MERCYHURST UNIVERSITY

Cohen Student Health Center

Dear Student/Parent:

The forms that you have downloaded are the health record forms that incoming students are **required** to submit prior to entering Mercyhurst University. A **physical exam completed by your health care provider within the past 12 months and a complete immunization record is required.** This health record is critical for us to be able to treat your student. Please know that any registered student whose health records are complete and in our files will be seen free of charge in the Health Center.

Student athletes are required to submit this health record form even though the Athletics program will also ask for additional health information. The forms you are downloading now are necessary for the Health Center and provide our staff the complete information needed to best help a sick student.

Immunizations noted in the health record are not provided on campus, so please be certain students have received all immunizations prior to coming to Mercyhurst. Pennsylvania law mandates that students living on campus receive the meningitis vaccine. Please make sure that this immunization and others are current.

The Advisory Council on Immunization Practices (ACIP) recommends the vaccine, Gardasil, to prevent genital lesions and cervical cancer. Please talk with your health care provider about this three-inoculation series available for men and women.

Allergy shots can, in most cases, be provided on campus. For information, contact the Cohen Student Health Center or review the information on the health center's site on the Mercyhurst internet portal. Once you locate the health center, click on "forms and documents" and you will find allergy shot information and forms.

If you have any questions or require assistance in completing the Pre-admission Health Record, please call our staff at 814-824-2431, Monday-Friday, 8:30am-4pm. During the summer break, please leave a message and your call will be returned within a few days.

All completed Pre-Admission forms should be sent to our office as soon as possible and no later than August 15, 2012. Records can be faxed to (814)-824-2242 or mailed to: Cohen Student Health Center, Mercyhurst University, 501 East 38th Street, Erie, PA 16546

Sincerely,

Judy Smith, Ph.D.

Judy Smith, Ph.D.
Executive Director of Wellness
Cohen Student Health Center
Mercyhurst University

MERCYHURST UNIVERSITY COHEN STUDENT HEALTH CENTER

PRE-ADMISSION HEALTH RECORD (page 1)

***PLEASE PRINT CLEARLY* – Sections I through IV are completed by the student/parent.**

I.

1. Name in Full: _____ Sex: M____ F____
   Last First Middle

2. Home Address: _____
   Street City State Zip

   Home Phone: (_____)_____ Student Cell Phone: (_____)_____

3. Age: ____ Date of Birth:_____

4. Social Security # _____ Marital Status: S___ M___ Other_____

5. Name of Parents/Spouse: _____

6. Insurance Co: _____ Policy # _____

7. Is referral from Primary Care physician needed? Y / N

8. Student's email address: _____

II.

1. In Case of Illness/Emergency Notify:_____

2. Relationship to Student: _____ Phone # (_____)_____
   Address: _____
   Street City State Zip

I authorize the medical service of Mercyhurst University to provide appropriate treatment for any illness or injury.

_____
Student's Signature Parent/Guardian Signature *(if student is under 18 years of age)* Date

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III.

1. List ***all known*** allergies to medications, foods and/or environmental allergens: _____
   _____

2. Do you receive allergy injections? **Y / N**

3. List any illness, injury, or surgery you **have had:** _____
   _____

4 List **<u>any</u>** "Health Problems" you ***presently*** have:
   _____

5. Are you presently under a physician's care? **Y / N** If so, list any **medications y**ou are currently
. taking:_____
   _____

Rev12

MERCYHURST UNIVERSITY COHEN STUDENT HEALTH CENTER

PRE-ADMISSION HEALTH RECORD (page 2)

Continued from previous page…

FAMILY HEALTH RECORD

HISTORY		IMMEDIATE FAMILY MEMBER	IF DECEASED	CAUSE
IV.	Alcoholism			
	Cancer			
	Diabetes			
	Heart Disease			
	Hypertension			
	Mental Illness			
	Thyroid Disease			

