St. Bonaventure University | Center for Student Wellbeing
Phone: 716-375-2310
Fax: 716-375-7892

P.O. Box 2469
3261 West State Road
St. Bonaventure, NY 14778

STUDENT HEALTH HISTORY FORM

Student Demographic Information				
Last Name:	First Name:		Middle Name:	
Preferred Name:	Legal Gender:	Gender Identity:	Date of Birth:	
Address:	City:		State:	Zip:
Student's Phone #:	Email:			
Emergency Contact Full Name:	Relationship:		Contact Phone:	

Preferred Pharmacy	
□ Default to closest (Walmart Pharmacy, Olean)	□ Other, pharmacy and address:

Medications (attach a separate list if needed)		□ No medications taken
Medication Name:	Dosage:	Reason for use:
(Example: Claritin)	*(10 mg daily)*	*(Seasonal Allergies)*

Allergies	□ No known drug or food allergies
Allergy:	Reaction:

Student Medical History (check box for 'yes')

□ Asthma/Lung	□ Diabetes	□ Seasonal Allergies	□ Other:
□ Cancer	□ Epilepsy/Seizures	□ Tuberculosis (TB)	
□ Cardiac/Murmurs	□ Mental Health	□ Thyroid	

Surgeries:

Family Medical History (parents, grandparents, siblings, children; check box for 'yes')

□ Blood/Bleeding Disorder	□ Respiratory Disease	□ Epilepsy/Seizures
□ Heart Disease	□ Diabetes	□ Kidney Disease
□ High Blood Pressure	□ Cancer	□ Other:

Medical Provider (Physician, Physician Assistant, Nurse Practitioner)

Name:
Address:
Phone Number:

Additional physicians/healthcare providers, such as specialists:

Name(s):

CONSENT FOR COMMUNICATION WITH PRIMARY MEDICAL PROVIDER:

"I give consent for the medical staff of St. Bonaventure Health Services to contact my primary care provider and/or other medical providers listed above, for the purpose of exchanging medical information that may be required for providing me with the best possible healthcare while I am a student at St. Bonaventure University. I understand that this consent may be revoked at any time by student's written request."

Student Signature: _____ Date:_____

If under 18 years old, parent or legal guardian signature: _____

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MANDATORY MENINGITIS NOTIFICATION AND RESPONSE FORM

This letter is to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, to distribute information about meningococcal disease and the available vaccine to all students meeting the enrollment criteria, whether they live on or off campus.

St. Bonaventure University is required to maintain a record of the following for each student:

- A vaccine record indicating at least 1 dose of meningococcal ACWY vaccine (Menactra, Menveo or MenQuadfi) within the last 5 years or a complete 2- or 3-dose series of MenB (Bexsero or Trumenba) without a response form; or
- A signed response form with a vaccine record (If a student submits a response form selecting this option, a vaccine record must be attached); or
- A signed response form indicating that the student will obtain meningococcal vaccine within 30 days: or
- A signed response form indicating that the student will not obtain immunization against meningococcal disease.

If the student has not received meningococcal vaccine within the past 5 years, then they must submit the signed response form. Students who met the requirements for PHL 2167 in a semester/trimester prior to Spring 2017 do not need to resubmit their vaccine record or their response form.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illnesses such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacterium that causes meningococcal disease even before they know they are sick. There have been several outbreaks of meningococcal disease at college campuses across the United States.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States. The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16th birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider.

All private insurance plans not grandfathered under the Affordable Care Act are required to cover the cost of MenACWY and MenB vaccines. Contact your health insurance plan to determine whether it covers MenACWY and MenB vaccines. The federal Vaccines for Children (VFC) and NYS Vaccines for Adults (VFA) programs will cover both MenACWY and MenB vaccines for children and adults who have no health insurance or whose health insurance does not cover these vaccines, as well as for children less than 19 years of age who are American Indian or Alaska Native or eligible for Medicaid or Child Health Plus.

While St. Bonaventure University Health Services does not offer meningococcal vaccines, we can assist in a referral to the Cattaraugus County Health Department Immunization Clinic who does offer them, a local pharmacy, or you should consult your primary care provider.

To learn more about meningococcal disease and the vaccine, please feel free to contact our office and/or consult your physician. You can also find information about the disease on the Centers for Disease Control and Prevention website at www.cdc.gov/meningococcal/.

******If you have received the Meningitis vaccine, this **MUST have been within the last five years (for Meningitis ACWY) or complete series (for Meningitis B) and documentation must be provided** using the guidelines outlined in the SBU Immunization Policy. ******

*Note that NYS Public Health Law 2167 requires you to complete the following section in the ***absence*** of vaccination*

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease. I understand that although I have declined the vaccine at this time, I have the right to request the vaccine at any time in the future. I understand that in the event of an outbreak of disease that I am not protected against, New York State Public Health Law may require that I be excluded from all classes and campus activities until the risk of contracting the disease is over.

