



MEDICAL AND IMMUNIZATION RECORD

Dear Student,

Welcome to Trocaire College. Please read the **Health Information Checklist** below, which indicates all of the Health Information needed. All required Health Information must be completed and returned to the **Wellness Center**. The medical and immunization record booklet and health forms can be found at <https://my.trocaire.edu/student-services/health-office/>

All documents can be returned to The Wellness Center by:

- Scan/E-mail as an attachment to: WellnessCenter@Trocaire.edu (***Preferred**)
- **Fax to (716) 825-0416**
- Mail to: Wellness Center, Trocaire College 360 Choate Avenue, Buffalo NY 14220
- Drop off: Wellness Center, Room 118 Choate Campus

The following information MUST be reviewed/submitted prior to registration:

(A registration appointment will **NOT** be made prior to submitting your Immunization Record)

- MEDICAL HISTORY FORM-** The information provided on this form is confidential and will be filed in The Wellness Center.
- IMMUNIZATION RECORD-** As a student you are **REQUIRED** to present your personal immunization record to the college to comply with the N.Y.S. Public Health Law 2165, which requires post-secondary students to show protection against Measles, Mumps, and Rubella.
- MENINGOCOCCAL DISEASE LETTER/ FACT SHEET-** Please read the attached letter and New York State Fact Sheet. Contact your physician or the Wellness Center with any questions or concerns.
The Meningococcal vaccination is the only optional vaccination.
- MENINGOCOCCAL VACCINATION RESPONSE FORM-** This form is **REQUIRED** per Public Health Law

For those students entering Health Science Programs the following information will be needed prior to clinical: (Students will receive notification from their academic program as to specific clinical requirements and information needed)

- PHYSICAL EXAMINATION-** This form is to be completed by your physician or certified nurse practitioner and returned to the Wellness Center.
- ANNUAL FLU SHOT**
- CPR CERTIFICATION**
- HIPAA TRAINING**

Please complete all health information required to avoid any delays in the registration process. If you have any questions or concerns, please contact the Wellness Center at (716) 827- 2579 WellnessCenter@Trocaire.edu or by stopping by the Wellness Center, which is located in Room 118 on Choate Campus.

ALL STUDENTS WILL BE PLACED ON A HEALTH HOLD UNTIL ALL REQUIRED IMMUNIZATIONS HAVE BEEN RECEIVED. THERE WILL BE NO ACCEPTIONS TO THIS RULE.



MEDICAL HISTORY FORM

Name: _____
Last First Middle

Address: _____
(Street city state zip code)

Home Phone: _____ Date of Birth: _____

EMERGENCY NOTIFICATION

Name: _____

Relationship: _____ Phone: _____

PERSONAL MEDICAL HISTORY:

Please indicate any health related issues that you would like to make the college aware of:

Health Science Students are required to grant written permission for release of information to agencies utilized for clinical experiences to assure compliance with New York State Hospital Code 405.3 (b)

In order to maintain the health and safety of their clients and meet state health laws, agencies used for clinical experience require selected information from the student record.

Permission is hereby granted to Trocaire College to release information to the above said agencies.

Student Signature Date



Information to Complete Immunization Requirements

Measles, Mumps, Rubella:

New York State Public Health Law 2165 requires all students entering a post-secondary institution to provide their health services center with proof of immunity to measles, mumps and rubella. This law applies to students born on or after January 1, 1957, who are registered for 6 or more credits (or its equivalent) regardless of degree or non-degree status at Trocaire College. **Students born prior to January 1, 1957 are exempt from the measles, mumps, and rubella requirement.*

ACCEPTABLE PROOF OF IMMUNITY MAY INCLUDE:

- (1) Immunization cards from childhood (yellow card), signed and stamped.
- (2) Immunization records from college, high school or other schools you attended.
- (3) Signed and stamped immunization record from your health care provider or clinic.
- (4) Proof of DD 214 from the armed services within 10 years from the date of application will enable the student to attend school pending actual receipt of the immunization records from the armed services.

Part 1: Immunization History

To be completed by a health care provider -- *Documentation must be included*

Provider: All dates must include month, day, and year.

- A. MMR must be live vaccine and given no more than 4 days prior to first birthday.
MMR (measles, mumps, rubella) – as combined dose.

Dose 1: _____

No more than 4 days prior to first birthday, AND on or after January 1, 1972

Dose 2: _____

At least 28 days after 1st vaccine

- OR **Measles (Rubeola) Dose 1:** Date _____
Immunized on or after Jan. 1, 1968 and first birthday

Measles (Rubeola) Dose 2: Date _____
Immunized at least 28 days after the first dose

Rubella Date _____
Immunized after 1969 and on or after first birthday

Mumps Date _____
Immunized after 1968 and on or after first birthday

- OR Titer (blood test) showing positive immunity (Dated lab results MUST be attached)
Measles, Mumps, Rubella Date _____

Varicella Vaccine – Two doses disease date or serology.

Dose #1 Date _____ Dose #2 Date _____

Disease Date _____ Serology Date _____ Immune _____

Tetanus, Diphtheria, Pertussis – One booster with in last 10 years. A single dose of TDap recommended for all students.

TDAP Date _____ TD Date _____

TST skin test – is required by all students. For Health Science students you are required to have a TST skin test done annually. Date Administered: _____

Induration: _____ mm Date/Time of Reading: _____

For PN Program Students a 2 Step TST Skin Test is REQUIRED- The TST Skin tests can be repeated a minimum of 2-3 weeks apart.

1st Date Administered _____ **Induration:** _____ **mm**

Date/Time of Reading _____

2nd Date Administered _____ **Induration:** _____ **mm**

Date/Time of Reading _____

If TST is 15mm or greater a copy of a chest x-ray is required.

HEPATITIS B 1. _____ 2. _____ 3. _____

Physician's Signature _____ Date _____

*****Signature is required to be Valid*****

Refusal to accept Hepatitis B Vaccine

I understand that due to my possible exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B Vaccination at this time I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

Student Signature _____ Print Name _____

Date _____



PHYSICAL EXAMINATION

NAME: _____

HT _____ **WT** _____ **BP** _____ **Pulse** _____

CLINICAL EVALUATION	NORMAL	ABNORMAL	DETAILS
Head, Neck, Face, Scalp			
Eyes			
Ears, Nose, Throat			
Hearing			
Mouth, Teeth			
Cardiovascular			
Chest, Lungs			
Abdomen, Viscera			
G I System			
Spine, Other Musculoskeletal			
Extremities			
Endocrine System			
Skin, Lymphatic			
Neurologic			

1. Are there any physical problems indicated by your exam **Yes or No?**

Comments: _____

2. Do you have any recommendation regarding the care of this student **Yes or No?**

Comments: _____

3. Does the student have a health impairment which would pose risk to patients or personnel or which might interfere with their duties? **Yes or No**

Comments: _____

Additional Comments: _____

Physicians Signature: _____ **Print Name:** _____

Date: _____ **Phone:** _____



MENINGOCOCCAL VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Trocaire College Health Office.

Check one box and sign below.

I have (for students under the age of 18: My child has):

- had meningococcal immunization within the past 5 years. The vaccine record is attached.
Date Received: _____

[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 choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

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

Signed _____
(Student or Parent / Guardian if student is a minor)

Date _____

Print Student's name _____

Student _____ / ____ / ____
Date of Birth

Student E-mail address _____

Student ID# _____

Student Mailing Address _____

Student Phone number () _____