



Fordham University

UNIVERSITY HEALTH SERVICES

Summer Leaders Academy Medical Information

Must be uploaded to the student health portal by May 15

GENERAL INFORMATION: All information is required, and entries must be written in English. Please print.

Last Name _____ First Name _____ MI _____
Preferred Name _____ D/ O / B _____
Home Address _____
Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
Email _____ Parent / Guardian Email _____

EMERGENCY CONTACT (PARENT/GUARDIAN)

1. Name _____ Relationship _____ Phone (_____) _____ - _____
2. Name _____ Relationship _____ Phone (_____) _____ - _____

Please provide the name and contact information of the individuals who can travel to Fordham University's Rose Hill campus in case of an emergency (if different than one or both student's guardian(s) listed above).

1. Name _____ Relationship _____ Phone (_____) _____ - _____

_____ Please check here if the student's guardian(s) will be out of the United States in part or for the entirety of the Program.

HEALTH INSURANCE INFORMATION

All students are required to have health insurance that meets ACA (Affordable Care Act) requirements.

Cardholder _____ Relationship _____
Guarantor _____ D/ O / B _____
Insurance Company _____ Group No. _____
Policy No. _____ Member ID. No. _____

Please upload a copy of the front and back of the insurance card to your student health portal along with this completed form.

Name of Primary HealthCare Provider _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

Address _____

Note: University faculty and staff cannot administer medications to any student. The student should be capable of self-administering the medication(s) or scheduling the dose for before arrival to or after departure from the Program.

CONSENT FOR MEDICAL TREATMENT OF MINORS (Mandatory for Students Under the Age of 18)

To provide medical evaluation or treatment to minors, permission is necessary by law. All students under the age of 18 years old require a parent's or guardian's signature submitted to University Health Services for medical treatment consent. University Health Services is available for urgent care to underage students participating in Fordham University's Summer Leaders Academy. Should our medical staff deem a student's needs require routine, emergency, or care other than that which can be provided by Fordham University Health Services, the student will be referred to or transported to a local medical facility for treatment.

I hereby grant permission for medical evaluation, treatment, and hospitalization in case of accident or illness for my minor child/legal ward. I also give permission for the release of information concerning my student's medical condition to other responsible University officials when necessary or to outside agencies for treatment on an as-needed basis.

Parent/Guardian Name(Print) _____ Date: _____

Parent/Guardian Signature _____ Date: _____

SECTION 1: MEDICAL HISTORY (To be Completed by Parent/Guardian)

Drug Allergies _____

Food Allergies/Intolerance/Environmental/Insect _____

Other Dietary Restrictions/Needs (e.g. vegan, kosher) _____

Student Requires EpiPen? _____ YES _____ NO Is Student Trained in Use? _____ N/A _____ YES _____ NO

*******If history of allergies/anaphylaxis, please complete the Allergy and Anaphylaxis Emergency Plan Form*******Medications *(Please Include ALL Prescription Medications and Over-the-Counter Medications and dosage)*

Past Medical History _____

Family Medical History _____

Traveled Out of the United States in the Last 12 Months? _____ Yes _____ No

SECTION 2: HEALTHCARE PROVIDER'S EXAMINATION (To be Completed by Provider ONLY)

Height _____ Weight _____ BMI _____ Blood Pressure _____ Heart Rate _____

Vision R _____ L _____ (Corrected/Uncorrected) Hearing _____ (Whisper Acceptable)

SYSTEM	SATISFACTORY	UNSATISFACTORY	DETAILS IF UNSATISFACTORY
HEENT			
Respiratory			
Cardiovascular			
Abdominal			
Genitourinary			
Musculoskeletal			
Skin			
Neurovascular			

Cleared for Physical Activities? _____ Yes _____ No *If not, please explain. _____

SECTION 3: TUBERCULOSIS SCREENING OR TESTING

Tuberculosis testing is mandatory for all international students and domestic students who have a positive screening questionnaire with their provider. For international students or those who may have received the BCG vaccine, the T-Spot.TB (PREFERRED) or QuantiFERON blood test is required.

Tuberculosis Screening Questionnaire Date Completed: _____ Result (Circle one) Positive / Negative

TST (PPD): Date Placed: _____ R L Forearm (Circle One) Date Read: _____ Result (in MM)* _____

PPD Test Result: _____ POSITIVE _____ NEGATIVE (Circle/Check One)

T-Spot.TB/QuantiFERON Result*: _____ (Must Include Copy of Lab Test with Completed Form)

**All positive tests require a chest x-ray within the last five years. A copy of the x-ray results must be included.*

NAME: _____ DOB: _____ Fordham A#: _____

Section III: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students and signed by health care provider)

Part I. Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? ☐ Yes ☐ No

If yes, please CIRCLE the country, below:

