Grand View University
Student Life
1200 Grandview Avenue • Des Moines, Iowa 50316-1599
515-263-2823 • 515-263-2885
fax: 515-263-6038

Student Health Form

Confidential Sharing Agreement and Consent for Treatment – The Grand View University Student Health Record is required of all athletes, international students, nursing students and students living in campus housing. Grand View 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 specific to each illness/incident. 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 is requested. Grand View 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 or work study supervisors without the specific consent of the student. 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.

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

Gender ❑ Male ❑ Female Date of birth _____

Major _____ I will begin classes on _____

Name _____
Last First MI

Permanent Mailing Address (Home) _____
Street

City State Zip Cell Phone Number

Emergency Contact _____ Relationship _____

Emergency Contact Mailing Address _____
Street

City State Zip

Emergency Contact Home Phone _____ Emergency Contact Work Phone _____

Health Insurance Company _____

If you have health insurance, attach a copy of your insurance card when returning this form.

Have you ever had any of the following? Respond to every item and elaborate below on all items marked yes.

	Yes	No		Yes	No		Yes	No		Yes	No
Chicken Pox	❑	❑	Mono	❑	❑	Weakness/paralysis	❑	❑	Genetic disorder	❑	❑
Eye trouble	❑	❑	Malaria	❑	❑	Heart problems	❑	❑	Hernia	❑	❑
Ear, nose, throat problems	❑	❑	Rheumatic	❑	❑	Tuberculosis	❑	❑	Hearing impairment	❑	❑
Stomach/intestinal problems	❑	❑	Tobacco use	❑	❑	Asthma/wheezing	❑	❑	Learning disability	❑	❑
Urinary/kidney problems	❑	❑	High cholesterol	❑	❑	Recurrent bronchitis	❑	❑	Depression	❑	❑
Skin problems	❑	❑	Back problems	❑	❑	Diabetes	❑	❑	Anxiety	❑	❑
High Blood Pressure	❑	❑	Hepatitis/liver problems	❑	❑	Fever anemia	❑	❑	Eating disorder	❑	❑
Head Injury with unconsciousness	❑	❑	Gall bladder problems	❑	❑	Difficulty sleeping	❑	❑	Suicidal thoughts	❑	❑
Disease/injury of joints	❑	❑	Seizure disorder	❑	❑	Tumor or cancer	❑	❑	Frequent headaches	❑	❑
									Fainting	❑	❑

Comments _____

Student Health Form, continued

Extended medical care: If you have had surgery, severe injuries or hospital stays, please comment here and include year._____

_____

_____

Please list any medications you are currently taking: _____

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

_____

_____

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

If yes, please specify _____

Allergies _____

I have the following Medical Alert Condition _____

Immunizations

Meningococcal Vaccine – Please see information at the end of this document.
I have read the attached information on the meningococcal disease, recommendations and vaccination and (check one):

- ❑ I have received the immunization within the past five years.
- ❑ I decline the vaccination at this time.

  I have read the content under meningicocal information. Signature _____
- ❑ I request more information about both the immunization and the cost.

Immunization Record – ***Attach a copy of childhood and adult immunization record***
Required Immunizations

1. MMR (measles, mumps, rubella)
   a. Two doses (required of all students born after December 31, 1956)
   b. For those born before December 31, 1956. (History of disease)
   c. Lab titers done at your expense. Lab copy must be attached in order to be accepted **OR**
   d. Written statement from Health Care Provider assuring diagnosed case of measles, mumps and rubella; documentation from baby book.

Highly Recommended Vaccinations

1. Tetanus-Diphtheria (Td) Booster or Tdap within last 10 years
2. Varicella (either history of the disease, record of positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized after age 13)
3. Hepatitis B Series of three doses (dates of vaccines or signed waiver) or Hepatitis B antibody (attach report)
4. Meningococcal – One dose, preferable at entry to college for freshman living in residence halls, for those who wish to reduce their risk of meningococcal disease. Any undergraduate under 25 years of age who wishes to reduce risk of disease should consider the vaccine. Students with immunodeficiency such as complement deficiency of asplenia should receive vaccine every three to five years. This is recommended by the CDC (Center for Disease Control) for all college freshmen. **Please see attached information.**
5. Gardasil **– three doses**

Nursing Students: See Nursing Handbook for current requirements.

