any serious injury?  No  Yes If "YES", list with dates) \_\_\_\_\_

Do you have any limitations on activities?  No  Yes If "YES", Explain \_\_\_\_\_

### DISABILITY:

Do you have any physical disability?  No  Yes If "YES", what? \_\_\_\_\_

Do you use any device? (i.e. wheelchair, crutches, other)?  No  Yes If "YES", please list \_\_\_\_\_

**SUNY NIAGARA - WELLNESS CENTER**  
**3111 SAUNDERS SETTLEMENT ROAD**  
**SANBORN, NY 14132**  
**PHONE: (716) 614-6275 FAX: (716) 614-6817**  
**MENINGITIS VACCINATION RESPONSE FORM**

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID # @ \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

<p><b>What is meningitis?</b> Meningitis is a bacterial or viral infection of the bloodstream or meninges (a thin lining covering the brain and spinal cord). Knowing whether meningitis is caused by a virus or bacterium is important because of the severity of illness and the treatments differ. Meningococcal disease is caused by the bacterium <i>Neisseria meningitidis</i> which has at least 13 different subtypes. It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the U.S., however <b>10-15%</b> of people who get meningitis <b>die</b> from the disease. Among the survivors, approximately <b>1 in 5 live with permanent disabilities</b>, such as brain damage, hearing loss, loss of kidney function, or limb amputations.</p> <p><b>How is the disease spread?</b> Meningococcal disease is transmitted through the air via droplets of respiratory secretions and direct contact. The disease is spread person-to-person through exchange of respiratory and throat secretions (i.e. shared items such as cigarettes, drinking glasses, eating utensils, or through intimate contact such as kissing). Although anyone can come in contact with the bacteria that causes this disease, data also indicates certain social behaviors may put 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.</p> <p><b>What are the symptoms?</b> The early symptoms usually associated with meningococcal disease include 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, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. In overwhelming infections, shock, coma, and death can follow within several hours, even with appropriate medical treatment.</p> <p><b>What is the treatment for meningococcal disease?</b> A number of effective antibiotics can be used. It is critical to start treatment early to avoid death or permanent disabilities. One in five who survive will suffer from long-term side effects such as brain damage, hearing loss, seizures, or limb amputation.</p>	<p><b>Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?</b> Meningitis is contagious and progresses very rapidly. 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 with antibiotics to prevent them from getting the disease. Casual contact as might occur in a regular classroom, office, or factory setting is not usually significant enough to cause concern.</p> <p><b>Should college students be vaccinated against meningococcal disease?</b> College freshmen living in residence halls, are at an increased risk of meningococcal disease relative to other people their age. The MCV4 vaccine is recommended for previously unvaccinated first-year college students, age younger than 22 years, who are or will be living in a residence hall.</p> <p><b>Is there a vaccine to prevent meningococcal meningitis?</b> Presently, there are vaccines that will protect against some of the strains of meningococcus. It is recommended for college students, in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur. Meningococcal meningitis vaccines are available from the local health departments, primary doctors, and pharmacies. cost of the vaccines range from approximately \$100-\$200. Many health insurance providers cover the cost of the vaccines. Without insurance, the cost of the vaccines ranges from approximately \$100-\$200. The vaccines are not available at SUNY Niagara.</p> <p><b>Is the vaccine safe and how long does it provide protection?</b> The vaccine is very safe and adverse reactions are mild and infrequent. The meningococcal vaccine's efficacy may last five years or longer.</p> <p><b>Additional information</b> is also available on the websites of the New York State Department of Health: <a href="http://www.health.state.ny.us/">http://www.health.state.ny.us/</a>; the Centers for Disease Control and Prevention: <a href="http://www.cdc.gov/DiseasesConditions/">http://www.cdc.gov/DiseasesConditions/</a>; and American College Health Association: <a href="http://www.acha.org">www.acha.org</a></p>
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I read, or have had explained to me, the information regarding meningococcal disease. I have **decided, I (my child) will not obtain immunization against Meningococcal ACWY disease.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (To be completed and signed by parent/guardian if student is a MINOR)