Student Health Evaluation Form

Instructions

- All full-time, main campus, traditional students must complete this health evaluation form.
- Forms must be received in Student Health Services ***prior*** to arrival on campus. Send completed forms to:

  Student Health Services
  Urbana University
  579 College Way
  Urbana, OH 43078
  Fax: 937-484-1399
  Email: nparks@urbana.edu
- Proof of medical insurance (copy of the front and back of insurance card) must be submitted annually prior to August 31 to Student Health Services. All full-time students will be charged for Student Insurance; this charge will be removed if proof of current medical insurance is received in Student Health Services by August 31 (January 31 if beginning classes in January).

I plan to (check one): ❑ Live on campus—Complete all sections
❑ Commute to class—Complete sections A, B, and C only

Do you plan to participate in any athletic programs while at Urbana University? ❑ Yes ❑ No

Sport(s): _____

Term you plan to enter: ❑ Fall ❑ Spring ❑ Summer Year you plan to enter: _____

Date form completed: _____

SECTION A: STUDENT INFORMATION

Last Name	First	Middle	Social Security
Home Address		City, State	Zip
Home Phone with Area Code		Student's Cell Phone with Area Code	
Date of Birth	Gender	Marital Status	Religious Preference
High School Attended	City & State	Year Graduated	School Phone Number

Emergency Contact Information

Last Name	First	Relationship	Home Phone
Address	City, State	Zip	Work or Cell Phone

SECTION B: HEALTH HISTORY

1. Do you have allergies to any of the following?

	No	Yes	
Medications	❑	❑	List: _____
Inhalants (pollen, dust, ragweed, molds, grasses, smoke)	❑	❑	List: _____
Foods	❑	❑	List: _____
Chemicals/Contact substances (soaps, lotions, cleansers)	❑	❑	List: _____
Other substances	❑	❑	List: _____

2. Are you currently taking any prescribed medications on a regular or intermittent basis?

❑ No ❑ Yes Please list: _____

3. Do you have any chronic health problems that require regular treatment?

❑ No ❑ Yes Please explain: _____

4. Do you have a disability?

❑ No ❑ Yes Please explain: _____

5. Have you ever received professional assistance for any psychological problem?

❑ No ❑ Yes Please explain: _____

6. Is there any limitation that would prevent you from participating in sports?

❑ No ❑ Yes Please explain: _____

7. Have you had any injuries/surgeries/conditions that might limit your performance in an academic learning experience?

❑ No ❑ Yes Please explain: _____

8. Have you had, or have you been immunized against, Measles, Mumps or Rubella?

❑ No ❑ Yes If an outbreak of Measles, Mumps or Rubella occurs, students who do not have immunity to these diseases may be excluded from class and/or residence halls.

Communicable Disease History

Please indicate if you have had any of the following diseases:

No	Uncertain	Yes	Age	
❑	❑	❑		Measles
❑	❑	❑		Mumps
❑	❑	❑		Chickenpox
❑	❑	❑		Whooping Cough
❑	❑	❑		Diphtheria
❑	❑	❑		Polio
❑	❑	❑		Tuberculosis
❑	❑	❑		Rheumatic Fever
❑	❑	❑		Mononucleosis

Family Health History

Please indicate if any of your blood relatives have had any of the following:

	No	Yes	Relationship
Diabetes	❑	❑	
Stroke	❑	❑	
Epilepsy	❑	❑	
High blood pressure	❑	❑	
Heart attack/disease	❑	❑	
Asthma	❑	❑	
Thyroid problem	❑	❑	
Arthritis	❑	❑	
Gout	❑	❑	
Obesity	❑	❑	
Alcoholism	❑	❑	
Cancer	❑	❑	

SECTION C: INSURANCE INFORMATION

All full-time students must annually provide proof of current medical insurance coverage to be kept on file in Health Services. A legible copy of the front and back of current insurance card is considered proof. **All full-time students will be charged for Student Insurance; this charge will be removed if proof of current medical insurance is provided to Health Services by August 31** (January 31 if beginning classes Spring semester). **All deadlines will be strictly enforced**. Students are responsible for notifying Health Services of insurance changes.

