



STUDENT HEALTH FORM 2018-2019

Wellness Center Office Use Only

Date Reviewed Reviewed By Comments Contact Dates

CONFIDENTIAL HEALTH HISTORY

Name (Last, First, MI) Date of Birth (Month/Day/Year) Home Address City,State,Zip, Country Home Phone Cell Phone Sex: M F

Emergency Contact Information

Name Relationship Address Home Phone Work Phone Cell Phone

Medical History Do you have a past or present history of the following? Check all that apply:

- Chicken Pox, Mumps, Frequent Infections/Sore Throat, Asthma, Hives/Eczema, Mononucleosis, Anemia, Kidney/Bladder Infection, Bronchitis—Chronic, Jaundice, Heart Disease, Pneumonia, Kidney Disease/Stone, Rheumatic Fever, History of Blood Clots, Cancer, Migraine Headaches, Diabetes, Hay Fever, Ulcers, Bursitis, Chronic Back Pain, Gout, Arthritis, Polio/Meningitis, High Blood Pressure, Measles, Epilepsy, Sexually Transmitted Infection, Malaria, Tuberculosis, Injuries: Legs/Feet, Head/Neck, Back/Chest, Pelvis

Brief explanation of any marked above

Mobility difficulties, hearing loss, sight impairment (circle all that apply). Explain

Hospitalizations and/or surgeries

Current medications

Allergies If you have an allergy of any kind we recommend that you discuss with your medical provider about the need to carry an epi-pen with you.

Allergies (animals, seasonal, food, etc.)

Drug Allergies and reaction

If you have any of these concerns:

- Substance Abuse past current Eating Disorder past current Depression past current Anxiety/Panic Attacks past current Autism Spectrum yes Attention Deficit Disorder past current Recent loss of loved one yes Other

Give relevant details to any concern marked above, including any medications taken during the past 4 years

Blank lines for providing details to concerns.

IMMUNIZATION RECORD

REQUIRED FOR ALL STUDENTS:

Students will not be allowed to begin classes without the required immunizations and have the records on file in The Wellness Center.

1. Copy of Complete Immunization Records (*attach to form*)
2. Up-to-date Immunizations: (the following are required)
 - MMR (Measles, Mumps, Rubella) Two Doses Date - dose 1 _____
Date - dose 2 _____
 - Tdap Booster (Tetanus, Diphtheria, Pertussis) Date - _____
Also referred to as Adacel/Boostrix
 - Meningococcal Vaccine (Meningitis) Date – dose 1 _____
Date – dose 2 _____

Also referred to as:

Menactra or Menveo which is the brand name for MCV4 vaccine

Menomune which the brand name for MPSV4 vaccine

Please note: If Menactra, Menveo or Menomune was given to the student BEFORE the age of 16, a second vaccination of either Menactra, Menveo or Menomune will be required.

REQUIRED HEALTH INSURANCE

Westminster College is invested in the health and well-being of our students and therefore requires all students to have adequate insurance coverage. Westminster College works closely with an insurance broker to ensure the best rates and coverage for our students. All students are automatically enrolled in the College-sponsored plan each year and must opt out if eligible.

- **STUDENTS WHO ARE US CITIZENS** and have health insurance coverage through parents or elsewhere will not be required to buy the College-sponsored plan, **BUT MUST OPT OUT ONLINE EACH YEAR.**
- **YOU WILL BE BILLED AUTOMATICALLY FOR THE INSURANCE PREMIUM unless YOU OPT OUT!**

To opt out, the student needs to complete the online form at <http://www.westminster-mo.edu/optout> prior to the opt-out deadline, August 31st for fall enrollment and January 31st for spring enrollment.

The opt-out waiver must be completed once each school year.

Parents are encouraged to review insurance issues with their student before arrival on campus and to see that the student is given a copy of the insurance card to carry at all times. Should a student need care beyond the scope of the on-site clinic, such as x-rays, lab work or pharmaceuticals, the student will be responsible for the bill. For this reason, it would be in the student's best interest to have a list of preferred local providers if the coverage extends to the mid-Missouri region.

- **INTERNATIONAL STUDENTS** are required to enroll in the College-sponsored health insurance plan (no exceptions).