V. PHYSICAL EXAMINATION -*THIS SECTION TO BE COMPLETED BY LICENSED HEALTHCARE PROVIDER*

Name of Applicant: _____Ht _____ Wt _____ BP_____

Systems Assessment:

1. Eyes: R 20/ L 20/ Normal _____ Abnormal _____
2. Ears: Canal: Normal _____ Abnormal _____ T.M.: Normal: _____ Abnormal: _____
3. Throat: Tonsils: Present _____ Absent _____

   Have you ever had "Strep Throat"? Y / N If yes, Date: _____ Rx _____
4. Mouth: Tongue: Normal _____ Abnormal _____ Teeth: Normal _____ Abnormal _____
5. Posture: Spine: Normal _____ Kyphosis _____ Lordosis _____ Scoliosis _____
6. Skin: Normal _____ Abnormal _____ Piercing sites_____ Tattoos_____
7. Lungs: Clear to percussion and auscultation _____
8. Lymphatics: Thyroid: Normal ____ Abnormal ____ Lymph Nodes: Normal ____ Abnormal ____
9. Heart: Rate: _____ Rhythm: _____ PMI: _____ S1 & S2: _____

   Extra Sounds: _____ Murmurs: _____
10. Abdomen: Normal: _____ Abnormal: _____
11. Inguinal Area: Normal: _____ Abnormal: _____ Hernia: _____
12. C.N.S.: Normal: _____ Abnormal: _____

Does this student have ***any condition*** which would interfere with activities? Y / N

If yes, specify: _____

Recommendation: _____

Date of Examination: _____ **(Must be completed within 12 months of the start of upcoming college year)**

MD, DO, NP or PA Signature: _____ Phone #: _____

MERCYHURST UNIVERSITY COHEN STUDENT HEALTH CENTER

VI. IMMUNIZATION RECORD (page 1)

This section is to be completed and signed by your Health Care Provider. All information must be in English.

Name _____
Last Name First Name

Address_____
Street City State Zip

Date of Birth: ___/___/___
M D Y

A. **M.M. R. (Measles, Mumps, Rubella)** [Two doses required.]
   1. Dose 1 given at 12-15 months or later.....#1 _____ / _____ (M Y)
   2. Dose 2 given at 4-6 years or later, and at least one month after first dose.....#2 _____ / _____ (M Y)

B. **Tentanus-Diptheria-Pertussis** [Primary series with DTaP or DTP, DT or Td , and booster with Td or Tdap in the last ten years meets requirement. Refer to ACIP for details.]
   1. Primary series of four doses with DTaP or DTP, DT OR Td:
      #1 _____ / _____ #2 _____ / _____ #3 _____ / _____ #4 _____ / _____ (M Y)
   2. Booster: Tdap (preferred) to replace single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient.
      (Administer with MCV4 simultaneously if possible)....._____ / _____ / _____ (M D Y)
   3. Booster: Td within the last ten years....._____ / _____ / _____ (M D Y)

C. **Polio** [Primary series in childhood meets requirement; three primary series schedules are acceptable. Refer to ACIP for details.]
   1. OPV alone (oral Sabine 3 doses.....#1 _____ / _____ #2 _____ / _____ #3 _____ / _____ (M Y)
   2. IPV alone (injected Salk four doses) .....#1 _____ / _____#2 _____ / _____#3 _____ / _____#4 _____ / _____ (M Y)
   3. IPV/OPV sequential.....IPV#1 _____ / _____IPV#2 ____ / _____OPV#3 ___ / _____OPV#4 ___ / _____ (M Y)

D. **Varicella** [Either a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13 years meets the requirement.]
   1. History of Disease Yes _____ No _____
   2. Varicella antibody _____ / _____ / _____ (M D Y) _____ Reactive _____ Non-Reactive
   3. Immunization
      a. Dose #1.....#1 _____ / _____ / _____ (M D Y)
      b. Dose #2 given at least 12 weeks after the first dose ages 1-12 years and at least 4 weeks after the first dose if age 13 years or older.
         .....#2 _____ / _____ / _____ (M D Y)

