

Medical Health History Form



Please submit these forms and all medical records and/or immunizations to the confidential email below. Please contact the Health Center for any questions or concerns related to past or current medical issues. Email: health.center@fresno.edu. Phone: 559-453-2197

Personal Information

Name _____ FPU ID# _____
FIRST MIDDLE LAST

Mailing address _____
STREET CITY STATE ZIP COUNTRY

Cell phone _____ Email address _____

Birth date _____ Gender _____

I am a/an (check all that apply): On-campus resident Commuter International student US citizen but live outside the country

Your physician's name _____ Phone number _____

Physician's address _____
STREET CITY STATE ZIP

Personal History

Have you ever been diagnosed with or had problems with the following:

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
ADD/ADHD			Eye/Vision Difficulties			Orthopedic/Physical Disability		
Allergies			Heart Disease			Psychotherapy		
Anemia			High Blood Pressure			PTSD		
Asthma			HIV/AIDS			Relationship Difficulties		
Bipolar Disorder			Kidney Disease			Smoke Tobacco		
Cancer			Learning Disability			Stomach Problems		
Celiac Disease			Liver Disease			Stress/Anxiety		
Chickenpox			Lung Disease			Substance Use/Abuse		
Crohn's Disease			Malaria			Thyroid Disorder		
Depression			Menstrual Disorders			Trauma Effects		
Diabetes			Mental Health Inpatient			Tuberculosis		
Eating Disorder			Meningitis			Ulcer		
Epilepsy/Seizures			Neurology Problems			Urinary Tract Infections		

Other disorders or illnesses (please list) _____

Allergies (medications, foods, environmental, etc.) _____

Current/on-going medical problems _____

Current medications (dosage/amount used) _____

Previous hospitalizations or surgeries _____

Do you have a history of any chemical dependency (including alcohol), eating disorder (including anorexia or bulimia), depression or any mental health problem? Please explain _____

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Immunizations/Vaccinations

Fresno Pacific University requires the following immunization records, questionnaires, or waivers in accordance with California state law. Please use the checklist below to submit the required immunizations/vaccinations:

- Hepatitis B:** Full immunization series (Required for first-time enrollees 18 years of age or younger. Highly recommended to all students.) Dose #1 Dose #2 Dose #3
- Measles/Mumps/Rubella (MMR):** Dose #1 Dose #2
- Meningitis Advisory and Information:** Signature required (page 4 of Health Form)
- Tetanus, Diphtheria and Pertussis (Tdap):** One dose within the last 10 years. Dose #1
- Tuberculosis (TB) Screening Questionnaire:** (page 3 of Health Form).
- Varicella (Chickenpox):** Two doses on or after first birthday OR proof of having history of Chickenpox disease.
Dose #1 Dose #2

The following immunizations are *recommended* but not required:

- Poliovirus (three doses of OPV, four doses of IPV or four doses of any combination of OPV and IPV)
- Influenza Vaccine (annual)
- COVID-19 Vaccine (Note: FPU is working with institutions across the state to determine if the vaccine will be mandatory for students this upcoming academic year. Stay tuned with the latest campus updates by visiting our main website at fpu.edu.)

For international students and U.S. citizens living abroad, the following immunization records are also required:

- Proof of a negative Tuberculin Skin Test PPD (Mantoux) within the past 12 months.
For a positive skin test, a chest x-ray is required and a copy of your results must be provided.
- Completed polio series (three doses of OPV, four doses of IPV or four doses of any combination of OPV and IPV).

Consents for Medical/Mental Health Treatment and History

This section must be completed by the student and/or parent or legal guardian.

For students who will be 18 years of age upon the start of classes:

I hereby give my consent for medical staff to communicate my personal health history with, and only with, Fresno Pacific University staff if it is beneficial to my well-being and/or safety.

SIGNATURE OF STUDENT

PRINTED NAME OF STUDENT

DATE

For students who will be under the age of 18 upon the start of classes:

I hereby give consent to any necessary emergency examination, anesthetic, surgery or treatment and/or hospital care for the minor child listed below under general or special supervision of an FPU representative and on the advice of any physician or surgeon licensed to practice medicine. I hereby give consent to any necessary emergency mental health evaluation, treatment and/or hospital care to be rendered for the minor child listed below under general or special supervision of an FPU representative and on the advice of any physician, psychologist or counselor licensed to practice medicine, psychotherapy or counseling. I understand this is to be used only if I cannot be reached and I understand that this is to allow emergency treatment to be initiated without delay and the staff will continue efforts to contact me.

I hereby give my consent for medical staff to communicate my child's personal health history with, and only with, Fresno Pacific University staff if it is beneficial for their well-being and/or safety. This consent will be valid as long as the above-named is a minor and a student at Fresno Pacific University.

I do hereby state that I am the parent or legal guardian of _____
STUDENT'S NAME (PRINTED)

SIGNATURE OF PARENT/LEGAL GUARDIAN

PRINTED NAME OF PARENT/LEGAL GUARDIAN

DATE

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Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

Have you ever had a positive TB skin test? Yes No

Have you ever had close contact with anyone who was sick with TB? Yes No

Were you born in one of the countries listed below and arrived in the U.S. within the past five years? Yes No
(If yes, please MARK the country)

Have you ever traveled* to/in one or more of the countries listed below? Yes No
(If yes, please MARK the country)

Have you ever been vaccinated with Bacillus Calmette-Guerin (BCG)? Yes No

If the answer to all of the above questions is NO, no further testing or further action is required.

If the answer is YES to any of the above questions, did you receive a chest x-ray and/or treatment?

