



## Health Information Checklist

- ☐ **Please complete the following medical forms ASAP, preferably at least 30 days prior to arrival:**
  - 1. Self-reported medical history**
  - 2. Have the Health Evaluation completed by a Medical Professional**
    - ☐ **Physicals are accepted if performed within the last year**
- ☐ **Review meningitis fact sheet**
- ☐ **Make a copy of both sides of your medical insurance card and include the policy holder's name and date of birth**
- ☐ **Submit completed forms all together to:**

**Student Services  
51 W. College St.  
Waynesburg, PA 15370**

It is strongly recommended that you keep a copy of these forms for your records. If you have any questions regarding health forms or medical concerns please do not hesitate to contact Student Health Service at [jshiring@waynesburg.edu](mailto:jshiring@waynesburg.edu).

- ❖ We are unable to give a room key without the completed medical form that includes proof of meningitis vaccine or waiver per Pennsylvania law.**



# Self-Report of Medical History

LAST NAME (Print) \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX M ( ) F ( ) STUDENT'S CELL PHONE \_\_\_\_\_

## FAMILY HISTORY

	Age	Name	State of Health	Occupation	Age of Death	Cause of Death
Father						
Mother						
Brothers						
Sisters						

## PERSONAL HISTORY Please answer all questions. Explain ALL yes answers below.

HAVE YOU HAD?	Yes	No	HAVE YOU HAD?	Yes	No	HAVE YOU HAD?	Yes	No
Recurrent Headache			Pneumonia			<b>ALLERGIES TO:</b>		
Eye Problem			Bronchitis			Medication		
Ear Problem			Tuberculosis			Food		
Nose Problem			Seasonal Allergies/Hay Fever			Environment		
Throat Problem			Allergy Shots			Do you carry an Epi-Pen?		
Thyroid Disorder			Hepatitis			<i>*List allergen &amp; reaction below*</i>		
Heart Murmur			Mononucleosis			Do you take medication?		
Heart Disease			Chicken Pox			Have you been hospitalized?		
Heart Palpitations			Head Injury w/ unconsciousness			Have you had surgery?		
High Blood Pressure			Concussion			Are you on a special diet?		
Low Blood Pressure			Bone Injuries/Joint Injuries			<b>Do you currently have signs of tuberculosis?</b>		
Anemia			Diabetes			Cough greater than 3 weeks		
Sickle Cell			Stomach Problems			Chest Pain		
Bleeding Disorders Hemophilia/Other			Emotional Problems			Coughing up blood		
Dizziness/Fainting			Eating Disorder			Night Sweats		
Kidney/Bladder Disorders			Frequent Anxiety			Fever		
Seizures			Frequent Depression			Weight Loss		
Tumor, Cancer, Cyst			Frequent Nervousness					
Learning Disorder			Would you like referred to the counseling center?					
Will you require academic accommodations?			<b>ASTHMA</b>			Have you been out of the country in the last year?		
Physical Limitations			Age of diagnosis:			If yes, which country:		
<b>FEMALES ONLY</b>			Date of last asthma attack:					
Irregular Periods			Do you currently have an inhaler?					
Severe Cramps			What are your asthma triggers:			Malaria		
Excessive Flow								

If you answered yes to any of the questions above or have any other medical history you would like to share please explain here. Please attach additional paper if needed.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental consent is required for students who will be 17 years old or younger upon arrival to campus.**

I authorize the staff members of the Waynesburg University Student Health Service to interview, examine, test and if necessary, treat my son/daughter as they may deem advisable, and to disclose such information to other university officials as necessary.

Signature of parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

# HEALTH EVALUTION

## TO BE FILLED OUT BY PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACITIONER

Last Name		First		Middle	
Date of Birth	Height	Weight	B/P	Pulse	

### PHYSICAL EXAM:

Date of most recent physical exam (acceptable if within 1 year of entry) \_\_\_\_\_

**Are there abnormalities of the following systems? Describe fully.**

1. Head, Ear, Nose or Throat	Yes	No	9. Metabolic/Endocrine	Yes	No
2. Respiratory	Yes	No	10. Neurologic	Yes	No
3. Cardiovascular	Yes	No	11. Skin	Yes	No
4. Gastrointestinal	Yes	No	12. Loss or impaired organ	Yes	No
5. Hernia	Yes	No	13. Physical Activity	Limited	Unlimited
6. Eyes	Yes	No	14. Recommendations for care	Yes	No
7. Genitourinary	Yes	No	15. Emotional concerns	Yes	No
8. Musculoskeletal	Yes	No	16. Any general comments	Yes	No

