

Health History

Spring Semester = December 31 Summer Semester = April 15

# Health Services

### **Division of Student Life**

Your Health History is important and will aid in providing health care while you are enrolled. Carefully complete the enclosed health form and mail it to us as soon as possible. If you are being treated for any health condition, please ask that a summary be sent to us for inclusion in your health record. **All services are confidential.** No medical information can be released to anyone, including your parents, without your written permission. For insurance purposes, information may be shared with your insurance company.

#### Please make a copy of this form and retain for your records. It will not be returned.

Name		SS# (last 2 digits	only) Dat	e of Birth//
Last	First	M. I.		
Entering SRU as a:	☐ Freshman	□ Transfer	☐ Grad Student	□ Post Bac
	□ Summer 20	🗌 Fall 20	Spring 20	

# **REQUIRED IMMUNIZATIONS**

A PHYSICAL IS NOT REQUIRED TO COMPLETE THIS FORM. You can obtain your immunization records from your physician, previous school or your personal health records. Students with incomplete immunization records will be ineligible to register for a second semester. **Education majors must provide proof of immunizations.** 

- Tetanus (Td, DPT, Tdap, Boostrix) within 10 years of admission.
- Measles, Mumps, Rubella (MMR) Two doses on different dates required if born after 1956. First dose must be at 12 months of age or later.
- Meningitis If you are living in university-owned housing, you must provide proof of vaccination or sign the waiver. See back of this page for meningitis information.

<b>Tetanus</b> (Td, DPT, Tdap, Boostrix)		Provide most recent date:	Date
MMR		First Dose	Second Dose
(Measles, Mumps, Rubella)	(If born before 1957)		
OR		Date	Result
Measles Serology (blood work)			

#### I request exemption from the above vaccines.

	Date		
Meningitis (Meningococcal)	Date invalid without proof: signature or stamp of health care provider	Date	PROOF Stamp/Signature of HCP

I am fully aware of the risks associated with Meningitis as well as the availability and effectiveness of the vaccine. I request exemption from the meningitis vaccine.

Signature of Student (or parent/guardian if under 18)

Date

# **RECOMMENDED IMMUNIZATIONS (not required)**

Hepatitis B Vaccine	1.	2.	3.

Reviewed at SRU by \_\_\_\_\_



<u>Return completed forms to:</u> Health Records McLachlan Student Health Center Slippery Rock University 1 Morrow Way Slippery Rock, PA 16057-1383

Ph: (724) 738-2052 Fax: (724) 738-2078 TDD: (724) 738-4505



Accreditation Association for Ambulatory Health Care, Inc.

# **Meningitis Fact Sheet**

Pennsylvania passed Senate Bill 955 on **June 28, 2002** requiring all students wishing to reside in <u>university owned housing</u> to provide either proof of vaccination for meningitis or a signed waiver requesting exemption after having received information on the risks associated with meningococcal disease and the availability and effectiveness of the vaccine.

College students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in residence halls are found to have a six-fold increased risk for the disease. The American College Health Association recommends that college students, particularly freshmen living in residence halls, learn more about meningitis and vaccination. At least 70% of all cases of meningococcal disease in college students are vaccine preventable.

<u>What is meningococcal meningitis</u>? Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

<u>How is it spread</u>? Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

<u>What are the symptoms</u>? Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.

<u>Who is at risk?</u> Certain college students, particularly freshmen who live in residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates should also consider vaccination to reduce their risk for the disease.

**Can meningitis be prevented?** Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site, and rarely, a fever. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. It does not protect against viral meningitis.

**For more information:** To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC), <u>www.cdc.gov/ncidod/dbmd/diseaseinfo</u>, and the American College Health Association, <u>www.acha.org</u>. If you have questions call the McLachlan Student Health Center at (724) 738-2052.

# ATTACH PROOF BELOW:

Student Name\_\_\_

SIGNATURE OF HEALTHCARE PROVIDER OR STAMPED IMMUNIZATION RECORD

Slippery <b>Rock</b> University <sup>**</sup>
Ornversity
of Pennsylvania

# Health History

Health Services Division of Student Life

# **Personal History**

# (PLEASE PRINT)

Name

Last First			М. І.		
HAVE YOU HAD? (circle choice)	Yes	N0	HAVE YOU HAD? (circle choice)	Yes	N0
Recurrent Headache			Epilepsy		
Eye Problem			Seizures		
Ear Problem			Dizziness		
Nose Problem			Fainting with exercise		
Throat Problem			Head Injury		
Thyroid Disorder			Concussion		
Heart Murmur			Bone Injuries		
Heart Disease			Joint Injuries		
Heart Palpitations			Stomach Problems		
High Blood Pressure			Intestinal Problems		
Low Blood Pressure			Diabetes		
Anemia			Eating Disorder		
Sickle Cell			ADD		
Bleeding Disorders: Hemophilia/Other			ADHD		
Hepatitis			Chicken Pox Vaccine		
Kidney Disorders			Chicken Pox Illness		
Bladder Disorders			Mononucleosis		
Pneumonia			Alcohol Abuse		
Bronchitis			Drug Abuse		
Tuberculosis			Sexual Assault		
Seasonal Allergies/Hay Fever			Victim of Violence		
Asthma			Emotional Problems-Specify below:		
Surgeries:					
Hospitalizations:					
List any medications that you are allergic to?					

List any allergies to food, latex, herbal and over-the-counter medications?

List any other allergies?

List any medication you are currently taking?

Any other disease, illness, past surgeries, permanent disabilities or concerns?

Are you currently being treated by a health care professional? If yes, explain\_\_\_\_\_



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# Health History



## Health Services Division of Student Life

			Date	e
		Please Print or Ty	ре	
Student Last Name, First	Name, MI		Soc	ial Security # (Last 2 digits)
Address				
City		State		Zip
Telephone	Cell Phone	Date of Birth	Age	Gender

Emergency Contacts	Parents/persons to be contacted in case of an emergency. Please list two contacts.			
1. Name		Relationship	Home Phone	
Address			Indicate Cell or Work phone	
2. Name		Relationship	Home Phone	
Address			Indicate Cell or Work phone	

PRIMARY CARE PHYSICIAN	
Address	Phone
	Fax

# **INSURANCE INFORMATION**

Complete data below and attach copies of both sides of your insurance and prescription cards.							
Insurance Co. Name				Member Benefits Phor	ne Number		
Address (to send claims)							
City State Zip							
I.D. #		Grou	) #.				
Insured's Name (policyholder/responsible party)				Insured's Birth Date	Rela	ationship to In	sured
					Child	Spouse	Other
Prescription Card Name	Sponsor #	Card Mem	oer #		Customer Se	ervice Phone #	



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