

Kenyon College Medical Information

Letter from the Director of Health and Counseling

Dear New Kenyon Student:

The Health and Counseling Center at Kenyon is committed to providing students with the best possible medical and counseling services during the academic year. To help us prepare for your personal health care, we ask that you carefully fill out the Medical Health History form. It is very important that your telephone number(s) be clearly marked and your health care provider(s) name, address(s) and telephone number(s) be placed appropriately.

I strongly encourage you to have a complete physical examination before you leave home. Take the Medical Health History form with you and your health care provider may complete it.

Send the completed form to the Health and Counseling Center by July 15 so that a folder may be established for you. **The information that will accumulate in your folder is completely confidential and will be released to no one, including College personnel and family members, without your written consent.**

Current immunizations are mandatory for matriculation at Kenyon. Please be sure to indicate the year you received your measles vaccine. You should have been vaccinated for measles twice: once at approximately fifteen months of age and again by the time you entered middle (or junior) high school. If not, please obtain a second measles or MMR vaccination before you come to campus. Your tetanus immunization series should also be current, including a booster within the last ten years.

It is **required** that you receive the Hepatitis B vaccination. The series of three vaccinations is given at (0), (1), and (6) months. If you initiate your series before matriculating and wish to complete the series at Kenyon, we will be happy to accommodate you. Please come in soon after your arrival to make necessary arrangements.

A medical waiver for immunizations is posted on the Health Center Web site for those wishing to be exempt from the required immunizations.

If you are under the continuing care of a physician or mental health professional, please enclose a brief description of your current medical condition and list any medications you are currently taking. Since we at the Health and Counseling Center will be providing your primary care while you are at Kenyon, we ex-

pect you to provide us with a complete description of your medical and mental health concerns. This will help us to determine if we have the resources to help you or if we may need to refer you to a specialist in the area.

Accident and sickness insurance coverage Part I is mandatory for all students and is part of your tuition and mandatory fees; this ensures access to Kenyon Health and Counseling Center care. Part II is optional if you have medical insurance through your parents and mandatory if you do not have medical insurance through your parents; it is an additional cost. In July a brochure will be mailed to you that contains a full explanation of the insurance plan. It does not cover prescription medications that may be necessitated by an illness, however. If you have medical insurance through your parents, please include a front and back copy of the insurance card when you send in the Medical Health History form. Questions regarding insurance coverage can be located on the Health and Counseling Center Web site by clicking on "Student Insurance."

While you are at Kenyon, you may have a need for prescription medications. We are able to provide you with prescriptions for medications which you may fill at pharmacies in nearby Mount Vernon. These include CVS, Foster's, K-mart, Kroger, Rite Aid, and Wal-Mart. Foster's Eastside Pharmacy in Mount Vernon can make deliveries to Kenyon student mailboxes at the Gambier Post Office. The copay will need to be charged to a credit or debit card and the bill will be enclosed with the prescription. This is a courtesy service and requires the cooperation of the student, the pharmacy, and the health center. For more information about this service, contact Foster's Eastside at eastside@fostersrx.com.

If you have any questions, feel free to contact us. Thank you for taking the time to fill out the Medical Health History form. We look forward to working with you.

Sincerely yours,

Kimber L. Cullers, CRNP
Certified Nurse Practitioner
Director of the Health Center

Medical Checklist

- Completed *Medical Health History Form* (including photograph)
- Complete list of any and all medications you are taking
- Counseling or Psychiatric history and/or needs
- Notification of any learning disabilities
- Copy of your home medical insurance card (front and back)

Current immunizations

- Measles: Must have (2) Measles or (2) MMR
- Tetanus-diphtheria booster within last ten years
- Hepatitis B series
- Tuberculin skin test (PPD), if from endemic area or high-risk group
- Any other pertinent immunizations: Polio, Hepatitis A, Varicella (Chicken Pox), HPV, Pneumonia

Kenyon College
Health and Counseling Center

Health and Counseling Center
Kenyon College
Gambier, Ohio 43022-9623
740-427-5525

Kenyon College Medical Information

Important Information about Meningitis

The following information on meningitis is being made available to you by the health center. Please read this information carefully before making any decisions about this vaccination. The Center for Disease Control (CDC) recommends that this information be distributed to college students and to parents; however, they stop short of recommending the vaccination for all students. The American College Health Association (ACHA), the CDC and the Advisory Committee on Immunization Practices, and we here at the health center hope that this information is helpful and informative.

WHAT IS MENINGITIS?

Meningitis is an inflammation of the lining surrounding the brain and spinal cord. This condition can be caused by several different organisms, such as bacteria and viruses.

One form of bacterial meningitis, meningococcal meningitis, can cause life-threatening illness. It requires early diagnosis and treatment. If left untreated it can result in death (2 to 10 percent of cases).

HOW ARE PEOPLE INFECTED WITH MENINGOCOCCAL MENINGITIS?