E. **Hepatitis A**
   1. Immunization (Hepatitis A) OPTIONAL FOR ADMISSION
      a. Dose #1 _____ / _____ / _____ (M D Y)
      b. Dose #2 _____ / _____ / _____ (M D Y)
   2. Immunization (Combined Hepatitis A and B vaccine)
      a. Dose #1 _____ / _____ / _____ (M D Y)
      b. Dose #2 _____ / _____ / _____ (M D Y)
      c. Dose #3 _____ / _____ / _____ (M D Y)

F. **Hepatitis B**
   All college and health science students: Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive Hepatitis B surface antibody meetings the requirement.

Continued on the next page…

MERCYHURST UNIVERSITY COHEN STUDENT HEALTH CENTER

IMMUNIZATION RECORD (page 2)

Continued from previous page…

1. Immunization (Hepatitis B)
   a. Dose #1 _____ / _____ / _____
      M D Y
   b. Dose #2 _____ / _____ / _____
      M D Y
   c. Dose #3 _____ / _____ / _____
      M D Y
2. Immunization (Combined Hepatitis A and B vaccine)
   a. Dose #1 _____ / _____ / _____
      M D Y
   b. Dose #2 _____ / _____ / _____
      M D Y
   c. Dose #3 _____ / _____ / _____
      M D Y
3. Hepatitis B surface antibody _____ / _____ / _____ _____ Reactive _____ Non-Reactive
   M D Y

G. **Quadirvalent Human Papilloma Virus Vaccine (HPV)**

Three doses of vaccine for students 9-26 years of age at 0, 2 and 6 month intervals.

1. Dose #1 _____ / _____ / _____
   M D Y
2. Dose #2 _____ / _____ / _____
   M D Y
3. Dose #3 _____ / _____ / _____
   M D Y

H. **Meningococcal Tetravalent**

A,C,Y, W-135/One dose—**This is a Pennsylvania state law requirement**. Any student under 25 years old, living in campus housing, persons with terminal complement deficiencies or asplenia, must get the meningitis vaccine to reduce their risk of meningococcal disease, or decline in writing after reading educational information.

Tetravalent conjugate (preferred ; data for revaccination pending ; administer simultaneously with Tdap if possible) : Date_____/_____/_____
M D Y

Tetravalent polysaccharide (acceptable alternative if conjugate not available ; revaccinate every 3-5 years if increased risk continues) :
Date_____/_____/_____ Revaccination Date_____/_____/_____
M D Y M D Y

I. **Tuberculosis Screening**[1]

1. Does the student have signs or symptoms of active tuberculosis disease? Yes _____ No _____
   If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.
2. Is the student a member of a high-risk group or is the student entering the health profession? Yes _____ No _____
   If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.
3. Tuberculin Skin Test Date Given_____/_____/_____ Date Read _____/_____/_____
   M D Y M D Y
   Result _____(Record actual mm of induration, transverse diameter, if no induration, write "0")
4. Chest x-ray (required if tuberculin skin test is positive) Result: normal_____ abnormal_____
   Date of chest x-ray _____/_____/_____
   M D Y

HEALTH CARE PROVIDER SIGNATURE (MD, DO, NURSE PRACTITIONER, PHYSICIAN ASSISTANT)

Name_____ Address_____

Signature_____ Phone (_____)_____

[1]The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following web site: www.cdc.gov/nchstp/tb/pubs/corecurr/.

[2]Categories of high-risk students include those students who have arrived within the past 5 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 and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, 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 or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.

American College Health Association
P.O. Box 28937
Baltimore, MD 21240-8937
(410) 859-1500 tel

MERCYHURST UNIVERSITY COHEN STUDENT HEALTH CENTER

MANDATORY COLLEGE MENINGITIS VACCINE/ EXEMPTION FORM (page 1)

This letter provides education on meningitis and the vaccine <u>for students requesting exemption from the meningitis vaccine</u> for medical, religious, or other reasons.

