HEALTH ASSESSMENT FORM

❑ **Student age 18 & over** ❑**Student under age 18 (minor)** ❑**Monroe Student/ Staff**

Last Name First Name MI

Age:_____Date of Birth: _____/_____/_____ Gender: ❑Male ❑Female

House No & Street Address or P.O. Box City State Zip Code

Home Phone No. Cell Phone No. E-Mail Address

Emergency Contact Phone:_____Relationship (Parent, Guardian, Spouse etc.)_____

Health Insurance Name &Policy Number_____Policy Holder/DOB: _____

Personal Physician (Name & Address): _____

HEALTH HISTORY *Must be completed in its entirety* **Student Id**_____

Allergies to medications/ food/ other:_____Reactions:_____/_____/_____

Place one check in the appropriate column that corresponds to each item. If "yes" provide details and dates:

	Yes	No		Yes	No		Yes	No
Convulsive Disorder			Skin Rashes			Chicken Pox		
Diabetes			High Blood Pressure			Frequent Diarrhea		
Emotional Problems			Kidney Disease			Short of Breath		
Headaches			Anemia			Weight loss/ gain		
Asthma			Tuberculosis			Cigarette Smoking		
Alcohol Abuse			Eating Disorder			Night Sweats		
Depression			Hepatitis			Heart Disease		
Drug Abuse			Sexually Active			Feel Safe *		

Details and dates: _____

Hospitalization/ Surgical Procedures: _____

Provide history of medical conditions/current medications: _____

I affirm the above information is complete and accurate to the best of my knowledge:

Signature of Student (Parent or Guardian is Student is a minor):_____Date: _____

Authorization for Monroe College Student Health Services Office to Provide Health Services and/or Emergency health care

Student's Name_____Student ID_____Date of Birth_____

The student is aware of the Monroe College Health Services Office and may utilize the services offered by the Health Services Office. The student represents that there is no physical or mental condition requiring any special consideration, therapy or treatment, which has not been made known in a letter addressed to Health Services Office at Monroe College.

The student understands that in the event emergency health care is required, the Health Services Office will make every effort to contact the student's parents, guardian or next of kin as soon as possible but in an emergency it is understood that initial emergency treatment may necessarily precede communication with the student's family, parents, guardians or next of kin.

The student understands that while the Health Services Office always makes every effort to secure quality health care and emergency medical care for the student, the College, its Trustees, officers, employees and agents are not responsible for any harm to the student which results from the negligence of third parties in providing such care.

The student understands that selection of healthcare is a personal decision and the student is free to obtain health care services from any other source available to the student. When the student selects the Health Services Office for health care, it is understood that the decision is freely made by the student and the student's parent or guardian if the student is a minor under the laws of New York. The parent or guardian consents to health care provided to the minor by the Health Services Office at Monroe College

_____ _____

Name of Student Date

_____ _____

Signature (Parent/ Guardian Signature if Student is a Minor Witness

INFORMATION ON MENINGITIS

New York State Public Health Law 2167 requires all post-secondary institutions to distribute information about meningococcal meningitis and meningitis immunization to all students. 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 meningitis among teens and young adults 15-24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States – types A, C, Y and W -135. These types account for nearly two thirds of meningitis cases among college students. If you wish to obtain a vaccination against this disease, contact your physician for availability and cost. The vaccine is available in New Rochelle for an estimated cost of $100.00.

MENINGOCOCCAL MENINGITIS RESPONSE

TO BE COMPLETED AND SIGNED BY THE STUDENT OR PARENT/ GUARDIAN IF STUDENT IS A MINOR:

Check one box and sign below:

❑ I (my child) have had the meningococcal meningitis immunization within the past ten years. (Medical proof required)
Date Received:___/___/___

❑ 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.

Date: _____ Student Signature: _____

Parent/ Guardian Signature: _____ Relationship to Student: _____