- ❑ A legible copy of the front and back of current health insurance card is attached. (Include student's name and date of birth on copy for identification purposes.) **I understand I will be billed for Urbana University Student Health Insurance until proof of insurance coverage is received in Student Health Services; if proof is received in Student Health Services by August 31** (January 31 if beginning classes Spring semester), **the insurance charge will be removed**.

- ❑ A copy of the front and back of a current health insurance card to follow (mailed, faxed to 937-484-1399, emailed to nparks@urbana.edu, or brought to Student Health Services — Include student's name and date of birth on copy for identification purposes). **I understand I will be billed for Urbana University Student Health Insurance until proof of insurance coverage is received in Student Health Services; if proof is received in Student Health Services by August 31** (January 31 if beginning classes Spring semester), **the insurance charge will be removed**.
- ❑ I do not currently have medical insurance coverage. I would like to purchase Urbana University Student Health Insurance. **I understand I will be billed for this coverage.** (See Health Services or call 937-484-1231 for more information).

IMPORTANT NOTICE: Insurance information must be updated each year of full-time University attendance. Update your information each year by August 31 by providing a current copy of front and back of insurance card to Student Health Services via fax to 937-484-1399, email to nparks@urbana.edu, or mailed to Student Health Services, Urbana University, 579 College Way, Urbana, OH 43078.

SECTION D: IMMUNIZATION HISTORY for students planning to live on-campus only

The State of Ohio requires universities to maintain records regarding documentation of required immunization of all residential students. Therefore, all freshman residential students and new transfer residential students must provide documentation of immunization status to Urbana University. Documentation must include the month, day and year the immunizations were administered.

Required Immunizations include:

- Tetanus/Diphtheria—primary series of DTaP, DTP, DT or Td and a booster within the past 10 years
- Measles—2 doses of measles vaccine, usually administered as combination MMR, at least 4 weeks apart
- Polio—primary series in childhood

Exemptions from Immunization:

1. A medical exemption may be granted based on written statement from a physician that the immunization may be detrimental to the health of the student.
2. A religious exemption may be granted based on a student's written objection to the immunization on religious grounds or strong moral/ethical conviction. A written statement from a physician is also required.

If an outbreak of Measles, Mumps or Rubella occurs, students who do not provide proof of immunity to these diseases may be excluded from classes and/or residence halls.

Accurate immunization records can best be obtained from the high school previously attended. Attach a legible copy of immunization record with name and date of birth, or complete the following:

Immunization	**Dates**			
DTP/DTaP				
Td				
Polio				
Measles				
Mumps				
Rubella				

SECTION E: MENINGOCOCCAL AND HEPATITIS B VACCINATION STATUS

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18), have read and understand the information provided to me about Meningococcal Meningitis and Hepatitis B (available at www.urbana.edu/accept). I understand the benefits and risks of being vaccinated against these diseases. The information below regarding my/my student's vaccination status is accurate and is being provided in compliance with the Ohio Revised Code, Section 3701.133(B).

Meningococcal vaccine received: ❑ Yes ❑ No

If yes, date received: _____

Hepatitis B vaccine received: ❑ Yes ❑ No

If yes, date of dose #1: _____

#2: _____

#3: _____

Student Signature **Date:**

Signature of parent or guardian (Parent Signature if student is under 18 years of age) **Date:**

Be sure to return all health information to:

Student Health Services
Urbana University
579 College Way
Urbana, OH 43078
Fax: 937-484-1399
Email: nparks@urbana.edu

- ❑ Student Health Evaluation Form
- ❑ Copy of the front and back of current medical insurance coverage card
- ❑ Immunization Record (residential students only)

Questions about this form or Student Health Services? Call 937-484-1231