Meningococcal bacteria cannot live outside the human body for more than a few minutes. Therefore, only people who have had close or direct contact with an infected person are at risk for developing the disease. Exposure can include sharing eating utensils or drinking glasses, kissing or touching, or contact with droplets from the infected person's nose, throat, or other bodily secretions.

Meningococcal meningitis is not thought to be transmitted by casual contact with an infected person, such as being in the same classroom or dining area or by sharing a restroom.

People who have had close contact with an infected person within the seven (7) days prior to the onset of the illness are considered at risk for contracting the disease.

WHAT IS THE TREATMENT FOR MENINGOCOCCAL MENINGITIS EXPOSURE?

The use of prophylactic antibiotics such as Ciprofloxacin or Rifampin is generally effective in preventing development of the disease in exposed people. The meningococcal vaccine, Menomune, is not recommended for treatment of those exposed to the disease, but it is recommended for prevention.

HOW MANY CASES OCCUR EACH YEAR?

The annual rate in the United States is one to three cases per 100,000 population. Average mortality rates vary between 2 and 10 percent, or one to three per million. Early detection and treatment are crucial factors in lowering the fatality rate.

WHAT ARE THE USUAL SIGNS AND SYMPTOMS?

The most common symptoms are a sudden onset of fever greater than 101 degrees, a severe headache, a stiff neck and/or back, and mental confusion. Individuals may also notice an unusual looking rash along with the above symptoms.

Anyone experiencing the above symptoms should seek medical care immediately, as the illness can progress rapidly once the initial signs and symptoms are noted.

WHAT CAN I DO TO LOWER MY RISK OF CONTRACTING MENINGITIS?

The primary thing you can do is to maintain a healthy life-style, including adequate sleep, a balanced diet, appropriate exercise, and avoidance of smoking, heavy alcohol consumption, and excessive stress. A strong immune system is your best defense. Smoking or inhalation of secondhand smoke has been shown to increase slightly a person's risk for contracting meningitis. Good hygiene techniques, including frequent hand-washing, will reduce your risk.

IS THERE A VACCINE AGAINST MENINGOCOCCAL MENINGITIS?

Menactra is currently available and recommended to prevent meningitis in college students. The Menactra vaccine contains four of the most common types of meningococcal bacteria and results in a protective rise in antibodies in 81 to 96 percent of persons. Like any vaccine, Menactra may not provide protection from disease in every person. Two doses of MCV4 are recommended for adolescents aged 11-18: the first dose at age 11 or 12, with a booster at age 16. If the first dose is given between 13-15 years of age, the booster should be given between 16-18. If the first dose is given after the 16th birthday, a booster is not needed.

WHO SHOULD RECEIVE THE VACCINATION?

The ACHA recently recommended that all students who live in a residential college setting consider receiving the vaccine. This recommendation was based on research conducted jointly by the CDC and ACHA, which demonstrated a slightly increased risk for meningitis in residential-college students. There is no recommendation that college administrators or faculty or staff members receive the vaccine. *The CDC recommends that information about meningococcal disease and vaccine be available to students on college campuses.* Kenyon's policy is to follow the CDC recommendations.

WHAT IS THE COST OF THE VACCINE? WHAT ARE ITS SIDE EFFECTS?

The vaccine is available at the health center at a cost of \$100, which can be billed to the student's account. Side effects, which are generally minor, most commonly include redness and soreness at the site of injection.

If one does receive the immunization against meningococcal meningitis, understand that (1) its effectiveness will last for three to five years and (2) it is only 85 percent effective against 65 percent of the strains that cause the disease among college students. Therefore, even if you have received the immunization and you become ill and are concerned about fever and neck pain, *come in and be seen!*

Kenyon College Medical Health History

Return this form by July 15, 2014.

Return this form to the Health and Counseling Center at the address below. **Avoid faxing if possible.** For other submission options, or for any questions, call 740-427-5525.

This form is **confidential**. The information you provide on this form is for the use of Kenyon Health and Counseling Center only and will not be released to anyone without your knowledge. **All students must complete and sign this form. Please copy your medical insurance card (front and back) and attach. Include a consent to treat form (located on our Web site) if you are under the age of 18.**

Name: _____ Date of birth: _____
Last First Middle Month/Day/Year
Address: _____ Home telephone: _____
Number and Street Area code and number
City State Zip code Cell phone: _____
Area code and number
Gender: _____ Citizenship: _____ Country of birth: _____
Social Security Number: _____ Year of graduation: _____

Parent or Legal Guardian:

Name: _____
Address and telephone: _____
(If different from above)

Whom should we contact in an emergency if different from above?

Name: _____ Home telephone: _____
Work telephone: _____ Cellular: _____

Who is your primary physician or healthcare provider?

Name: _____ Telephone: _____
Address: _____

Who is your mental health care provider?

