

HEALTH HISTORY: Please print. Please complete both sides.

Name: _____ Cell Phone _____
(Last) (First) (Middle)

Male _____ Female _____ Trans or transgender (please specify) _____

Address _____
(Street Address) (City) (State) (Zip)

Date of Birth _____ Married _____ Single _____ Birth Country _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Phone: Home _____
Work _____
Cell _____

Date of Enrollment: _____ As: Freshman Sophomore Junior Senior Graduate student

MEDICAL HISTORY—Have you ever had any of the following: (check if applicable)

- Alcohol Abuse, Drug Abuse, Kidney Disease, Rheumatic Fever, Anemia, Eating Disorder, Loss of Consciousness/Fainting, Sickle Cell Disease, Arthritis, Hayfever, Malaria, Sinus Infections, Asthma, Hepatitis, Menstrual Problems, Sleep Disorder, Back Problems, Headache-Chronic, Measles, Spleen Removed, Cancer, Heart Disease, Migraine Headache, Stroke, Chicken Pox, Head Injury, Mono, Positive TB Skin Test, Colitis, Heart Murmur, Mumps, Thyroid Disease, Convulsions/Seizures, Hemophilia, Orthopedic Problems, Urinary/Bladder Infections, Chronic Cough, Hernia, Pneumonia, Depression, High Blood Pressure, Polio, Diabetes, High Cholesterol, Disability, Intestinal/Stomach Disorders, Counseling

Brief explanation of any positive responses: _____

History of Surgery: Yes No

Ongoing Medical / Psychological Problems: Yes No Are you seeing a health care provider regularly? Yes No

Medications being taken: _____

Medication Allergies: Yes No

(List Medication/Reaction)

Environmental Allergies: _____

Tobacco Use: Yes No Type _____ Frequency _____

Name _____

Birth Date _____

Please print

IMMUNIZATION RECORD

Vaccine	Date	Date			
Measles, Mumps, Rubella (MMR) (Month/Day/Year)	#1	#2	<ul style="list-style-type: none"> Two doses of measles, mumps and rubella vaccine (MMR) vaccine are required. The first MMR must have been given no earlier than 4 days before the first birthday. The 2nd dose of MMR vaccine must have been administered at least 28 calendar days after the 1st dose. In lieu of immunization, written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof. MMR vaccine is not required for college students born before January 1957. 		
Hepatitis A (Month/Day/Year)	#1	#2	Recommended for routine use in all adolescents through the age of 18 and in particular for high-risk groups (i.e., persons traveling to countries where hepatitis A is moderately or highly endemic, men who have sex with men, users of injectable and non-injectable drugs, persons who have clotting-factor disorders, persons working with nonhuman primates, and persons with chronic liver disease).		
Hepatitis B (Month/Day/Year)	#1	#2	#3	Recommended for all college students.	
Human Papillomavirus (HPV) (Month/Day/Year)	#1	#2	#3	Recommended for all females 11-26 years old and for all males 11-21 years old, males 11-26 years old who have sex with men, and 11-26 year old males with compromised immune systems. Other males 22-26 years old may be vaccinated.	
Meningococcal Quadrivalent (Menactra or Menveo) (Month/Day/Year)	#1	#2	One or two doses recommended for all college students, especially for students living in residence halls. If first dose given before age 16, a booster is recommended. If initial dose given age ≥ 16 years, no booster dose required.		
Meningococcal Serogroup B (Bexsero or Trumenba) (Month/Day/Year)	#1	#2	#3 (If Trumenba)	Two or three dose series; may be given to any college student or for outbreak control.	
DTP (diphtheria, tetanus, pertussis) (Month/Day/Year)	#1	#2	#3	#4	#5
Polio (Month/Day/Year)	#1	#2	#3	#4	
Varicella / Chicken pox (Month/Day/Year)	#1	#2	OR - History of Disease (Month/Year)	Recommended for all college students without evidence of immunity (e.g. history of disease, two doses of vaccine, or a positive antibody).	
Td Booster (tetanus diphtheria) (Month/Day/Year) (within last 10 yrs.)	#1	Or Tdap Booster (Td Pertussis) (Month/Day/Year) One dose required	#1	An Immunization Waiver can be requested by calling 262-524-7233. Please note that students who are incompletely vaccinated may be excluded from class if an outbreak of a vaccine preventable disease occurs on campus.	

TUBERCULOSIS SCREENING IS REQUIRED FOR NON-U.S. RESIDENTS AND STUDENTS PARTICIPATING IN STUDY ABROAD PROGRAMS IN HIGH RISK AREAS

Non U.S. residents must be tested for tuberculosis (TB) **after arriving on campus in the U.S.** prior to the 25th day of classes. In addition, students who participate in a Carroll University study abroad program in any high incidence area need to be screened for TB 8 to 10 weeks after returning to the U.S. Visit the Student Health Center web page to view the full policy found under handouts. Appendix A lists high incidence countries:

https://my.carrollu.edu/ICS/Departments/Health_Services/

Failure to comply with this policy by the 25th day of classes, or by 10 weeks after return from studying abroad to a high incidence area, may result in a hold being placed on the student's registration. In addition, the Director of International Education and the Dean of Students will be notified if a student fails to comply with the policy.

For All Students: By signature, I verify that the information on this form is accurate and true

I have read detailed information about the risks associated with Meningococcal disease and Hepatitis B and the availability and effectiveness of vaccination against these diseases. If not, see <http://www.cdc.gov/vaccines/hcp/vis/index.html>

Signature of student ≥ 18 years of age

Date

Signature of parent / guardian if student is < 18 years of age

Date