Student Signature (Parent, if under 18): _____ **Date:** _____

Student Name (print): **Date of Birth:** **Student ID**

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Physical Examination Form

To be completed by your healthcare provider. Healthcare providers may submit their own physical examination form, but it must include all the following information

A **copy of your immunization records *must* be attached to this form**

Student's Full Name:				Date of Birth:
SBU Student ID #:	Date of Physical Examination:			
Allergies (include medication/food/bee sting allergies):				
Current Medications (prescription/over the counter):				
Medical History (attach a separate paper if needed):				
Ht.:	Wt.:	Temp:	B/P: /	Pulse:
Vision:	□ No Lenses	□ Lenses	R: 20/	L: 20/

Select *Normal*, *Abnormal*, or *Not Evaluated* for each row below:

PHYSICAL EXAM	Normal	Abnormal	Not Evaluated	Describe Abnormalities:
Head and Neck				
Eyes				
Ears and Hearing				
Nose and Sinuses				
Mouth and Throat				
Lymph Nodes				
Lungs and Chest				
Cardiovascular				
Abdomen (include hernia)				
Back/Spine				
Musculoskeletal				
Neurological				
Psychiatric				
If Indicated:				
Breasts				
Genitourinary				
Anus/Rectum				

Is there loss or serious impairment of any limb or organ?	□ No	□ Yes, please explain:
Is the student currently receiving treatment for any medical or emotional problem?	□ No	□ Yes, please explain:

I have examined the above-named student, and it is my professional opinion that the student is physically and psychologically able, except as noted above, to undertake college studies.

Examining Healthcare Provider Signature: _____

Date

Address/City/State/Zip: _____

Informed Consent

Welcome to the Center for Student Wellbeing ("CSW")! Please take a few moments to read the following carefully and sign below to indicate that you understand and agree. **** If you are under 18 years of age, a parent or legal guardian is required to sign this consent form.***

TREATMENT

CSW delivers medical care through physicians, nurse practitioners, nurses, and other medical assistants. Treatment from CSW may include but is not limited to on-site diagnostic testing, blood drawing, routine evaluations, consultations and physical examinations, and administration of medications (so long as the medication is prescribed by a practitioner responsible for care or treatment who holds requisite prescribing authority). Because medical care is dynamic and variable, there are no guarantees of achieving success through CSW in treating your presenting problem or in achieving a specific diagnostic outcome. Additionally, there are no assurances that care from CSW will resolve all symptoms.

Counseling is a process that can take place in a group or in an individual format, and that may be furnished in-person, virtually, or via a combination of these settings. Counselors will collaborate with you both to identify presenting problems and to develop treatment plans. CSW counseling is provided by CSW members with masters- or doctoral-level training, who are either licensed mental health counselors or social workers or pursuing licensure as mental health counselors or social workers. These CSW members are ethically obligated to work within their scopes of practice: accordingly, and if your needs warrant, CSW will refer you to counselors or specialists – including those external to the University – best equipped to meet your needs. Counseling can be unpredictable for the participant, at times uncomfortable, and you may feel stuck or unsuccessful in the counseling process. If you have a trauma history, there are additional risks (e.g., flashbacks, dissociation, and anxiety) associated with counseling. Please discuss such benefits and risks with the CSW staff.

In connection with your receipt of counseling, CSW will assess your safety on an ongoing basis, including through suicide risk assessments and/or safety planning. Such assessments may include direct questions about your safety, the completion of suicide risk assessment tools and safety plans, and/or coordination of care with other individuals. If you are at least 18 years old, CSW may request that you authorize the University to communicate with individuals outside of CSW who play vital roles in your life and/or treatment, in effort to enhance quality of care.

Excuse Notes: CSW will not provide documentation to validate missed classes, meetings, presentations, assignments, or sports-related activities.

CONFIDENTIALITY

The University integrates counseling with medical and health services through a shared electronic health record ("EHR"). Confidentiality of EHR data will be maintained by all staff members, except under the conditions and limitations including:

1. To seek supervision and consultation from professional colleagues within health or counseling services (e.g., involving psychiatric mental health nurse practitioners) where necessary for quality of care. By signing this form, you are authorizing CSW to exchange information specifically pertinent to your care needs on as-needed bases to others within the University:
    - Academic Faculty/Staff
    - Student Affairs Staff
    - Athletic Coaches and Directors
    - Residence Life
    - Facilities
    - Accessibility Services and Accommodations

    Wherever possible, however, CSW encourages students to share information with other parties outside of the CSW where this will advance care quality and coordination.

2. To respond to an imminent danger to yourself or to others – requiring the CSW to notify and collaborate with responsible individuals for your protection and/or protection of others. Information related to your safety, health, and well-being may be disclosed.

3. To respond to a reasonable suspicion of child abuse or maltreatment, including the filing of reports with Child Protective Services. Likewise, if we have reasonable suspicion of abuse or maltreatment affecting an older adult, we will notify Adult Protective Services.

