2015–16 Health Form

Saint Mary's College Notre Dame, IN

INSTRUCTIONS TO APPLICANTS

Please return this form in enclosed envelope, directly to Women's Health.

1. Answer all questions in black ink. This information is strictly for the use of the medical staff of Saint Mary's College Women's Health. Information will not be released to anyone without the student's knowledge and written consent. Indiana state law prohibits disclosure of patient information without patient's signed consent, if over age 18.
2. This health form is required for all students. Room keys will not be issued unless this form is complete and on file in Women's Health.
3. Although a physical examination is not required, it is expected that all requested information will be provided honestly and completely.
4. This form must be completed by all students and returned to Saint Mary's College, Women's Health, 50 Holy Cross Hall, Notre Dame, IN 46556-5001, by July 1.

GENERAL INFORMATION

Date of Birth: _____ (Month/Day/Year) Intended Graduation Year: _____

In what country were you born? _____

Legal Name _____ (Last) (First) (Middle)

Permanent Address _____ (Street)

_____ (City) (State) (Zip Code)

Student Cell Phone (_____) _____

Preferred Telephone (_____) _____ Email Address _____

Father's Name: _____

Preferred Telephone (_____) _____ Secondary Telephone (_____) _____

Mother's Name: _____

Preferred Telephone (_____) _____ Secondary Telephone (_____) _____

If you do not live with a parent, please indicate the name of your Guardian or Spouse:

Name _____ Relationship _____

Preferred Telephone (_____) _____ Secondary Telephone (_____) _____

INSURANCE INFORMATION

Please check with your insurance carrier to be sure coverage is extended to you as a student over the age of 18 years old. Adequate insurance coverage is recommended. Student health insurance information is available through the Business Office.

Name of Insurer _____ Policy Number _____

Insurance Holder _____ Date of Birth of **Insurance Holder** ____/____/____ (Month/Day/Year)

* Please attach a copy of both sides of any insurance and prescription cards and write birth dates of responsible party and the student on the copy.

FOR WOMEN'S HEALTH USE ONLY

Date Rec'd: _____ Complete: Yes _____ No _____

VACCINES: USB _____ MMR _____ Tetanus: _____ Meningitis: _____ Permission for TX: _____

Varicella: _____ Hep. B: _____ Other: _____

PERSONAL HEALTH INFORMATION

Check all applicable conditions. Describe details below.

- ❑ Allergies (Medication, Food, Environmental, etc.)–Please list:
  _____
  _____
  _____
  _____
  _____
  _____
- ❑ ADHD
- ❑ Anemia
- ❑ Anorexia
- ❑ Anxiety
- ❑ Arthritis
- ❑ Asthma
- ❑ Bleeding Tendency
- ❑ Bulimia
- ❑ Colitis
- ❑ Depression
- ❑ Diabetes
- ❑ Disordered Eating
- ❑ Head Injury
- ❑ Heart Disease/Abnormality
- ❑ Heart Murmur
- ❑ Hepatitis A, B, C
- ❑ Hospitalization
- ❑ Immune Disorders
- ❑ Infectious Mono, year_____
- ❑ Irritable Bowel
- ❑ Menstrual Cramps
- ❑ Migraine Headaches
- ❑ Kidney Problems
- ❑ Ovarian Cyst
- ❑ Rheumatic Fever
- ❑ Seizure Disorder/Convulsions
- ❑ Smokes Cigarettes
- ❑ Surgeries - Describe Below
- ❑ Thyroid Disease
- ❑ Tuberculosis
- ❑ Tumor - Note Below
- ❑ Ulcer
- ❑ Urinary Tract Infection
- ❑ Other

Do you regularly take/use:

___ Allergy injections

___ Prescription drugs–Please list:

_____
_____
_____
_____
_____
_____

Height _____ Weight _____

Details of the above responses (including diagnosis, age, duration, treatment, and outcome). If you have had any serious, chronic medical problems, please ask your healthcare provider to forward to Saint Mary's College Women's Health, a copy of consultation, reports, notes, labs, and/or a letter summarizing your problem, including past and present treatment and recommendations for continuing care.
Feel free to attach additional sheets as needed.

_____
_____
_____
_____

I understand that *Saint Mary's College Women's Health* includes the Counseling Center and Health Center. Information for the purpose of treatment planning and/or coordination of care may be shared between the Counseling and Health Centers as well as with contracted practitioners.