Dear Parent/Student:

On behalf of Mercyhurst College, I am writing to inform you about meningococcal disease, a rare, but potentially fatal, bacterial infection commonly referred to as "meningitis", and an immunization requirement that will affect your college-bound child.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) have approved new recommendations that urge all first-year students living in residence halls to be immunized against meningococcal disease. The CDC and ACHA recommendations further state that other college students under age 25 who wish to reduce their risk for the disease may choose to be vaccinated. **At least 70 percent of all cases of meningococcal disease in college students are vaccine preventable.**

In order to be in compliance with Pennsylvania state law, Mercyhurst College requires meningitis vaccine for incoming freshmen and transfer students under the age of 25 years of age who are living on campus. The law further states that a student may waive getting the vaccine after reading educational information and careful deliberation.

Meningococcal disease strikes 1,400 to 3,000 Americans each year and is responsible for approximately 150 to 300 deaths. Adolescents and young adults account for nearly 30 percent of all cases of meningitis in the United States. In addition, approximately 100 to 125 cases of meningococcal disease occur on college campuses each year, and 5 to 15 students will die as a result.

A reformulated meningococcal vaccine ("conjugate") is available that has the potential to provide longer duration of protection against four of the five strains (or types) of bacteria that cause meningococcal disease in the United States—types A, C, Y, and W-135. Potential side effects of the vaccine include: possible pain, redness, swelling at the injection site and possibly, fever. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. It does not protect against viral meningitis.

International students should be aware that the meningitis vaccine provided in the home country may not protect against the above four strains. International students should discuss with their physician the availability of a vaccine that will protect them against common United States strains of the disease.

Meningitis is a rare, but devastating disease that is transmitted by droplets of respiratory secretions in the air from direct contact with an infected person/carrier. Due to lifestyle factors, such as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing of personal items, college students living on campus are more likely to acquire meningococcal disease than the general population. Meningococcal infection is contagious and progresses very rapidly. Meningitis is often difficult to diagnose, because early symptoms of the disease such as high fever, severe headache, stiff neck, rash, nausea, vomiting lethargy and confusion also mimic those of the flu. The seasonality of the disease also parallels that of the influenza season; if not treated early, meningitis can lead to death or permanent disabilities.

Please make sure that your student is vaccinated before coming to school and that all immunizations are up to date.
For more information, please feel free to contact Cohen Student Health Center at 814-824-2431, Monday-Friday 9am-4pm or contact your family physician. Or go online to the U.S. Centers for Disease Control and Prevention (CDC), www.cdc.gov.

Sincerely,

Judy Smith, Ph.D.

Judy Smith, Ph.D.
Executive Director of Wellness
Cohen Student Health Center

MERCYHURST UNIVERSITY COHEN STUDENT HEALTH CENTER

MANDATORY COLLEGE MENINGITIS VACCINE/ EXEMPTION FORM (page 2)

*****TO BE COMPLETED ONLY IF THE STUDENT DID NOT RECEIVE THE MENINGITIS VACCINE*****

PLEASE PRINT

Student's Name: _____ Date of Birth: _____

Home Address: _____
Street City State Zip

Home Telephone: _____ Student Cell Phone: _____

PLEASE MARK ONE BOX and SIGN FORM

☐ I have received a copy of and have read the letter regarding information about the Meningitis Vaccination. I believe that I understand the benefits and risks of the vaccine required. However**, I am requesting exemption from Pennsylvania Act 2002-83, known as the College and University Student Vaccination Act.**

☐ MEDICAL EXEMPTION: (the physical condition of the above named student is such that immunization would endanger life or health)

Signature: _____Date:_____
(Physician)

☐ RELIGIOUS EXEMPTION: I, _____(Print Name) adhere to a religious belief whose teachings are opposed to such immunizations.

Student Signature: _____ Date: _____
(Parent/Guardian, if under 18 years old)