Tuberculosis (TB) Screening Questionnaire

All incoming students are required to complete the questionnaire

Please answer the following questions:				
Have you ever had close contact with persons known or suspected to have active TB disease?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Afghanistan	Côte d'Ivoire	Kenya	Nicaragua	South Africa
Algeria	Democratic People's Republic of Korea	Kiribati	Niger	South Sudan
Angola	Democratic Republic of the Congo	Kuwait	Nigeria	Sri Lanka
Argentina	Djibouti	Kyrgyzstan	Niue	Sudan
Armenia	Dominican Republic	Lao People's Democratic Republic	Pakistan	Suriname
Azerbaijan	Ecuador	Latvia	Palau	Swaziland
Bahrain	El Salvador	Lesotho	Panama	Tajikistan
Bangladesh	Equatorial Guinea	Liberia	Papua New Guinea	Thailand
Belarus	Eritrea	Libya	Paraguay	Timor-Leste
Belize	Estonia	Lithuania	Peru	Togo
Benin	Ethiopia	Madagascar	Philippines	Trinidad and Tobago
Bhutan	Fiji	Malawi	Poland	Tunisia
Bolivia (Plurinational State of)	Gabon	Malaysia	Portugal	Turkey
Bosnia and Herzegovina	Gambia	Maldives	Qatar	Turkmenistan
Botswana	Georgia	Marshall Islands	Republic of Korea	Tuvalu
Brazil	Ghana	Mauritania	Republic of Moldova	Uganda
Brunei Darussalam	Guatemala	Mauritius	Romania	Ukraine
Bulgaria	Guinea	Mexico	Russian Federation	United Republic of Tanzania
Burkina Faso	Guinea-Bissau	Micronesia (Federated States of)	Rwanda	Uruguay
Burundi	Guyana	Mongolia	Saint Vincent and the Grenadines	Uzbekistan
Cabo Verde	Haiti	Morocco	Sao Tome and Principe	Vanuatu
Cambodia	Honduras	Mozambique	Senegal	Venezuela (Bolivarian Republic of)
Cameroon	India	Myanmar	Serbia	Viet Nam
Central African Republic	Indonesia	Namibia	Seychelles	Yemen
Chad	Iran (Islamic Republic of)	Nauru	Sierra Leone	Zambia
China	Iraq	Nepal	Singapore	Zimbabwe
Colombia	Kazakhstan		Solomon Islands	
Comoros			Somalia	
Congo				
Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. 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)			<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer is YES to any of the above questions, Westminster College requires that you receive TB testing as soon as possible at your own cost. This does not apply to International Students. As stated above, a tuberculin test will administered on campus.

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

International Students will be required to have the tuberculin test

- **Do not have this test done prior to arrival on campus!** The Tuberculin Test will be completed, on campus, in The Wellness Center.

Note: Missouri Senate bill No. 197 requires all institutions of higher education in Missouri to implement a targeted testing program on their campuses for all students upon matriculation. Any entering student of an institution of higher education in Missouri that does not comply with the targeted testing program shall not be permitted to maintain enrollment.

Please contact the Wellness Center at 573-592-5361 if you have questions.

PRIVACY STATEMENT

I understand that The Wellness Center at Westminster College may need to use and disclose information about my health or medical problems for the purposes of arranging, conducting, or referring my treatment; for obtaining payment for services; and for operating the practice. I consent to the use of my information for the purposes of treatment, payment and health care operations. I understand that my consent is not needed when the law requires The Wellness Center at Westminster College to report some aspect of my protected health information to a government agency (for example, suspected abuse, communicable disease, and potential for serious bodily harm to myself or others). I understand that I have the right to review The Wellness Center's privacy notice, to request restrictions on the use of my information, and to revoke my consent at a later date.

I understand that if I withhold consent for the use of my information for the purposes of treatment, payment, or operations, The Wellness Center may refuse to undertake my care.

Student's Printed Name _____

Student's Signature _____ **Date** _____

Students under 18:

Parent/Guardian Signature _____ **Date** _____

CONSENT FOR TREATMENT

All Students:

By my signature, I verify that the information provided on this form is true, and I give permission for such diagnosis, tests and therapeutic procedures, as may be deemed necessary for me.

Student's Printed Name _____

Student's Signature _____ **Date** _____

Students under 18:

I grant permission to the medical staff at The Wellness Center, Westminster College, to treat my son/daughter as may be necessary and, if needed, to refer to private care when special service is indicated.

Parent/Guardian Signature _____ **Date** _____

RETURN COMPLETED FORM TO:

The Wellness Center

Clinic Coordinator/Jackie Pritchett

501 Westminster Ave.

Fulton, MO 65251-1299

Phone: 573-592-5361

Fax: 573-592-5180

Email: Jacqueline.Pritchett@westminster-mo.edu