Name: _____ Telephone: _____
Address: _____

Provide us with a recent photo of yourself. Attach below.

Office use only.

1. _____
2. _____
3. _____
4. _____

Kenyon College
Health and Counseling Center

Return this form to the following address by July 15:
Health and Counseling Center
Kenyon College
104 West Scott Lane
Gambier, Ohio 43022-9623
740-427-5525

Medical History

Allergies: Type (medication, food, enviromental)

Reaction

1. _____
2. _____
3. _____

Medications: Name

Dosage

Reason for medication

1. _____
2. _____
3. _____

Personal History

Please answer all questions. Indicate age of onset for all yes answers. If you have a significant health problem or need to clarify any positive answers, please attach an additional sheet. We welcome and encourage correspondence with your home physician.

Have you had:	Yes	No	Date	Have you had:	Yes	No	Date	Have you had:	Yes	No	Date
Measles				Asthma				Head injury/concussion (with unconsciousness)			
German measles				Pneumonia				Epilepsy (seizure)			
Mumps				Heart disease				Paralysis, weakness			
Chickenpox				High blood pressure				Eating disorder (anorexia, bullemia)			
Frequent colds				Skin disorder				Thyroid trouble			
Malaria				Stomach/intestinal trouble				Learning disability			
Meningitis				Kidney/bladder disease				Attention deficit disorder			
Mononucleosis				Back problems				Dyslexia			
Sinusitis				Injury/disease of joint				Frequent UTI			
Rheumatic fever				Anemia				Surgery: Appendectomy Tonsillectomy Other (list)			
Scarlet fever				Difficulty sleeping				Allergy: Drugs (list) Foods (list) Other (list)			
Tuberculosis				Frequent anxiety				Hearing loss			
Tumor, cancer, cyst				Frequent depression				Loss or seriously impaired function of any organ			
EENT trouble				Worry/nervousness							
Hay fever				Recurrent headache							

Family History (Check here if you are adopted and do not know your family health history.)

Relative	Age	State of Health	Health problems	Age at death	Cause of death
Father					
Mother					
Brothers					
Sisters					

Immunization History

This information is **mandatory** for attendance at Kenyon College. Please provide month, day, and year of each immunization.

Type of vaccine	1st dose: Mo/Dy/Yr	2nd dose: Mo/Dy/Yr	3rd dose: Mo/Dy/Yr	4th dose: Mo/Dy/Yr	5th dose: Mo/Dy/Yr
Diphtheria, Tetanus, and Pertussis (DTaP, DTP)					
Diphtheria and Tetanus (DT). Formulation for <7 yrs. <i>Required.</i>					
Tetanus and Diphtheria (Td, Tdap). Formulation for ≥ 7 yrs.					
Polio (IPV, OPV). <i>Required.</i>					
Measles, Mumps, and Rubella (MMR). Minimum age: on or after first birthday. <i>Required.</i>					
Hepatitis B (hep B). <i>Required.</i>					
Varicella (chickenpox)					
Pneumococcal Conjugate (PCV)					
Haemophilus Influenzae type b (Hib)					
Meningococcal (MPSV4, MCV4)					
Human Papillomavirus (HPV)					
Hepatitis A (hep A)					

Tuberculin Test

Note: PPD (mantoux) required only if the student is from an endemic area. Persons identified as "high risk" may be required to fill out a screening questionnaire and complete TB testing prior to arrival at Kenyon.

Mantoux/PPD ___ / ___ / ___

Results: Date read: ___ / ___ / ___

Negative

Positive. *Chest x-ray required if positive*

Size of induration _____ (*Must be recorded*)

Chest x-ray date: ___ / ___ / ___

Results: _____

Treatment type: _____

Duration: _____

Immunization certification

I certify that this student has received all immunizations required by law.

Signature of parent/guardian or physician/public clinic

Date

Other Medical Information

Are there any special medical problems you would like to bring to the attention of the health center? If so, please describe below:

Medical Insurance Information

Please attach a copy of the front and back of your insurance card.

Statement of Authorization

I completed this health history form truthfully and to the best of my knowledge.

I authorize and request the Kenyon College Health and Counseling Center to administer out-patient and in-patient, medical, and surgical services, immunizations, and to perform emergency procedures, as necessary, or to refer to duly licensed medical personnel when indicated, including transfer to outside hospitals.

I authorize any physician, practitioner, clinic, or hospital to furnish to the Kenyon College Health and Counseling Center all information concerning my case history and the treatment, examinations, or hospitalization which I received in the past, including copies of hospital and medical records for the purpose of my treatment, diagnosis, or other medical care while at Kenyon College.

I hereby state that I am capable of safely participating in vigorous physical activity offered through physical education, intramural, and intercollegiate athletics unless otherwise noted in this medical history form.

Signature of student

Date

Signature of parent or guardian (if under legal age of eighteen of adulthood in Ohio)

Date