

## GRADUATE—HEALTH INFORMATION

This page is to be completed by the student.

FIRST NAME	MIDDLE	LAST (FAMILY NAME)	SOUTHERN ID NUMBER
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HOME ADDRESS	APT #	BIRTH DATE MM-DD-YY	AGE
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CITY	STATE	ZIP CODE	COUNTRY
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EMAIL ADDRESS	PREFERRED PHONE NUMBER	ALTERNATE PHONE NUMBER
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GENDER <input type="radio"/> Male <input type="radio"/> Female	MARITAL STATUS <input type="radio"/> Single <input type="radio"/> Married	TERM FOR WHICH YOU ARE APPLYING <input type="radio"/> Fall ____ <input type="radio"/> Winter ____ <input type="radio"/> Summer ____ <input type="radio"/> Other _____
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EMERGENCY CONTACT PERSON	RELATIONSHIP	PREFERRED PHONE	ALTERNATE PHONE
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CURRENT HEALTH PROBLEMS
ALLERGIES (medication, food, environmental)
CURRENT MEDICATIONS (include dose and frequency)
<input type="radio"/> Yes <input type="radio"/> No Were you born or raised outside of the United States? If YES, where?

### PLEDGE


I, the undersigned student, do hereby affirm that the above information is accurate and complete. I authorize, in the case of illness or injury, any diagnostic or therapeutic examination, procedure, treatment, or transportation deemed advisable by and rendered under the supervision of the University Health Center practitioner, independent healthcare providers, selected by faculty, officers, or agents of Southern Adventist University or selected by the undersigned. Consent is hereby granted to the University Health Center to release pertinent medical information and give any immunization required of Southern Adventist University students if such immunization has not been completed or documentation of completion is lacking.

I understand I am responsible for all charges incurred. I take financial responsibility for all non-covered services. I give authorization to release any and all necessary information for health insurance purposes. I understand that this information may be faxed through a non-dedicated, therefore, non-confidential, fax line.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
PRINT YOUR FULL NAME

Continued on the next page 

# IMMUNIZATIONS

You may attach an official copy of your immunizations in place of this form. (It must be in English.)

STUDENT NAME	DATE OF BIRTH MM-DD-YY	SOUTHERN ID NUMBER
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- I am attaching a physician's statement documenting medical contraindication or immunity.
- I claim religious exemption. (Attach Religious Exemption form. Download at [southern.edu/universityhealth](http://southern.edu/universityhealth).)

## REQUIREMENTS

1. **MEASLES, MUMPS, RUBELLA (MMR):** Proof of immunization with two doses of MMR vaccine at least 28 days apart, or serology showing immunity.
2. **Varicella (Chickenpox):** Proof of immunization with two doses of Varicella vaccine at least 28 days apart, serology showing immunity to Varicella, or documentation from a medical facility verifying a previous diagnosis of the illness.
3. **Hepatitis B:** Proof of immunization with three doses of Hepatitis B vaccine, or documentation of serology showing immunity.
4. **Tdap:** Students must provide proof of Tdap booster within the last 10 years.
5. **Meningococcal (Meningitis):** Proof of immunization, or after reading the attached Meningitis fact sheet, initial below indicating the desire to waive the vaccine, understanding said risks/benefits.
6. **Tuberculosis (TB):** A PPD or an IGRA (Quantiferon Gold or Tspot) result dated within the last six months, or chest Xray results and/or treatment completion certificate, as appropriate.

TO BE COMPLETED BY THE HEALTHCARE PROVIDER					SIGNATURE OR STAMP
<b>MMR</b>	DOSE 1 DATE	DOSE 2 DATE	TITER		
<b>VARICELLA</b>	DOSE 1 DATE	DOSE 2 DATE	TITER	DATE OF DISEASE	
<b>HEPATITIS B</b>	DOSE 1 DATE	DOSE 2 DATE	DOSE 3 DATE	TITER	
<b>Tdap</b>	DATE				
<b>MENINGITIS</b>	DATE	<input type="checkbox"/> I (student) choose to waive			
<b>TUBERCULOSIS</b>	DATE GIVEN	SITE	DATE READ	RESULTS	
PPD OR IGRA SKIN TEST			READ BY:	_____ mm induration	
I certify that this information is correct.					
HEALTHCARE PROVIDER SIGNATURE		PRINT NAME	TODAY'S DATE	PHONE NUMBER	

Southern Adventist University • School of Nursing • PO Box 370 • Collegedale, TN  
37315-0370 Phone 423.236.2957 • Fax 423.236.1957

Effective July 1, 2003, the state of Tennessee requires incoming students to sign that they have received information on Meningococcal Meningitis and have either received the vaccine or signed a waiver.

Meningococcal meningitis is a rare but potentially fatal bacterial infection that causes inflammation of the membranes surrounding the brain and spinal cord. It can lead to sepsis, a life-threatening blood infection. It is difficult to diagnose because the symptoms can be mistaken for the flu or another respiratory infection. Meningococcal disease can get worse very rapidly and kill a healthy young adult in 48 hours or less. However, 1 in 5 of those who recover will suffer from permanent disabilities such as hearing loss, brain damage, seizures, and/or limb amputation.