Tuberculosis Information
All students are required to complete the below questionnaire. **Students from countries that have a high incidence of TB disease are required to have a TB skin test upon arrival at Grand View University.** TB testing can be done at Grand View Student Health for a cost of $20 by appointment only. Documentation of a TB test completed in the United States within the last calendar year will be accepted.

Check any that apply:

❑ Yes ❑ No Have you ever had a positive TB test or been treated for TB?
❑ Yes ❑ No From or have lived for two months or more in Asia, Africa, Central or South America or Eastern Europe.
❑ Yes ❑ No Have been diagnosed with a chronic medical condition that may impair your immune system.
❑ Yes ❑ No Productive cough for more than two weeks.
❑ Yes ❑ No A health care worker/volunteer in a nursing home, prison, residential institution or hospital.
❑ Yes ❑ No Contact with a person known to have active tuberculosis.
❑ Yes ❑ No Have symptoms of active tuberculosis, such as unexplained weight loss or weakness, coughing up blood, night sweats.

If you answered NO to all questions, please sign, date, and send this, along with your immunization form, in one envelope to Grand View Health Services, 1200 Grandview Avenue, Des Moines, Iowa 50316. If you answered YES, please complete the next portion of this form. If you are a nursing major, a tuberculin skin test (Mantoux only, not tine) is required within past 12 months before starting clinicals or practicums.

_____

Signature Date

Student Health Form, continued

If you answered YES to any of the above questions please make an appointment with your healthcare provider and ask them to schedule time for you to obtain a tuberculin skin test (or if you have been treated in the past, for them to provide records to you as requested above). **Please note: Expenses incurred are your responsibility.**

Tuberculin Skin Test Date Given _____ Date Read (must be read by health care provider) _____

Result (record actual mm of induration – if none, write 0) _____

If positive, what treatment, if indicated? (please attach medical information if necessary) _____

_____

Chest x-ray result (REQUIRED if tuberculin skin test is positive) ❑ Normal ❑ Abnormal Date Completed (please include a copy of the report) _____

Have you ever been treated with Isoniazid ❑ Yes ❑ No If so, for how long _____

(*) 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.gob/nchstp/tb/pubs/corecurr/.

(**) 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.

Meningococcal Information

This is to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and recommendations from the Centers for Disease Control and Prevention (CDC).

On October 20, 1999, the CDC's Advisory Committee on Immunization Practices (ACIP) voted to recommend that college students, particularly freshmen living in dormitories and residence halls, be educated about meningitis and the benefits of vaccination. The panel based its recommendation on recent studies showing that college students, particularly freshmen living in dormitories, have a six fold increased risk of meningitis. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. February 10, 2005, the CDC recommended routine vaccination of all college freshmen living in dorms.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.

Two vaccines are available that protect against four types of the bacteria that cause meningitis in the United States. These bacterial types account for nearly two thirds of meningitis cases among college students. The vaccines are very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

Grand View University Health Services offers the meningococcal vaccine for those students who wish to reduce their risk for disease. The cost of the vaccine (Menactra) is $95. Your insurance may cover the cost. Please call for appointment at 515-263-2823. You may also receive it at your regular health care provider or at your county health department. Please call ahead to make sure of availability. If you are unsure if you have received the vaccination at your college entrance physical, please call your doctor.

If you wish to receive the vaccination at Grand View University Health Services, the cost of the shot will be billed to your Grand View account. We do not file with insurance companies but will provide a detailed receipt to turn into your insurance company.

For more information, please call Grand View University Health Services at 515-263-2823, and/or consult your physician. You can also find information about the disease at Centers for Disease Control at www.cdc.gov/ncidod/dbmd/diseaseinfo, or America College Health Associations Web site at www.acha.org.

ALL of the above information needs to be completed (including vaccination records) and turned in together to avoid an academic hold.