All communications and records related to care received in Women's Health is confidential and will be released to individuals outside of Women's Health only with my signed consent to do so except as required by state law in situations when limited disclosure is necessary to protect life or to protect the community. The situations specified by Indiana State law are: child abuse, abuse of the elderly, immediate risk if harm to self or others, the reporting of communicable diseases to the Health Department, and data subpoenaed by a court of law.

I/We hereby grant permission to the medical staff of Saint Mary's College Women's Health to examine and/or treat _____ _____ for minor injury and illness and when considered necessary to make referral to an appropriate facility. I also consent to emergency treatment or procedures by a licensed health care professional as deemed necessary.

_____ _____
Signature of Student **Date**

For students under 18 at the time of registration, parent/guardian signature is also required.

_____ _____ _____
Signature of Parent or Guardian **Relationship** **Date**

IMMUNIZATION INFORMATION

Saint Mary's College requires, based on Indiana State Law (IC 21-40-5), that postsecondary students provide proof of vaccination against measles, mumps, rubella, tetanus, and diphtheria. Indiana State Law also requires that individuals be provided information, and indicate receipt by signature, on the risks associated with meningococcal disease and the availability and effectiveness of vaccination. Specific majors, classes, and activities may have additional health requirements. Requests for exemptions based on medical or religious reasons must be filed with Women's Health.

REQUIRED: FOR ALL SAINT MARY'S STUDENTS

M.M.R. (Measles, Mumps, Rubella) – Required: Two doses at least 28 days apart after 12 months of age.

1. Dose 1 given at age 12–15 months or later . . . . . #1 ____/____/____ Month/Day/Year

2. Dose 2 given at least 28 days after first dose. . . . . #2 ____/____/____ Month/Day/Year

Tetanus-Diphtheria – Required: Primary series in childhood: 4 doses DT, DTaP, DTP, or Td.

1. Primary series of four doses with DT, DTaP, DTP or Td: Yes ❑ No ❑

2. Booster within last ten years with DT, DTaP, DTP or Td: .. . . . . ____/____/____ Month/Day/Year

Varicella (chicken pox) – Required: history of disease OR a positive varicella antibody titer OR two doses (at least 12 weeks apart if vaccinated between 1-12 years of age and at least 4 weeks apart if vaccinated at age 13 or older).

1. History of chicken pox disease Yes ❑ No ❑

2. Varicella antibody titer ____/____/____ Month/Day/Year Result: negative ___ positive ___

3. Immunization Dose #1 . . . ____/____/____ Month/Day/Year

Dose #2 given at least 12 weeks apart if vaccinated between 1–12 years of age and at least 4 weeks apart if vaccinated at age 13 or older. . . ____/____/____ Month/Day/Year

Hepatitis B – Required as a series of 3 age appropriate doses at any age.

#1 ____/____/____ Month/Day/Year #2 ____/____/____ Month/Day/Year #3 ____/____/____ Month/Day/Year

Meningococcal (Meningitis) – Required: one of these two areas (Date or Signature) MUST BE COMPLETE. DO NOT POSTDATE. For more details, please go to www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm

1. initial dose: ____/____/____ Month/Day/Year 2. Booster dose: ____/____/____ Month/Day/Year

If initial dose given prior to age 15, booster dose due age 16-18 years.

If initial dose given ≥ 16 years, no booster dose required.

I have read and reviewed detailed information (back side of this page) on the risks associated with meningococcal disease, availability, and effectiveness of the meningococcal vaccine. I choose NOT to be vaccinated against meningococcal disease.

_____ _____

Signature of student (18 years or older) Date

I have read and reviewed detailed information (back side of this page) on the risks associated with meningococcal disease, availability, and effectiveness of the meningococcal vaccine. As the parent or other legal representative, I choose NOT to have _____ vaccinated against meningococcal disease.

_____ _____

Signature of parent/legal guardian, if student is under age 18 Date

Tuberculosis (TB)

If foreign born, month/year arrived in U.S.? _____

If you were not born in the United States, you are required to meet with a Women's Health Nurse regarding your TB status. Screening may be required. If you have TB documentation (BCG documentation, lab results, chest x-ray results) please bring those with you to Saint Mary's College. Please contact Women's Health once you arrive on campus at 574-284-4805.

RECOMMENDED: FOR ALL SAINT MARY'S STUDENTS

Hepatitis A – Given as a series of 2 doses for age 12 months or greater.

