

Wellness Center
for Health and Counseling

1419 Salt Springs Road
Syracuse, NY 13214-1301
315-445-4440 (Health Office)

Dear Health Professional Student: **Nursing and Occupational Therapy**

Congratulations! As Nurse Manager of the Wellness Center I would like to welcome you as a new member of the Le Moyne College Community and give you some important information related to your admission to the your program.

I would like to call your attention to the following **critical items**:

- **As a Health Professional student, you will be attending clinical affiliations offsite. It is mandatory to have your health information on file at Le Moyne College and uploaded to Castlebranch.**
- **Your entrance physical and TB testing should be done no earlier than the spring as this documentation is provided to offsite clinical programs.**
- Documentation is due 3 weeks prior to the start of classes.
- You need to provide documentation of recent CPR training to Castlebranch.

We believe that good health is the foundation of a good education. Ideally, all of our students should have a health insurance policy. If you do not currently have health coverage, Le Moyne College offers a Student Health Insurance policy through Haylor, Freyer & Coon, Inc. that is reasonably priced. More information on the insurance plan can be found at: www.haylor-college.com/lemoyne or by calling 1-800-289-1501.

If you have questions pertaining to the health forms or required laboratory titers, please contact M. Kathleen Adams, RN at 315-445-4440.

The health and safety of our students is very important to us, and compliance with Le Moyne policies helps insure the health of our community. We appreciate your full cooperation with these requirements.

Sincerely,

M. Kathy Adams, BS, RN,
Nurse Manager



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**HEALTH PROFESSIONAL STUDENTS
(OCCUPATIONAL THERAPY/NURSING)
IMMUNIZATION AND HEALTH REPORT**

Name: _____

D.O.B: _____

Contact Phone Number: _____

ORIGINAL FORM MUST BE UPLOADED TO CASTLEBRANCH OR MAILED TO:

Return to: **Le Moyne College**
Wellness Center for Health and Counseling
HEALTH SERVICES OFFICE
1419 Salt Springs Road
Syracuse, NY 13214

Phone: 315-445-4440

ALL IMMUNIZATIONS AND PHYSICAL **MUST BE COMPLETED 3 WEEKS PRIOR TO THE START OF CLASSES.** IT IS VERY IMPORTANT THAT YOU CAREFULLY READ THE ENTIRE IMMUNIZATION PAGE AND PERSONALLY VERIFY THAT ALL THE AREAS ARE COMPLETED. THE IMMUNIZATION PAGE AND THE PHYSICAL PAGE MUST BE SIGNED AND DATED AND ALL AREAS FILLED IN. ALL LAB TESTS MUST BE ACCOMPANIED BY THE LAB REPORT. PLEASE MAKE SURE IT IS ALL COMPLETE BEFORE SENDING THIS HEALTH REPORT TO STUDENT HEALTH SERVICES OFFICE. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL OR EMAIL.

You have been accepted to Le Moyne College. The information you provide on this form will not be used to influence your situation at the college. It will be used solely as an aid to provide necessary health care and to allow you to participate at your clinical sites. The information contained in this form is accessible only to the staff of the Wellness Center for Health and Counseling and will not be released without your written authorization or pursuant to a lawfully issued subpoena. The authority to request this information is found in section 355 of the Education Law.

This section to be completed by the Student

Student Name: _____ Date of Birth: _____

PERSONAL HEALTH HISTORY

ALLERGIES:	YES	NO	
Drug: _____		Food: _____	Environmental: _____
Specify reaction _____			
Do you receive allergy desensitization injections? _____			

MEDICAL OR HEALTH CONCERNS – Please check conditions/diseases you have had.

Acne	Eye injury or Disease	Migraines
Anemia	Fainting	Mitral Valve Prolapse
Anxiety	Fracture (specify)	Mononucleosis - Date _____
Arthritis	Genetic Disorder	Pneumonia/Bronchitis
Asthma	GERD	Pregnancies
Attention Deficit Disorder	Glaucoma	PTSD
Back Trouble	Heart Murmur	Rheumatic Fever
Bleeding Disorder	Heart Disease	Skin Disorder
Celiac Disease	Hepatitis	Stroke
Crohn's Disease	Herpes/STD	Substance Abuse
Concussion(s) How many _____	High/Low Blood Pressure	Thyroid Disease
Depression	IBS (Irritable Bowel Syndrome)	Tumor/Cancer
Diabetes	Irregular Menstrual Periods	Ulcer
Eating Disorder	Kidney Disease	Urinary Tract Infections
Epilepsy/Seizure	Meningitis	

Do you have an illness or condition, not listed above, for which you are now being treated? (If yes, specify.)

Chronic or long term on-going medical condition? (Please have physician write a medical summary and attach to this form.)

List any hospitalizations and/or surgeries. (Please provide type and date.)

Have you had emotional difficulties or other mental health concerns? Describe the diagnosis and treatment (e.g. hospitalizations, psychotherapy and/or medications.)

Are you currently any taking medication? (Include prescription, over the counter, vitamins/supplements, birth control, herbal medicine.)

FAMILY HISTORY

Name	Age	Medical Conditions	Cause of Death	Year of Death
Father				
Mother				
Siblings				
Children				

Confidentiality Note: The information contained on this form is privileged and confidential and may not be copied or distributed without written permission of the student.

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*** THIS FORM MUST COMPLETED BY
ALL STUDENTS WHO HAVE NOT HAD A MENINGITIS VACCINE *
MENINGITIS WAIVER RESPONSE FORM**

New York State requires that you be informed about meningococcal illness and why it is dangerous. Briefly, it is a bacterial infection that is potentially life-threatening. It often begins with symptoms that can be mistaken for flu, but unlike more common infections it can get worse very rapidly and can cause death in as little as 24 – 48 hours. It can also cause permanent disabilities such as amputations, scarring, hearing loss and brain damage. It is spread from person to person by droplets that are released by coughing or sharing eating utensils, or kissing. While anyone can get this disease, college students living in residence halls are at modestly increased risk for meningitis and may wish to consider vaccination. While the vaccine does not eliminate the risk of meningococcal illness, it is very effective in protecting against 4 of the strains of bacteria including the strain most commonly found on college campuses. More information including our meningitis policy is found on Le Moyne College Health Services website (www.lemoyne.edu/wellness), and can also be found at the CDC website (www.cdc.org) or at the American College Health Association website (www.acha.org). You can also speak with your physician regarding this important decision.

New York State Public Health Law requires that all college students either have the meningitis ACWY vaccine within the last 5 years or have Meningitis B vaccine series. Students who decline the vaccine must complete this form and return to Le Moyne College Health Services. Students will be held out of class and will not be able to register for any further classes until compliance is achieved.

Check the statement and sign below.

I have:

___ read, or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis.

Signed: _____ Date: _____
(Parent or Guardian if student is a minor)

Print Student's Name: _____

Date of Birth: _____