### **How Common is Meningococcal Meningitis?**

Although meningococcal disease is uncommon, the risk is higher for young people living on campus. About 100-125 cases occur annually on college campuses and 5-15 students die. College freshmen dormitory students are at increased risk of getting the disease. Meningitis strikes about 2,600 Americans with approximately 10-15% of these individuals dying, despite treatment with antibiotics. It is important to prevent this disease in individuals at highest risk through use of the meningococcal vaccine.

What are the Early Symptoms? It is possible to have the disease if you have fever and at least one other symptom. Because the disease progresses rapidly, often in as little as 12 hours, prompt diagnosis and treatment is important.

- High fever
- Severe headache
- Stiff neck
- Extreme fatigue
- Lethargy
- Nausea
- Vomiting
- Sensitivity to light
- Skin rash

### **How is Meningococcal Meningitis Spread?**

Up to 11% of the people in a population may be carriers who acquire natural antibodies. Meningococcal bacteria are transmitted through the air via droplets of respiratory secretions and by direct contact with an infected person. The bacteria may live harmlessly in the carrier's nose and throat and be passed along by coughing, sneezing, kissing, or sharing a glass with a vulnerable person who then becomes seriously ill. Persons with respiratory infections, compromised immunity, those in close contact to a known case, and travelers to endemic areas of the world are at increased risk. Cases and outbreaks usually occur in late winter and early spring. There can be outbreaks in which many people are infected.

### **Meningococcal Vaccine - Menactra**

Menactra vaccine is indicated for active immunity against invasive meningococcal disease caused by N meningitides Serogroups A, C, Y, and W-135 in persons 11-55 years of age. The vaccine may not protect 100% of individuals. There are risks associated with all vaccines. The most common adverse reaction to Menactra vaccine may include pain, redness and swelling at the site of injection, headache, fatigue and malaise. Menactra vaccine is contraindicated in persons with known allergy to any component of the vaccine or to latex which is used in the vial stopper. Because of the risk of hemorrhage, Menactra vaccine should not be given to persons with any bleeding disorders such as hemophilia or thrombocytopenia or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. Also, individuals who have ever had Gullian-Barre' Syndrome should discuss the vaccine with their doctor prior to administration.

### **For More Information**

The University Health Center phone number is 423-236-2713. The vaccine is available for \$95.00 (price may vary). Please call to put your name on the order list. Charges will be placed on your student account when the vaccine is ordered. Students are responsible to file their own insurance. A walk-out statement will be provided upon request.

- Center for Disease Control (CDC): <http://www.cdc.gov/meningococcal/>
- American College Health Association (ACHA): <http://www.acha.org/>
- Immunization Action Coalition (IAC): <http://www.immunize.org/>

Effective July 1, 2003, the state of Tennessee requires incoming students to sign that they have received information on Hepatitis B and have either received the vaccine or signed a waiver.

Hepatitis B is a serious and contagious infection of the liver caused by the hepatitis B virus (HBV). It can lead to a lifelong infection, cirrhosis, liver cancer, liver failure, and death. There is no cure but it can be prevented by vaccination.

### **How common is hepatitis B?**

One in 20 people now have or will someday contract hepatitis B. Each year about 240,000 Americans are infected, 5,000 die, and 1.25 million have chronic hepatitis B infections and are potentially infectious to others. Fifty percent of those infected do not have symptoms but can go on to infect others. About one third do not know the source of their infection. The HBV has shown to remain infectious on environmental surfaces for at least a month at room temperature.

### **How is hepatitis B spread?**

Hepatitis B is spread when blood or body fluids of an infected person are absorbed into an individual's blood stream through broken skin or a mucous membrane. The virus can live in all body fluids including blood, saliva, semen, and vaginal fluids. It can enter the body through cuts, tears, or abrasions in the skin and through mucous membranes of the mouth, vagina, anus, and eyes.

### **Why are college students at risk?**

- Seventy-five percent of all hepatitis B cases occur between ages 15-39
- Students from highly endemic areas may be carriers
- Health sciences students may come in contact with infected materials during their course of study
- College students may come in contact with blood or body fluids of an infected person during:
  - Contact sports (players may be exposed to each other's blood or saliva)
  - Helping an injured person who is bleeding
  - Sharing items like a razor, toothbrush or earrings
  - Use of illicit injectable drugs
  - Getting a tattoo or body piercing with a contaminated instrument or needle
  - Sexual contact (causes 30-60% of new hepatitis B infections in the U.S.)
  - Living in close quarters—like a residence hall—may increase the risk of exposure to carriers of the virus
  - Travel abroad to high risk areas

### **Hepatitis B Vaccine**

The Hepatitis B vaccine is safe and effective. You cannot get the disease from the vaccine. The most common side effect is soreness at the site of the injection. Vaccination requires a series of three shots over a six-month period. After that a booster shot is not necessary. The vaccine protects 96 percent of those who complete the three-dose vaccination series.

### **For More Information**

- The University Health Center phone number is 423-236-2713. The vaccine is available for \$60/shot (price may vary). Charges will be placed on your student account. Students are responsible to file their own insurance. A walk-out statement will be provided upon request.
- Center for Disease Control (CDC): <http://www.cdc.gov/hepatitis/hbv/index.htm>
- American College Health Association (ACHA): <http://www.acha.org/>
- Immunization Action Coalition (IAC): <http://www.immunize.org/>