

Medical Health History Form



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:*

	Yes	No		Yes	No		Yes	No
ADD/ADHD			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		
Eye/Vision Difficulties			Orthopedic/Physical Disability					

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 _____

*If you need assistance or accommodations for any of these illnesses visit the Disability Access and Education Office or **Disability Access and Education** for more information

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Immunizations/Vaccinations

Fresno Pacific University requires the following immunization records, questionnaire or waivers in accordance with California state law:

- Hepatitis B: Full immunization series (Required for first-time enrollees 18 years of age or younger. Highly recommended to all students.)
- Measles/Mumps/Rubella (MMR): Two doses (The last dose must have been after age 12 months). Please submit proof of immunizations.
Date of MMR Dose 1: _____ Date of MMR Dose 2: _____
- Meningitis Advisory and Information (signature required) (page 4 of Health Form)
- Tetanus, Diphtheria and Pertussis (Tdap): one dose on or after seventh birthday.
- Tuberculosis (TB) Screening Questionnaire (page 3 of Health Form).
 - o If you answer "Yes" to any questions on the Tuberculosis Screening Questionnaire, you **MUST** have had a TB skin test administered in the United States within the last calendar year. Results must be submitted prior to the start of classes.
- Varicella (Chickenpox): Two doses on or after first birthday.

The following immunizations are recommended but not required:

- Poliovirus & Influenza vaccine (annual).

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).

Please visit the university nurse for any questions or concerns relating to past or current medical issues.

Consents for Medical/Mental Health Treatment and History

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

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

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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 CIRCLE the country)

Have you ever traveled* to/in one or more of the countries listed below? Yes No
(If yes, please CIRCLE 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 Office of Undergraduate Admission 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	Côte d'Ivoire	Kazakhstan	Niger	Suriname
Algeria	Croatia	Kenya	Nigeria	Swaziland
Angola	Democratic People's Republic of Korea	Kiribati	Pakistan	Syrian Arab Republic
Argentina	Democratic Republic of the Congo	Kuwait	Palau	Tajikistan
Armenia	Djibouti	Kyrgyzstan	Panama	Thailand
Azerbaijan	Dominican Republic	Lao People's Democratic Republic	Papua New Guinea	Timor-Leste
Bahrain	Ecuador	Latvia	Paraguay	Togo
Bangladesh	El Salvador	Lesotho	Peru	Tonga
Belarus	Equatorial Guinea	Liberia	Philippines	Trinidad and Tobago
Belize	Eritrea	Libyan Arab Jamahiriya	Poland	Tunisia
Benin	Estonia	Lithuania	Portugal	Turkey
Bhutan	Ethiopia	Madagascar	Qatar	Turkmenistan
Bolivia	French Polynesia	Malawi	Republic of Korea	Tuvalu
Bosnia/Herzegovina	Gabon	Malaysia	Republic of Moldova	Uganda
Botswana	Gambia	Maldives	Romania	Ukraine
Brazil	Georgia	Mali	Russian Federation	United Republic of Tanzania
Brunei Darussalam	Ghana	Marshall Islands	Rwanda	Uruguay
Bulgaria	Guam	Mauritania	Saint Vincent and the Grenadines	Uzbekistan
Burkina Faso	Guatemala	Mauritius	Sao Tome and Principe	Vanuatu
Burundi	Guinea	Micronesia	Senegal	Venezuela (Bolivarian Republic of)
Cambodia	Guinea-Bissau	Mongolia	Serbia	Vietnam
Cameroon	Guyana	Montenegro	Seychelles	Yemen
Cape Verde	Haiti	Morocco	Sierra Leone	The former Yugoslav Republic of Macedonia
Central African Republic	Honduras	Mozambique	Singapore	Zambia
Chad	India	Myanmar	Solomon Islands	Zimbabwe
China	Indonesia	Namibia	Somalia	
Colombia	Iraq	Nepal	South Africa	
Comoros	Japan	Nicaragua	Sri Lanka	
Congo			Sudan	
Cook Islands				

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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 for my family physician or local clinic. *
- I have decided to accept the meningitis vaccine for 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'S SIGNATURE

DATE

PRINTED GUARDIAN NAME

GUARDIAN'S SIGNATURE

DATE

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

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