#1 ____/____/____ Month/Day/Year #2 ____/____/____ Month/Day/Year

MENINGOCOCCAL DISEASE AND MENINGOCOCCAL VACCINATION

Meningitis is an inflammation of the membranes that cover the brain and spinal cord. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ depending on the cause. Viral meningitis is generally less severe and clears up without specific treatment. But bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disabilities. For bacterial meningitis, it is also important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. Before the 1990s, *Haemophilus influenzae* type b (Hib) was the leading cause of bacterial meningitis. Hib vaccine is now given to all children as part of their routine immunizations. This vaccine has reduced the number of cases of Hib infection and the number of related meningitis cases. Today, *Streptococcus pneumoniae* and *Neisseria meningitidis* are the leading causes of bacterial meningitis.

High fever, headache, and stiff neck are common symptoms of meningitis. Symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. As the disease progresses, patients of any age may have seizures. Early diagnosis and treatment are very important. If symptoms occur, the patient should see a healthcare provider immediately. The diagnosis is usually made by growing bacteria from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back where fluid in the spinal canal can be collected. Identification of the type of bacteria responsible is important for selection of correct antibiotics.

Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk is higher among the elderly. Some forms of bacterial meningitis are contagious. The bacteria can mainly be spread from person to person through the exchange of respiratory and throat secretions. This can occur through coughing, kissing, and sneezing. Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu. Also, the bacteria are not spread by casual contact or by simply breathing the air where a person with meningitis has been. Sometimes the bacteria that cause meningitis have spread to other people who have had close or prolonged contact with a patient with meningitis caused by *Neisseria meningitidis* (also called meningococcal meningitis) or Hib. People in the same household or daycare center or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of getting the infection. People who qualify as close contacts of a person with meningitis caused by *N. meningitidis* should receive antibiotics to prevent them from getting the disease. Meningitis vaccines are safe and highly effective.

For more information:

- Ask your healthcare provider for additional information .
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC) CDC.gov/vaccines or 1-800-232-4636.
- Saint Mary's College Women's Health – 574-284-4805 or whealth@saintmarys.edu

Effective October 1, 2002, Indiana passed a law requiring postsecondary institutions to provide detailed information on the risks associated with meningococcal disease and the availability and effectiveness of vaccination to students and parent or guardian, if the individual is less than eighteen (18) years of age. Students choosing not to receive the vaccine must sign a waiver indicating they are aware of disease implications and are knowingly declining vaccination. In January 2005, a quadrivalent meningococcal polysaccharide-protein conjugate vaccine (MCV4) (Menactra™, Sanofi Pasteur, Inc., Swiftwater, Pennsylvania) was licensed for use among persons aged 11- 55 years. In May 2005, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination with 1 dose of MCV4 for persons aged 11-12 years, persons entering high school (i.e., at approximately age 15 years) if not previously vaccinated with MCV4, and other persons at increased risk for meningococcal disease, including college freshmen living in dormitories. In June 2007, ACIP revised its recommendation to include routine vaccination of all persons aged 11-18 years with 1 dose of MCV4 at the earliest opportunity. Persons aged 11-12 years should be routinely vaccinated at the 11-12 years health-care visit as recommended by ACIP. ACIP continues to recommend routine vaccination for persons aged 19-55 years who are at increased risk for meningococcal disease: college freshmen living in dormitories, microbiologists routinely exposed to isolates of *Neisseria meningitidis*, military recruits, travelers to or residents of countries in which *N. meningitidis meningitis* is hyperendemic or epidemic, persons with terminal complement component deficiencies, and persons with anatomic or functional asplenia.

The ACIP goal is routine vaccination of all adolescents with MCV4 beginning at age 11 years. ACIP and partner organizations, including the American Academy of Pediatrics, American Academy of Family Physicians, American Medical Association, and Society for Adolescent Medicine, recommend a health-care visit for children aged 11-12 years to receive recommended vaccinations and indicated preventive services. This visit is the optimal time for adolescents to receive MCV4. In addition, because the incidence of meningococcal disease increases during adolescence, health-care providers should vaccinate previously unvaccinated persons aged 11-18 years with MCV4 at the earliest possible health-care visit. College freshmen living in dormitories are at increased risk for meningococcal disease and should be vaccinated with MCV4 before college entry if they have not been vaccinated previously. Because of difficulties in targeting freshmen in dormitories, colleges may elect to target their vaccination campaigns to all matriculating freshmen.

Guillain-Barré syndrome (GBS) has been associated with receipt of MCV4. Persons with a history of GBS might be at increased risk for postvaccination GBS; therefore, a history of GBS is a relative contraindication to receiving MCV4. Persons recommended to receive meningococcal vaccination who have a history of GBS (or their parents) should discuss the decision to be vaccinated with their health-care provider. Meningococcal polysaccharide vaccine (MPSV4) is an acceptable alternative for short-term protection against meningococcal disease (3-5 years).