Mandatory Neosho County Community College Immunization Form

Neosho County Community College requires all students living on campus to present documentation showing immunity to Measles, Mumps, and Rubella and demonstrate a negative history for active tuberculosis.

Please complete and return this form, along with copies of your health documents, directly to the Residential Life Office prior to starting school. Students who do not complete and turn in this form will have a hold placed on their account and will not be allowed to register for their second semester at NCCC until it is completed.

<table>
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<tr>
<th>REQUIRED Measles/Mumps/Rubella Policy</th>
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Students born on or after January 1, 1957 must comply with the MMR immunization policy, which requires two (2) vaccines against measles. A copy of an immunization record documenting the vaccines is required.

Examples of acceptable documents include:
- Copies of personal immunization records or baby book records
- Copies of physician office or Health Department immunization records
- Copies of high school or previous college immunization records
- Copies of medical records from personal health provider or hospital
- Copy of Rubella titer (measles)

The following record completed and signed by health care provider.

**MMR (Measles/Mumps/Rubella):** Please include the month/date/year below.

<table>
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<tr>
<th>Dose 1:</th>
<th>Dose 2:</th>
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The first measles vaccine or combination measles/mumps/rubella vaccine must have been given at age 12 months or later.

The second dose must be given as measles/mumps/rubella at least one month after the first dose.

**HEALTH CARE PROVIDER NAME____________________
ADDRESS/PHONE NUMBER______________________________________
SIGNATURE____________________________________________________

<table>
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<th>REQUIRED Tuberculosis Policy</th>
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Please read each of the following statements and check all that apply:

- I am from or have visited Asia, Africa, Mexico, Central or South America or Eastern Europe. (These are countries or regions where TB is endemic)
- I have been diagnosed with a chronic medical condition that may impair my immune status.
- I am or have been a health care worker.
- I have been a volunteer or an employee of a nursing home, prison, homeless shelter, AIDS facility or other residential institutions.
- Someone in my family or with whom I have close contact has or had active TB.
- I have one or more of the following symptoms:
  - Chronic cough
  - Unexplained weight loss
  - Spitting or coughing blood
  - Loss of appetite
  - Extreme weakness
  - Night sweats
- I have had a positive TB skin test (You must provide documentation of a negative chest x-ray taken in the past year AND/OR documentation of acceptable treatment regimen taken for latent TB (include length of treatment, dates and medications taken).
- I have had active TB (You must provide documentation of a negative chest x-ray taken on the past year OR documentation of acceptable treatment regimen taken for active disease (include length of treatment, dates and medication taken).

If none of these statements apply to you, please check here_____.

If you checked yes to any of the statements, you must provide documentation of one of the following:
- Negative TB skin test in the last year (attach copy) or
- Chest x-ray negative for active TB in the past year (attach copy) or
- Records of treatment regimen taken for TB provided (attach copy)
NEOSHO COUNTY COMMUNITY COLLEGE
STUDENT HEALTH FORM

The information on this form is a confidential health record and will be kept in the Residence Life Office. This information will be used to provide healthcare to the student in the event of an emergency.

Personal Information:

Name: ___________________________ Date of Birth: ___________________ Student ID#_______________________
(Print-Last/First/MI)

Home Address: ______________________ ______________________ Sex: M F
(Street Address) (City/State/Zip)

Personal Medical Information:

Please list any known allergies: ___________________________
Medications currently taking: (including prescription, birth control, over the counter, herbal)

Chronic Health Conditions? Please Circle all that apply: (ADHD, Anemia, Seizure Disorder, Depression, Diabetes, Disability/handicap, Hearing Loss, Eye Disease, Heart Disease, High Blood Pressure, Stomach problems, Sickle Cell Anemia, Sinus Problems, Skin Problems) Other:

Hospitalizations/Surgeries (You felt would be important to know when dispensing healthcare)

Emergency Contact Information:

Person to notify in case of an emergency: __________________________ Relationship __________________________
Telephone number: Home (______) ___________________ Work (______) __________________________

Alternate Person: __________________________ Relationship __________________________
Telephone number: Home (______) ___________________ Work (______) __________________________

Insurance Information:

You may attach a photocopy of your insurance card to this form or fill out the following information.
Name of Health Insurance Company: __________________________ Policy __________________________
Owner of Policy (Name of Main Insurer) __________________________
Name address and telephone number to file claim __________________________

I have reviewed the information and verify to the best of my knowledge it is true and accurate.
I give authorization to administer medical services, procedures, and/or immunizations as deemed necessary. I also authorize NCCC to contact the individual(s) listed in my “Emergency Contact Information” in the event of a health-related emergency.