**COMMENTS OR CONCERNS: (For additional comments may use back of form)**

### IMMUNIZATIONS:

Tetanus Toxoid/Diphtheria-Within the last 10 years		Td	Tdap
Measles/Mumps/Rubella (M.M.R.)		1 <sup>st</sup>	2 <sup>nd</sup>
Hepatitis B Series	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Varicella (Chicken Pox)	Had Disease	1 <sup>st</sup>	2 <sup>nd</sup>
Polio (IPV/OPV) Last date of booster:			
Hepatitis A		1 <sup>st</sup>	2 <sup>nd</sup>
HPV	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Serogroup B meningococcal	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Quadrivalent Meningococcal Conjugate	1 <sup>st</sup>	2 <sup>nd</sup>	
<b><i>Pennsylvania state law requires all residential students to either waive or receive the meningitis vaccine.</i></b>		<b>Waiver: I have reviewed the meningitis Fact Sheet regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine, but decline the vaccine</b>	
		<b>Signature of Student(Parent/Guardian if under 18) _____ Date _____</b>	

### TUBERCULOSIS (TB) SKIN TESTING:

Waynesburg University requires a one-step TB testing for students who are education majors and a two-step TB test for sophomore nursing majors, and those who have active signs of TB, have been exposed to TB, have visited regions with high incidence of TB, have worked in a setting or cared for a population with a high risk of TB.

1 Step: Date Administered \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_ (MM) Chest X-ray Results \_\_\_\_\_ Date: \_\_\_\_\_

2 Step: Date Administered \_\_\_\_\_ Date Read \_\_\_\_\_ Results \_\_\_\_\_ (MM)

### CLINICAN COMPLETEING THIS FORM:

Name (Please Print)	Phone		Fax	
Street Address	City		State	Zip
Signature	Date			

# Waynesburg University Student Health Services

## Meningitis Fact Sheet

In July 2002 Pennsylvania passed legislation (Senate Bill 955) requiring all students living in residence halls to **either** have the meningitis vaccine **or** sign a waiver. If you have had the vaccine, your doctor will document that on the Health Evaluation. If you do not have documentation or do not want the vaccine, please read the information below, discuss with your physician, and sign the waiver portion on the health evaluation form. If you have any further questions contact Waynesburg University Student Health Service 724-852-3332.

- **What is meningococcal meningitis?**

Meningococcal meningitis is a disease caused by the inflammation of the protective membranes covering the brain and spinal cord known as the meninges. The inflammation is usually caused by an infection of the fluid surrounding the brain and spinal cord. Bacterial meningitis is usually severe. While most people with meningitis recover, it can cause serious complications, such as brain damage, hearing loss, or learning disabilities.

- **How is it spread?**

Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

- **Who is at risk?**

Meningococcal disease is more commonly diagnosed among infants, adolescents and young adults. First-year college students living in residence halls are at slightly increased risk compared with other persons of the same age. A vaccine is available and recommended for all first-year college students living in a residence hall. However, any college student can receive the vaccine to decrease their chances of getting meningococcal disease.

- **What are the symptoms?**

Meningococcal meningitis infection may show up in a person by a sudden onset of fever, headache, and stiff neck. It will often have other symptoms, such as nausea, vomiting, increased sensitivity to light, and altered mental status. Later symptoms of bacterial meningitis can be very severe (e.g., seizures, coma). For this reason, anyone who thinks they may have meningitis should see a doctor as soon as possible.

- **Can meningitis be prevented?**

**Yes!** The Centers for Disease Control and Prevention (CDC) recommends 2 doses of quadrivalent meningococcal conjugate vaccine for adolescents 11 through 18 years of age. The first dose should be given at 11 or 12 years of age, followed by a booster dose at age 16. If the first dose is given at 13 through 15 years of age, the booster should be given at 16 through 18 years of age. Serogroup B meningococcal vaccines are also available. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends the use of serogroup B meningococcal (MenB) vaccines for ages 16-23 for short-term protection against the disease, with a preference for administration between ages 16 and 18. Please talk with your doctor about meningitis.

For more information: to learn more about meningitis and the vaccine, call the university health service at 724-852-3332 or visit the websites of the Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/meningococcal/> and the American College Health Association, [www.acha.org](http://www.acha.org).