Afghanistan	Djibouti	Liberia	Romania
Algeria	Dominican Republic	Libya	Russian Federation
Angola	Ecuador	Lithuania	Rwanda
Anguilla	El Salvador	Madagascar	Sao Tome and Principe
Argentina	Equatorial Guinea	Malawi	Senegal
Armenia	Eritrea	Malaysia	Sierra Leone
Azerbaijan	Eswatini	Maldives	Singapore
Bangladesh	Ethiopia	Mali	Solomon Islands
Belarus	Fiji	Marshall Islands	Somalia
Belize	Gabon	Mauritania	South Africa
Benin	Gambia	Mexico	South Sudan
Bhutan	Georgia	Micronesia	Sri Lanka
Bolivia (Plurinational State of)	Ghana	Moldova (Republic of)	Sudan
Bosnia and Herzegovina	Greenland	Mongolia	Suriname
Botswana	Guam	Morocco	Tajikistan
Brazil	Guatemala	Mozambique	Tanzania (United Republic of)
Brunei Darussalam	Guinea	Myanmar	Thailand
Burkina Faso	Guinea-Bissau	Namibia	Timor-Leste
Burundi	Guyana	Nauru	Togo
Cabo Verde	Haiti	Nepal	Tunisia
Cambodia	Honduras	Nicaragua	Turkmenistan
Cameroon	India	Niger	Tuvalu
Central African Republic	Indonesia	Nigeria	Uganda
Chad	Iraq	Niue	Ukraine
China	Kazakhstan	Northern Mariana Islands	Uruguay
China, Hong Kong SAR	Kenya	Pakistan	Uzbekistan
China, Macao SAR	Kiribati	Palau	Vanuatu
Colombia	Korea (Democratic People's Republic of)	Panama	Venezuela (Bolivarian Republic of)
Comoros	Korea (Republic of)	Papua New Guinea	Viet Nam
Congo	Kyrgyzstan	Paraguay	Yemen
Congo (Democratic Republic of)	Lao People's Democratic Republic	Peru	Zambia
Cote d'Ivoire	Lesotho	Philippines	Zimbabwe
		Qatar	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence. Countries with average incidence rates of ≥ 20 cases per 100,000 population.

Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more?

(If yes, CHECK the countries or territories, above)? ☐ Yes ☐ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facility, long-term care facilities, and homeless shelters)? ☐ Yes ☐ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? ☐ Yes ☐ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M tuberculosis*

infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? ☐ Yes ☐ No

If the answer is YES to any of the above questions, Fordham University requires that you receive TB testing as soon as possible, prior to the start of the semester. Have your physician complete the Tuberculosis (TB) Clinical Assessment in Part II with additional testing and/or documentation.

If the answer to all of the above questions is NO, no further testing or further action is required. Both student and provider must sign below. You can go directly to Section IV.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Student Signature: _____ Date: _____

Provider Signature: _____ Date: _____ Provider Stamp



SECTION 4: MEASLES, MUMPS, RUBELLA

VACCINATION DATES: Two MMR vaccinations are required and must have been given **after the student's first birthday**. Please have your health care provider indicate the dates appropriately and certify the form below:

MMR Immunization:

Dose 1: ____/____/____
mo. day yr.

Dose 2: ____/____/____
mo. day yr.

MMR Titers: (Serological Proof of Immunity must be attached)

Rubella: ____/____/____
mo. day yr.

Measles: ____/____/____
mo. day yr.

Mumps: ____/____/____
mo. day yr.

SECTION 5: MENINGITIS

This part is not optional, all students must fill this part out. You must check BOTH boxes and SIGN BELOW to be in compliance with NYSDOH Public Health Law 2167. A valid date must be indicated for the meningitis ACWY vaccine. For students under the age of 18, the signature of a parent or guardian is also required.

☐

I have had the meningitis ACWY immunization **within the past 5 years of my first date of enrollment** at Fordham University.

First dose (age 11 – 12):

The date the shot was administered ____/____/____
mo. day yr.

Second dose (age 16 or over):

The date the shot was administered ____/____/____
mo. day yr.

☐

I have read or have had, explained to me, the information regarding meningococcal disease provided.

Parent/Guardian Name _____ Date: _____

Signature _____ Date: _____

SECTION 6: ADDITIONAL NYS REQUIRED VACCINES FOR SCHOOL ATTENDANCE

NYS requires all school aged children to be vaccinated and up to date with Tdap, Hepatitis B, Polio, and Varicella.

A. DTaP (Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine)

Dose 1: ____/____/____
mo. day yr.

Dose 2: ____/____/____
mo. day yr.

Dose 3: ____/____/____
mo. day yr.

Dose 4: ____/____/____
mo. day yr.

Dose 5: ____/____/____
mo. day yr.