Please explain: _____

Fresno Pacific University requires a negative PPD skin test prior to starting classes or within the last calendar year.

PPD skin test results should be submitted to the Health Center prior to the start of classes.

Failure to do so may result in Fresno Pacific University administratively dropping your courses.

** The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Afghanistan	Cook Islands	Japan	Nicaragua	Sri Lanka
Algeria	Côte d'Ivoire	Kazakhstan	Niger	Sudan
Angola	Croatia	Kenya	Nigeria	Suriname
Argentina	Democratic People's Republic of Korea	Kiribati	Pakistan	Swaziland
Armenia	Democratic Republic of the Congo	Kuwait	Palau	Syrian Arab Republic
Azerbaijan	Djibouti	Kyrgyzstan	Panama	Tajikistan
Bahrain	Dominican Republic	Lao People's Democratic Republic	Papua New Guinea	Thailand
Bangladesh	Ecuador	Latvia	Paraguay	Timor-Leste
Belarus	El Salvador	Lesotho	Peru	Togo
Belize	Equatorial Guinea	Liberia	Philippines	Tonga
Benin	Eritrea	Libyan Arab Jamahiriya	Poland	Trinidad and Tobago
Bhutan	Estonia	Lithuania	Portugal	Tunisia
Bolivia	Ethiopia	Madagascar	Qatar	Turkey
Bosnia/Herzegovina	French Polynesia	Malawi	Republic of Korea	Turkmenistan
Botswana	Gabon	Malaysia	Republic of Moldova	Tuvalu
Brazil	Gambia	Maldives	Romania	Uganda
Brunei Darussalam	Georgia	Mali	Russian Federation	Ukraine
Bulgaria	Ghana	Marshall Islands	Rwanda	United Republic of Tanzania
Burkina Faso	Guam	Mauritania	Saint Vincent and the Grenadines	Uruguay
Burundi	Guatemala	Mauritius	Sao Tome and Principe	Uzbekistan
Cambodia	Guinea	Micronesia	Senegal	Vanuatu
Cameroon	Guinea-Bissau	Mongolia	Serbia	Venezuela (Bolivarian Republic of)
Cape Verde	Guyana	Montenegro	Seychelles	Vietnam
Central African Republic	Haiti	Morocco	Sierra Leone	Yemen
Chad	Honduras	Mozambique	Singapore	The former Yugoslav Republic of Macedonia
China	India	Myanmar	Solomon Islands	Zambia
Colombia	Indonesia	Namibia	Somalia	Zimbabwe
Comoros	Iraq	Nepal	South Africa	

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*Proof of vaccination is required within the first two weeks of your first semester at FPU.

Meningitis Advisory and Information

Meningococcal meningitis is a bacterial infection that can cause severe swelling in the membranes surrounding the brain and spinal cord. It can cause serious complications such as brain damage, hearing loss, learning disabilities, amputations and even death.

SIGNS AND SYMPTOMS

Early symptoms of the meningitis infection may include a sudden onset of fever, headache, stiff neck, nausea, vomiting, increased sensitivity to light, confusion and rash. These symptoms may appear quickly and are often mistaken for a cold or the flu and ignored.

HOW IS IT TRANSMITTED?

Meningitis is spread by direct contact with infected individuals. To reduce the risk of contracting meningitis, avoid sharing beverages or utensils and develop regular sleeping patterns.

WHO IS AT RISK?

College-age students primarily living on campus have significantly higher risk of contracting meningococcal meningitis. The Centers for Disease Control and Prevention (CDC) have issued recommendations calling for routine vaccination with meningococcal conjugate vaccine for college students living in residence halls. The American College Health Association, the American Academy of Pediatrics and the American Academy of Family Physicians have all adopted the guidelines adopted by the Advisory Committee of Immunization Practices (ACIP). These guidelines encourage information dissemination regarding this disease and vaccination availability of those who wish to reduce the risk of meningococcal disease.

IS THERE A VACCINE AGAINST MENINGOCOCCAL DISEASE?

Yes. There is an effective meningococcal conjugate vaccine that can provide long-term protection against four out of five strains of the disease. If you received a meningococcal conjugate vaccination between the ages of 11-12 a booster is recommended at age 16. If you received the vaccination between the ages of 13-15, a booster is recommended at age 16-18. Meningitis vaccines are available through your family physician, clinics or the County of Fresno: Department of Public Health.

IS THE MENINGOCOCCAL VACCINATION REQUIRED BY FRESNO PACIFIC UNIVERSITY?

No, FPU does not require students to have the meningococcal vaccination, however, it is highly recommended.

More information can be found online at cdc.gov (Centers for Disease Control and Prevention).

PLEASE CHECK ONE BELOW:

- I have received a meningococcal vaccination. *Date: ____/____/____
- I have decided to accept the meningitis vaccine from my family physician or local clinic. *
- I have decided to accept the meningitis vaccine from the County of Fresno: Department of Public Health (Phone: 559-455-3550). *
- I am aware of the above risks and I have decided not to get a meningitis vaccination. I take full responsibility in the event of any possible illness or injury resulting from waiving this immunization. I am aware that in the case of an outbreak of a disease in which I have waived immunization, it is plausible that the public health department could mandate a quarantine, thereby preventing non-immunized students' access to campus.

I have read the information above and certify that the information provided by me is true.

PRINTED STUDENT NAME

STUDENT SIGNATURE

DATE

PRINTED GUARDIAN NAME

GUARDIAN SIGNATURE

DATE

(Required if student is under 18 years of age.)