



Gender  Male  Female Date of Birth \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Student ID#

Permanent Mailing Address (Home) \_\_\_\_\_  
Street

City State Zip Cell Phone Number

Health Insurance Company \_\_\_\_\_  
(Please provide/attach a copy of insurance card)

### Student Health Form

**Confidential Sharing Agreement and Consent for Treatment** - The Missouri Valley College Student Health Record is required of all current MVC students/athletes. Missouri Valley Student Health Center assures that medical information will be regarded as confidential and shared only as necessary for the patient's immediate safety. The Clinic will not release medical information to parents unless the student signs a separate release of information. If a serious illness or accident should occur, every effort will be made to contact the individual listed as emergency contact. However, in the event that delay in medical or surgical treatment may be detrimental to the health of the student, authorization for consultation and treatment by area physicians, medical providers or EMS. Missouri Valley Student Health Center recognizes the importance of cooperating with the student's physicians, clinic, or hospital in providing health care. In order to secure or exchange health information, it is necessary to have the permission of the student. On occasion, information regarding physical or mental health status of a student may be shared with the vice president of student life or counseling staff if sharing that information would benefit the student. No information will be provided to faculty, coaches or work study. Permission is hereby granted to share health information with my physicians, clinic, hospital, vice president for student life, or counseling staff if this information would be beneficial to my health. The information will remain confidential in accordance with Family Educational Rights & Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99)

**Missed Classes** - When a student is absent from class due to illness or injury, it is the responsibility of the student to communicate with his/her professor and to follow the requirements of the professor regarding the course work missed. Penalties for absenteeism depend upon the policy and discretion of the professor, as outlined in the course syllabus. Student Health Services will not issue any notes to excuse me from class, course-work, work or practice.

**I Acknowledge and Agree** - Right to refuse any procedure or treatment; no guarantees are made as to the effectiveness of treatment, I will use any prescribed or distributed medications for only the intended purpose per label instructions; I agree to be treated by SHS staff and/or their designees. This form has been explained to me and I understand all of its contents.

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian if patient is under age 18 \_\_\_\_\_ Date \_\_\_\_\_

### Medical History

Extended medical care: If you have had surgery, severe injuries (i.e. Motor vehicle accidents, fractures) or hospital stays, please comment here and include year.

\_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_ Drug Allergies: (Please specify) \_\_\_\_\_

Any handicap or medical/physical condition which restricts your activity level and/or requires special adaptations: \_\_\_\_\_

Any medical issues (chronic illnesses or disease) the college should be aware of? (Please specify): \_\_\_\_\_

Are you now receiving or have you ever received treatment for mental health or alcohol/drug treatment?  Yes  No

If yes, please specify \_\_\_\_\_

## Student Health Form, continued

**Immunizations** - Please enter date in month, day, year format (mm/dd/yyyy). Official documentation of your immunization records must also be attached. These can include copies of medical records, school records, officially signed immunization cards and insurance receipts. Your immunizations will not be considered valid and will not be entered into the computer system without official documentation. **Must be in English language (No originals/copies only)**

**Tetanus/Diphtheria/Pertussis:** 1 dose of adult Tdap. If last Tdap is more than 10 years old, provide date of last Td and Tdap.

Td	Mo./day/year	Mo./day/year	Mo./day/year	Mo./day/year
Tdap booster **Must have one documented	Mo./day/year			

**Measles/Mumps/Rubella:** Two doses (required of all students born after December 31, 1956) | For those born before December 31, 1956. (History of disease) Lab titers done at your expense. Lab copy must be attached in order to be accepted **OR** written statement from Health Care Provider assuring diagnosed case of measles, mumps and rubella; documentation from baby book.

MMR - 2 Required on or after 1st birthday	(#1) Mo./day/year	(#2) Mo./day/year	
<b>OR</b>			
Measles - 2 Required on or after 1st birthday	(#1) Mo./day/year	(#2) Mo./day/year	
Mumps - 2 Required on or after 1st birthday	(#1) Mo./day/year	(#2) Mo./day/year	
Rubella - 1 required on or after 1st birthday	Mo./day/year		
<b>OR</b>			
MMR Titer *must attach laboratory results	Date of Titer	Results	

**Meningococcal Quadrivalent:** One or 2 doses for all students, revaccinate every 5 years if increased risk continues.

Quadrivalent Conjugate (preferred; administered simultaneously with Tdap if possible)	(#1) Mo./day/year	(#2) Mo./day/year	
Quadrivalent Polysaccharide (acceptable alternative if conjugate not available)	Mo./day/year		

## Student Health Form, continued

### Tuberculosis Information

All students are required to complete the below questionnaire yearly.

Check any that apply:

- Yes  No Have you ever had a positive TB test or been treated for TB?       Yes  No Do you have symptoms of active tuberculosis, such as unexplained weight loss or weakness, coughing up blood or night sweats.  
 Yes  No Have you had contact with a person known to have active tuberculosis.       Yes  No Have you ever been vaccinated with BCG?  
 Yes  No Have you ever traveled to/or lived in one or more of the countries listed below?       Yes  No Were you born in one of the countries listed below and/or arrived in the US within the past 5 years?

Circle all that apply:

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

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

(\*\*) Categories of high-risk students include those students who have arrived within the past five years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts, Nevis, St. Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Liechtenstein, Luxemborg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters, and those who have clinical conditions such as diabetes, chronic renal failure, leukemia's or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone 15mg/d for 1 month) or other immunosuppressive disorders.

**If you answered YES to any of the above questions, Missouri Valley College requires that you receive TB testing as soon as possible but at least prior to the start of each semester. Missouri Valley College offers TB Skin Testing for a small fee. If you have been treated for TB please provide records.**

**If you answered NO to all the above questions, no further testing or further action is required.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