______________________________ __________________________
Signature of Student Date

______________________________ __________________________
Signature of Parent (if under 18) Date
Meningitis Health Information Facts

Students residing in Neosho County Community College campus housing are required (by Kansas law) to receive the meningitis vaccination. The student must either provide written documentation of immunization or sign a waiver after reviewing the information provided that informs of the dangers of meningococcal disease and indicates that the vaccine has been declined. If a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver as well. We recommend that you obtain the vaccine from your health care provider before arriving on campus.

Non-compliant students will be placed on administrative hold following the first week of classes and remain on administrative hold until the compliance is documented with the Residence Life Office in the Student Union. Students will be unable to enroll for the following semester until the hold is released.

What is meningococcal meningitis?
Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event.

How is the germ that causes this type of meningitis spread?
The meningococcus germ is spread by direct close contact (kissing, sneezing, coughing, sharing water bottles) with the nose or throat discharges of an infected person. Many people may carry this particular germ in their nose and throat without any signs of illness.

Who gets meningococcal meningitis?
Anyone can get meningococcal meningitis, but it is more common in infants, children, and young adults. College freshmen who live in student housing have a slightly higher risk of getting this infection than others their age.

What are the symptoms?
Most individuals exposed to the meningococcus germ do not become seriously ill, some may develop a fever, headache, vomiting, stiff neck and rash. One–fourth of those who recover may have permanent damage to the nervous system. The disease occasionally causes death.

How soon do the symptoms appear?
After exposure, the symptoms will appear within two to ten days, but generally within five days.

When and for how long is an infected person able to spread the disease?
From the time a person is first infected until the germ is no longer present in nose and throat discharge the disease may be transmitted. The duration varies according to individuals and treatment course followed.

What is the treatment for meningococcal meningitis?
Penicillin is the drug of choice for treatment, although other antibiotics are very effective in eliminating the germ from the nose and mouth.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?
Only people who have been in close contact (household members, intimate contacts, etc) need to be considered for preventive treatment. Casual contact as might occur in a regular classroom or office setting is not usually significant enough to cause concern. People who think they have been exposed to meningococcal infection should contact the local health department to discuss whether treatment is advised.

Is there a vaccine to prevent meningococcal meningitis?
Presently, there are two vaccines that will protect against several of the strains of the meningococcal germ.

Is the meningococcal vaccine safe?
Vaccines, like any medicine, are capable of causing problems such as allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that are associated with the disease. Some individuals may experience mild side effects which include redness or pain at vaccine site, warm to touch, and mild fever.

Where can a student get vaccinated?
You are encouraged to consult your current healthcare provider for the vaccine.

Where can more information be obtained?
- Healthcare provider
- Local Health departments
- The Center for Disease Control (CDC): [http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm)
VERIFICATION OF VACCINATION

Printed Name ___________________________ Date of Birth: ___ / ___ / ___

Student ID or Social Security Number: ___________________________

Student Signature ___________________________________________ Date ____________

Parent/Legal Guardian Signature (if student is under 18 years of age) Date ____________

I have received the meningococcal vaccine on ___________________________ (date).

Name of Provider (or attached copy of meningococcal vaccine verification) Provider Phone Number

Address of Provider ___________________________ City ___________ State Zip ___________

Signature of Provider (or attached copy of meningococcal vaccine verification) Date ____________

WAIVER FOR THE MENINGOCOCCAL VACCINATION

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Printed Name ___________________________ Date of Birth: ___ / ___ / ___

Student ID or Social Security Number: ___________________________

Student Signature ___________________________________________ Date ____________

Parent/Legal Guardian Signature (if student is under 18 years of age) Date ____________

Please send or fax waiver and/or verification to:
Neosho County Community College
Attention: Student Housing
800 West 14th Street
Chanute, KS 66720
Fax 620-431-0082