

# REQUIRED HEALTH RECORD

**(All students must return completed form prior to the start of classes.)**

Student Health  
Midland University  
Email: studenthealth@midlandu.edu

900 N. Clarkson Street  
Fremont, NE 68025

Phone: (402) 941-6450  
Fax: (402) 727-5676

## TO BE COMPLETED BY STUDENT OR PARENT/GUARDIAN (PLEASE PRINT)

Entrance Date to MU \_\_\_\_\_  Freshman  Sophomore  Junior  Senior  Graduate  Transfer  Readmit  Other

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Last First Middle

Sex: M F Marital Status: S M W D On-campus living: Yes No Sports \_\_\_\_\_ Arts Program \_\_\_\_\_

University Address \_\_\_\_\_ Student Email Address \_\_\_\_\_

Street City State Zip

Permanent Address \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Street City State Zip

Person to be notified in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\*\*ATTACH A COPY OF INSURANCE CARD (both sides) AND A COPY OF YOUR IMMUNIZATION RECORD\*\***

### HEALTH HISTORY

Allergies (drug-other) \_\_\_\_\_ Diabetes Type \_\_\_\_\_ Epilepsy \_\_\_\_\_ Asthma \_\_\_\_\_

Headaches \_\_\_\_\_ Heart Disease \_\_\_\_\_ Gastrointestinal Disorder \_\_\_\_\_ Hepatitis (mo/yr) \_\_\_\_\_

Mental Illness \_\_\_\_\_ Chicken Pox Disease (date) \_\_\_\_\_

List serious illness/injury/surgery \_\_\_\_\_

Current Medications \_\_\_\_\_

### FAMILY HISTORY

Asthma \_\_\_\_\_ Cancer \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_

Tuberculosis \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Bleeding Disorders \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Mental Illness \_\_\_\_\_ Epilepsy \_\_\_\_\_ Alcoholism \_\_\_\_\_

### IMMUNIZATION RECORD

#### All Undergraduate Students

Measles, Mumps & Rubella (MMR) 2 dose of MMR vaccine given after the 1<sup>st</sup> birthday and at least 30 days apart are required of all students born after 1957.

Vaccine #1(date) \_\_\_\_\_ Vaccine #2(date) \_\_\_\_\_ OR

Positive blood test showing immunity for Measles, Mumps and Rubella are accepted. History of illness does not meet this requirement.

#### Requirements of Resident Students (Living on Campus) Athletes or Arts

Measles, Mumps & Rubella (MMR) (See Above under ALL Students)

Meningitis Vaccine 1 dose of Meningitis vaccine must be given after 16 years of age.

Vaccine #1(date) \_\_\_\_\_ Vaccine #2(date) \_\_\_\_\_

Tdap Vaccine 1 dose Tdap Vaccine (Tetanus, Diphtheria, Pertussis) given after licensure date: May, 2006.

Vaccine #1(date) \_\_\_\_\_

Varicella (Chicken Pox) Vaccine or Disease Verification of Chicken Pox Disease or 2 doses Varicella Vaccine

Vaccine #1(date) \_\_\_\_\_ Vaccine #2(date) \_\_\_\_\_ OR Date of Disease \_\_\_\_\_

#### Requirements of International Students

Must meet requirements for All Undergraduate Students AND Resident Students, Athletes or Arts Students

Tuberculosis Screening. Must be done and show documentation of negative PPD skin test, done within the last 12 months. \* PPD skin test is required regardless of prior BCG vaccine. Student with history of Positive PPD: Must complete a Chest X-Ray within the past 12 months in the US OR QuantiFERON Gold Blood testing is also accepted.

**\*A hold will be placed on students who are not compliant with these requirements or provide proof of these requirements\***

#### Recommended for College Students

Annual Influenza Vaccine \_\_\_\_\_ Hepatitis A&B \_\_\_\_\_ HPV Vaccine (3 dose series for both males and females 18-26 years of age) \_\_\_\_\_

To the best of my knowledge, the above information is accurate. I have received and reviewed the information on the reverse side of this form. Permission is hereby granted to treat the above student as deemed necessary by the staff of Student Health a Midland University, for routine medical problems, required or recommended immunizations, and minor emergencies.

I understand this information will be kept confidential by Student Health unless my well-being as a student would benefit by it being released to responsible college personnel. I hereby grant permission for such release.

Student Signature

Date

Parent/Guardian Signature (if student under 19 years)

Date

OVER

# MIDLAND UNIVERSITY

## MENINGITIS INFORMATION SHEET

To reduce the spread of bacterial meningitis among the student population, Midland University strongly recommends all incoming students residing in residence halls or living in other forms of group housing to get vaccinated. Midland University encourages all other students to consider vaccination as well. It is important for all students to become knowledgeable about meningitis and its symptoms in order to reduce personal risk. Please contact your local healthcare provider or immunization clinic about acquiring this immunization. For more information on meningococcal disease visit the Centers for Disease Control and Prevention Web site at [www.cdc.gov/meningitis/index.html](http://www.cdc.gov/meningitis/index.html) or the American College Health Association Web site at [www.acha.org/projects\\_programs/meningitis/index.cfm](http://www.acha.org/projects_programs/meningitis/index.cfm)

### **What is meningococcal meningitis?**

Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Cluster of cases or outbreaks are also possible.

### **Who gets meningococcal meningitis?**

Anyone can get meningococcal meningitis, but it is more common in infants, children, and young adults. Also, college freshmen who live in residence halls have a slightly higher risk of getting this infection than others their age.

### **How is the germ that causes this type of meningitis spread?**

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person.

Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

### **What are the symptoms?**

Although most people exposed to the meningococcus germ do not become seriously ill, some may develop fever, headache, vomiting, stiff neck, and a rash. Up to 25 percent of patients who recover may have permanent damage to the nervous system. The disease occasionally causes death.

### **How soon do the symptoms appear?**

The symptoms may appear two to 10 days after exposure, but usually within five days.

### **When and for how long is an infected person able to spread the disease?**

From the time a person is first infected until the germ is no longer presenting discharges from the nose and throat, he or she may transmit the disease. The duration varies among individuals and with the treatment used.

### **What is the treatment for meningococcal meningitis?**

Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for meningitis.

### **Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?**

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates, etc.) need to be considered for preventative treatment. Such people are usually advised to obtain a prescription for rifampin from their physician. Casual contact, as might occur in a regular classroom, office, or factory setting is not usually significant enough to cause concern. People who think they have been exposed to meningococcal infections should contact their local health department to discuss whether they should receive preventative treatment.

### **Is there a vaccine to prevent meningococcal meningitis?**

Presently, there are two vaccines that will protect against several of the strains of the meningococcus germ.

### **STUDENT'S NAME-PLEASE PRINT LEGIBLY** \_\_\_\_\_

My signature below signifies that I have received and read the material provided to me on meningitis by Midland University.

\_\_\_\_\_  
(Signature of Student) – REQUIRED

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian, if student is younger than 19 years of age)

**IMPORTANT: THIS COMPLETED FORM MUST BE RETURNED TO THE STUDENT HEALTH OFFICE IN ORDER TO REGISTER AND ATTEND CLASSES!**

- I have already received the meningitis vaccination.  
Dates (mo/dd/yr) \_\_\_\_\_, \_\_\_\_\_  
-1<sup>st</sup> dose before age 16 must have booster (2<sup>nd</sup>) dose
- I do NOT wish to get the meningitis vaccination.  
**(May NOT waive if living on campus, an athlete or in the arts programs).**