4. To address any subpoena issued directly by a court, which may include release of records and the possibility of testifying at proceedings.

5. To receive consent for treatment from a parent or legal guardian if you are less than 18 years old; therefore, confidentiality cannot be guaranteed.

6. To comport with the NYS SAFE Act 2013 law by alerting the County Director of Community Services and the NY Department of Criminal Justice Services ("DCJS") if a person is likely to engage in conduct that will result in serious harm to self or others. DCJS then will identify if that person has a gun permit and may remove firearms from their possession to protect the identified person or others. This law may also prevent impacted people from obtaining a gun permit for 5 years following a report to the DCJS.

7. To treat a patient in exigent circumstances, to protect or to report on the nation's public health, and for other critical purposes.

NOTICE TO STUDENT ATHLETES: Physical and mental health information related to an athlete's ability to continue performing within a sport may be relayed to the athletics department, coaches, trainers, and/or other individuals who have a direct responsibility to ensure your safety.

If circumstances require timely release of information outside of CSW, you will be notified as soon as reasonably possible. In all other situations, information may be released to appropriate individuals or agencies only upon your written request. If you have any questions regarding the above conditions, please discuss them with CSW.

FEES

There are no additional charges for medical care and counseling visits during the academic year for full-time enrolled students; however, there may be nominal fees associated with certain services on which the CSW relies on external partners (e.g., certain lab tests, x-rays, and the provision of medications). The external partners will bill separately against your insurance.

APPOINTMENT CANCELLATION / NO SHOW

Students must provide a minimum of 24 hours' notice to CSW if they must cancel any CSW appointment. In the event of a no-show to a scheduled appointment, CSW will make 3 attempts to contact the student using the student's preferred contact information. If CSW does not receive a response on or before the 3rd attempt, CSW will not further engage. Please note, however, if you have exhibited safety concerns or you are exhibiting a moderate or high level of suicide risk, CSW staff may conduct a well-being check. Moreover, if you are receiving online counseling through CSW's contracted relationship with BetterMynd and do not attend online counseling appointment(s) you have scheduled, CSW reserves the right to discontinue your access to BetterMynd.

DATA COLLECTION AND DATA PRIVACY

CSW gathers data for internal and external usage, including participation in regional and national associations, organizations, annual reports and research purposes. CSW only releases aggregate data in such circumstances, meaning all data are anonymized and stripped of all personally identifying information. Moreover CSW staff will protect your privacy to the fullest extent possible when it participates in public events and in other community outreach activities.

DAYTIME AND AFTER-HOUR URGENT NEEDS

For urgent concerns during business hours, please call CSW's Student Wellbeing office at (716) 375-2310 or Campus Security at (716) 375-2525. For urgent after-hour care, call Campus Security or 911. For mental health crises, students also may contact the BetterMynd crisis line, (844) 287-6963 ((844) BTR-MYND) and please request BetterMynd's local emergency plan. You also may contact National Crisis Support: Text "HOME" to 741741 or call 988 or contact the National Suicide Prevention Lifeline at 1-800-273-8255. **Please do not use email for urgent matters, crisis situations, and/or safety concerns.**

CONFIDENTIALITY LIMITATIONS OF ELECTRONIC COMMUNICATION

Confidentiality cannot be ensured if you send information through unencrypted electronic mail (e-mail) or through other electronic communication tools. Accordingly, CSW encourages you to send any communication concerning your care via the Medicat patient portal, which is secure and available to CSW clients.

CONSENT *(if student is 18 or over)*

☐ *I have read and understand the statements above regarding informed consent and I accept these terms. St. Bonaventure University's Health and Counseling Services (CSW) may treat me until my enrollment status becomes inactive. I understand that I can discuss concerns or questions with the CSW staff at any point in the process of treatment, and I reserve the right to revoke this authorization with a written request.*

ASSENT *(if student is under 18)*

☐ *I have read and understand the statements above regarding informed consent and I accept these terms. St. Bonaventure University's Health and Counseling Services (CSW) may treat me until my enrollment status becomes inactive. I understand that I can discuss concerns or questions with the CSW staff at any point in the process of treatment, and I reserve the right to revoke this authorization with a written request. I further understand that my acceptance of these terms may be withdrawn by my parent/guardian at any time.*

☐ *As the parent/guardian of _____, I hereby authorize St. Bonaventure University Student Wellbeing staff, to evaluate, advise, perform diagnostic procedures, and/or provide treatment/counseling as deemed advisable and is under the supervision of a licensed medical provider/licensed mental health counselor. I understand that once my dependent reaches age 18, my consent is no longer required or otherwise revoked by written request.*

Print Name (Student)_____ Date of Birth _____

Student Signature_____Date_____

Parent/Guardian Signature if under 18_____Date_____

Witness_____Date_____