

Student Health Center
1300 Badger Street
La Crosse, WI 54601
Telephone: (608) 785-8558; FAX: (608) 785-8746
www.uwlax.edu/studenthealth

Name (Last)		(First)	(Middle)	
Birth Date	Sex <input type="radio"/> M <input type="radio"/> F	Permanent Address	Telephone Number	Student I.D.

Immunization Record

TD / Tdap (please specify)	Most Recent Date:			A booster dose is recommended every 10 years.
MMR measles, mumps rubella	First Dose-Date:	Second Dose-Date		Two doses recommended. Indicate month/year for all doses after age 12 months. Not needed if student born before 1957.
Varicella (chicken pox)	First Dose-Date:	Second Dose-Date	or date of disease	Recommended for all students who have not had the disease in childhood.
Hepatitis A	First Dose-Date:	Second Dose-Date		A 2-dose series is recommended for persons at increased risk and for international travel.
Hepatitis B	First Dose-Date:	Second Dose-Date	Third Dose-Date	Recommended for all students. Required for students in education majors and those entering health care fields.
Meningitis	Date dose given:			Recommended for entering freshman, dormitory residents or immunocompromised.
TB Test	Most Recent Date:	Results: <input type="radio"/> Pos (chest x-ray required) <input type="radio"/> Neg		Recommended for all students.
Influenza (flu shot)	Most Recent Date:			Recommended annually for all students.
HIB	Date:	Date:	Date:	List other immunizations.
Polio				
HPV				

Can attach a recent copy of your state's Immunization Registration

University of Wisconsin-La Crosse - Student Health Center

Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students and returned to the University of Wisconsin-La Crosse Student Health Center, 1300 Badger St, Suite 1030, La Crosse, WI 54601)

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 listed below that have a high incidence of active TB disease? Yes No

(If yes, please CIRCLE the country, below)

- | | | | | |
|----------------------------------|---------------------------------|------------------------------|-----------------------|-----------------------|
| Afghanistan | Côte d'Ivoire | Japan | Nicaragua | Sudan |
| Algeria | Croatia | Kazakhstan | Niger | Suriname |
| Angola | Democratic People's Republic of | Kenya | Nigeria | Swaziland |
| Argentina | Korea | Kiribati | Pakistan | Syrian Arab Republic |
| Armenia | Democratic Republic of the | Kuwait | Palau | Tajikistan |
| Azerbaijan | Congo | Kyrgyzstan | Panama | Thailand |
| Bahrain | Djibouti | Lao People's Democratic | Papua New Guinea | The former Yugoslav |
| Bangladesh | Dominican Republic | Republic | Paraguay | Republic of |
| Belarus | Ecuador | Latvia | Peru | Macedonia |
| Belize | El Salvador | Lesotho | Philippines | Timor-Leste |
| Benin | Equatorial Guinea | Liberia | Poland | Togo |
| Bhutan | Eritrea | Libyan Arab Jamahiriya | Portugal | Tunisia |
| Bolivia (Plurinational State of) | Estonia | Lithuania | Qatar | Turkey |
| Bosnia and Herzegovina | Ethiopia | Madagascar | Republic of Korea | Turkmenistan |
| Botswana | Fiji | Malawi | Republic of Moldova | Tuvalu |
| Brazil | Gabon | Malaysia | Romania | Uganda |
| Brunei Darussalam | Gambia | Maldives | Russian Federation | Ukraine |
| Bulgaria | Georgia | Mali | Rwanda | United Republic of |
| Burkina Faso | Ghana | Marshall Islands | Saint Vincent and the | Tanzania |
| Burundi | Guam | Mauritania | Grenadines | Uruguay |
| Cambodia | Guatemala | Mauritius | Sao Tome and Principe | Uzbekistan |
| Cameroon | Guinea | Micronesia (Federated States | Senegal | Vanuatu |
| Cape Verde | Guinea-Bissau | of) | Seychelles | Venezuela (Bolivarian |
| Central African Republic | Guyana | Mongolia | Sierra Leone | Republic of) |
| Chad | Haiti | Morocco | Singapore | Viet Nam |
| China | Honduras | Mozambique | Solomon Islands | Yemen |
| Colombia | India | Myanmar | Somalia | Zambia |
| Comoros | Indonesia | Namibia | South Africa | Zimbabwe |
| Congo | Iraq | Nepal | Sri Lanka | |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, 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, The University of Wisconsin-La Crosse requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

If the answer to all of the above questions is NO, no further testing or further action is required.

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

Emergency Notification

Specify parent(s) / guardian(s) to be notified in case of emergency

Name _____ Relationship _____

Telephone (home) _____ (work) _____

OR

Name _____ Relationship _____

Telephone (home) _____ (work) _____

Health Information

Allergies Yes No

Please List:

Medications Yes No

Please List:

Chronic Illnesses (Asthma, Diabetes, etc.)

Please List:

Health Insurance

Company _____ Telephone _____

Name of Policy Holder _____ Policy Number _____

CONSENT FOR TREATMENT:

I hereby authorize any University of Wisconsin-La Crosse Student Health Center staff to render any emergency treatment, medical or surgical care deemed necessary to maintain health and well being even if treatment requires hospitalization at an accredited local hospital:

____ / ____ / ____
Date

Signature of Student

____ / ____ / ____
Date

Signature of parent or guardian if student is under legal age of 18