B. Tdap (Tetanus, Diphtheria, Pertussis) (Immunization booster within last 10 years):

Date: ____/____/____
mo. day yr.

C. HEPATITIS B VACCINE

Dose 1: ____/____/____
mo. day yr.

Dose 2: ____/____/____
mo. day yr.

Dose 3: ____/____/____
mo. day yr.

D. POLIO VACCINE

Dose 1: ____/____/____
mo. day yr.

Dose 2: ____/____/____
mo. day yr.

Dose 3: ____/____/____
mo. day yr.

Dose 4: ____/____/____
mo. day yr.

E. VARICELLA VACCINE

Dose 1: ____/____/____
mo. day yr.

Dose 2: ____/____/____
mo. day yr.

Healthcare Provider's Name _____ Date of Exam _____

Healthcare Provider's Signature _____

State/ License No.* _____ Phone _____

STAMP HERE



This form will NOT be accepted without the healthcare provider's signature/stamp or license number if no stamp is available.

Fordham University Health Services:

Rose Hill Campus
O'Hare Hall
Lower Level
718-817-4160
Fax: 718-817-3218
Nurse Fax: 718-817-2221

Lincoln Center Campus
140 W 62nd St.
G-16
212-636-7160
Fax: 212-636-7164

Email: health@fordham.edu

**PLEASE ATTACH A COMPLETE COPY OF YOUR IMMUNIZATION RECORD
AND LAST PHYSICAL EXAM (WITHIN ONE YEAR)**



NYS Department of Health Meningococcal Disease Fact Sheet

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to a serious blood infection called meningococcal septicemia. When the linings of the brain and spinal cord become infected, it is called meningococcal meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one (1) year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the "meningitis belt" in Africa
- Living with a damaged spleen or no spleen or have sickle cell disease
- Living with HIV
- Being treated with the medication Soliris® or Ultomiris™, or those who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory
- Recently infected with an upper respiratory virus
- Smokers

What are the symptoms?

Symptoms appear suddenly – usually three (3) to four (4) days after a person is infected. It can take up to ten (10) days to develop symptoms. Symptoms of meningococcal meningitis may include:

- Fever
- Headache
- Stiff neck
- Nausea
- Vomiting
- Photophobia (eyes being more sensitive to light)
- Altered mental status (confusion)

Newborns and babies may not have the classic symptoms listed above, or it may be difficult to notice those symptoms in babies. Instead, babies may be slow or inactive, irritable, vomiting, feeding poorly, or have a bulging anterior fontanelle (the soft spot of the skull). In young children, doctors may also look at the child's reflexes for signs of meningitis.

Symptoms of meningococcal septicemia may include:

- Fever and chills
- Fatigue (feeling tired)
- Vomiting
- Cold hands and feet
- Severe aches or pains in the muscles, joints, chest, or abdomen (belly)
- Rapid breathing
- Diarrhea
- In the later stages, a dark purple rash

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one (1) in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. However, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to the serious, life-threatening nature of this infection.

What are the complications?

10-15 % of those who get meningococcal disease die. Among survivors, as many as one (1) in five (5) will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Nervous system problems
- Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your healthcare provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people six (6) weeks of age and older. Various vaccines offer protection against the five (5) major strains of bacteria that cause meningococcal disease:

- All preteens and teenagers should receive two doses of vaccine against strains A, C, W and Y, also known as MenACWY or MCV4 vaccine. The first dose is given at 11 to 12 years of age, and the second dose (booster) at 16 years. It is very important that teens receive the booster dose at age 16 years in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Teens and young adults can also be vaccinated against the "B" strain, also known as MenB vaccine. Talk to your healthcare provider about whether they recommend vaccine against the "B" strain.

Who should not be vaccinated?

Some people should avoid or delay the meningococcal vaccine:

- Tell your doctor if you have any severe allergies. Anyone who has ever had a severe allergic reaction to a previous dose of meningococcal vaccine should not get another dose of the vaccine.
- Anyone who has a severe allergy to any component in the vaccine should not get the vaccine.
- Anyone who is moderately or severely ill at the time the shot is scheduled should wait until they are better. People with a mild illness can usually get vaccinated.

What are the meningococcal vaccine requirements for school attendance?

- For students entering grades seven (7) through 11: one dose of MenACWY vaccine
- For students entering grade 12: two (2) doses of MenACWY vaccine
 - The second dose needs to be given on or after the 16th birthday.
 - Teens who received their first dose on or after their 16th birthday do not need another dose.

Additional Resources:

- [Meningococcal Disease – Centers for Disease Control and Prevention \(CDC\)](#)
- [Meningococcal Vaccination – CDC](#)
- [Meningococcal ACIP Vaccine Recommendations](#)
- [Travel and Meningococcal Disease](#)
- [Information about Vaccine-Preventable Diseases](#)