

PURDUE UNIVERSITY STUDENT HEALTH CENTER

MEDICAL HISTORY FORM

1. Please PRINT - This form must be completed in English
2. The only requirement of those born before 1957 is to have had a booster of Tetanus/diphtheria (Td) in the last 10 years
3. Requests for a medical or religious exemption must be submitted to the Health Center Director and **signed by the student** (parent/guardian only if the student is under the age of 18, and **co-signed by the student**)

Last Name _____ First _____ Middle _____

Purdue ID # _____ Date of Birth _____ International Domestic

Emergency contact name and phone # _____

Important: include MONTH / DAY / YEAR in all answers (example: 11 / 11 / 1993)

A **MMR** - Measles, Mumps, Rubella

Two (2) doses required 1. ____/____/____
 after 1st birthday **and** 2. ____/____/____
 after 1968

Section B required only if you did not complete section A

B **Measles (Rubeola)** 2 doses **after 1st birthday**
 ____/____/____ **&** ____/____/____
 or titer* ____/____/____

Mumps - 1 dose **after 1st birthday**
 ____/____/____ or titer* ____/____/____

Rubella - 1 dose **after 1st birthday**
 ____/____/____ or titer* ____/____/____

* - **Lab copy required**

C **Tetanus/Diphtheria**

Must have had a booster Td within last ten (10) yrs:
Tetanus/diphtheria ____/____/____ **or**
Tetanus/diphtheria/Pertussis ____/____/____

D **Allergies**

Please list medication allergies or intolerances

Section E vaccines recommended, but not required

E **Hep B**
 ____/____/____ ____/____/____ ____/____/____

Meningococcal Vaccine ____/____/____

Gardasil
 ____/____/____ ____/____/____ ____/____/____

Cervarix
 ____/____/____ ____/____/____ ____/____/____

F AUTHORIZATION TO TREAT STUDENTS UNDER THE AGE OF 18

Please complete the following for students who will be under age 18 at the beginning of the semester:

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize the Purdue University Student Health Center and/or any community hospitals' medical personnel, agents, and employees to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, guarantees as to results or cures will be made.

Signature of Parent or Legal Guardian _____
Date

Adult Witness _____
Date

Signature of healthcare records keeper _____ Date _____
 (parent or guardian) or medical provider **required**

Please also complete back side of form

MENINGOCOCCAL DISEASE - All students must read and sign below:

Meningitis is an inflammation of the lining surrounding the brain and spinal cord. For most college students, the risk of meningococcal disease is similar to that of persons the same age in the general population. For college freshmen who live in residence halls, there is a modestly increased risk of meningococcal disease relative to other persons their age. Lifestyle behaviors that put individuals at increased risk include cigarette smoking, alcohol ingestion, bar patronage, and close, crowded living conditions. Meningococcal vaccine is reasonably safe and effective against the serogroups included in the vaccine. Approximately 70% of meningococcal disease is caused by serogroups covered by the vaccine. Protective levels of antibody usually are achieved 7-10 days after vaccination. The Purdue Student Health Center stocks and administers the vaccine. For further information, please call (765) 494-1818.

By signing below, I acknowledge that I have reviewed the above information regarding meningococcal meningitis.

Student (or parent if student is under 18 yrs of age)

Date

INSURANCE INFORMATION

For assistance in filing insurance, the following information is needed. Please note: students should present a copy of their current insurance card at each visit to the Student Health Center. *Insurance questions should be directed to 765-494-1677.*

Name of primary policyholder

Date of birth

Male

Female

By signing below, I acknowledge that PUSH is out-of-network for all health insurance plans except Student Resources Insurance.**

Parent

Date

Student

Date

INTERNATIONAL STUDENTS

Purdue University requires all International Students to purchase the University sponsored health insurance plan.

Failure to purchase medical insurance will result in a \$200 late fee and a hold will be placed on your account to prevent future class registration. Note: Students should purchase the insurance plan **before** receiving the Tdap and/or MMR vaccination or the mandatory TB test to have the cost covered by the plan.

International students must have tuberculosis testing done **after** arriving in the United States. Testing is available at the Student Health Center, the County Health Department, or through a local, private physician. Documentation of the test being done within the past three months at another location within the United States may also fulfill this requirement.

Waivers are granted only when specific criteria are met. For complete information about the required insurance plan and waivers, please visit our Student Insurance pages at www.purdue.edu/push.

Student Insurance Questions may be directed to student-insurance@purdue.edu or 765-496-3998.

MAILING INSTRUCTIONS

Students are encouraged to keep a copy of this form for their personal records. For additional immunization information, the student may call the Immunization Office of the Health Center at (765) 494-1837. Due to the large volume of forms received, we regret that we are unable to contact individuals submitting incomplete or unsatisfactory immunization information. Please return completed form to:

PURDUE UNIVERSITY STUDENT HEALTH CENTER (PUSH)**

601 Stadium Mall Drive

Immunization Office - Room 137

W. Lafayette, Indiana 47907-2052

Telephone (765) 494-1837 Fax (765) 494-1836