Full Name:_____ Birth Date:_____

Please submit completed form by June 1, 2018

Student Wellbeing Office
Transylvania University
300 N. Broadway
Lexington, KY 40508

FAX: (859)233-8101
Email: studentwellbeing@transy.edu

Required (please check):

☐ Meningitis booster (on or after 16th birthday)
☐MMR (2 doses)
☐TDAP (within the past 10 years)
☐ Copy of Insurance Card
☐ Sign waiver signed on page 3
☐ Enter Emergency Information on TNET

All students are required to complete this health form.
Students who do not submit all required information will not be allowed to utilize services on campus and will not be permitted to reside on campus.

Last Name:_____ First Name:_____ Preferred Name:_____

Biological Sex: _____ Gender Identity: _____

Birthdate: Month:_____ Day:_____ Year:_____

Do you take any prescribed or over the counter medications (including birth control) on a regular basis? ☐ No ☐ Yes
If yes, please list:

Medication Name	Medication Dosage	Reason for Medication

Are you allergic to any medications, foods, latex, insect stings? ☐ No ☐ Yes
If yes, please list:_____

Do you carry an Epi-Pen? ☐ No ☐Yes
*If you carry an Epi-Pen, please register with Disability Services (disabilityservices@transy.edu) If you have a food allergy, please consider notifying the Manager of Dining Services in order to set up a tour of the dining facilities and discuss how to best meet your needs (sodexo@transy.edu).
Please note that Epi-Pens are recommended for all students with severe allergies and **required** for those who receive allergy shots in the student health clinic. If you are interested in having allergy shots on campus, please email studentwellbeing@transy.edu for instructions on how to register.

Full Name:_____ Birth Date:_____

Please list any past surgeries, major injuries or traumas, or hospitalizations:

_____

Do you currently have any physical or mental health conditions that require medical treatment? (i.e. diabetes, heart condition, asthma, ADD/ADHD, anxiety or depression) ☐ No ☐ Yes

If yes, please list: _____

If you are interested in on-campus counseling, please email counseling@transy.edu

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Required Tuberculosis Screening-Tuberculosis (Tb) Screening is required, primarily by conducting a risk assessment. If you answer "YES" to any of the questions below, a Tb skin test, a IGRA blood test(TSpot or QuantiferonGold) must be completed prior to your arrival on campus.The test should be administered no sooner than 9 weeks after traveling to or working in a high Tb risk setting.

1.	Have you ever had a positive test or treatment for Tb?	☐ No ☐ Yes
2.	Have you ever had close contact with persons known or suspected to have active TB disease?	☐ No ☐ Yes
3.	Do you have any of the following signs or symptoms of active Tb? ● Productive cough for >3 weeks, &/or bloody sputum ● Unexplained weight loss ● Night Sweats or fevers	☐ No ☐ Yes
4.	Have you been a member of any of the following high risk groups? ● Have HIV infection ● Inject drugs ● Resident, employee or volunteer in a high-risk congregate setting (i.e. hospital, nursing home, homeless shelter, correctional facility) ● Have a clinical conditions such as diabetes, leukemia, lymphoma, chronic malabsorption, renal failure, long term corticosteroid use,or any other immunosuppressive condition or medication use.	☐ No ☐ Yes
5.	Have you lived or had frequent or prolonged visits to a country where Tb is endemic in the past 5 years (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia)?	☐ No ☐Yes

<u>You must only see a medical provider for a test indicated below **IF** you answered YES to any of the questions above or you are an International Student</u>.

Medical Provider: If further TB testing required**,** use the space below to document Tb testing or attach proof of results.

Tb Skin Test	Date:	Date Read:	____mm induration	● ☐Positive ☐ Negative Based on CDC classifications
IGRA Blood Test T--Spot or Quantiferon	Date:	☐Positive ☐ Negative ☐ Intermediate	If applicable: Was INH Initiated? ☐ No ☐ Yes If yes, when?_____ Was INH completed? ☐ No ☐Yes	
Chest X-Ray (If TST or IGRA positive)	Date:	☐Normal ☐Abnormal		

_____ _____

Provider's Signature Date

*****Please Note:** If you answered NO to all, then no further testing is required. If you answered YES to any of these questions OR you are an **International Student** you must provide proof of a negative TB screen **<u>prior</u>** to the start of your first semester. For your convenience, students may obtain a TB Skin Test at the Transylvania Health Clinic during new student orientation for a cost of $15.00.

Required Immunizations- Transylvania University has the following prematriculation vaccination requirements and recommendations, derived from guidelines issued by the American College Health Association (ACHA), the Centers for Disease Control & Prevention (CDC), and the Federal Advisory Committee on Immunization Practices (ACIP).

Full Name:_____ Birth Date:_____

- Transylvania University designates 3 vaccines that are required prior to living on-campus:
  - Measles, Mumps and Rubella (MMR)
  - Tetanus and Pertussis (Tdap)
  - Meningitis (Menectra or Menveo)

Per CDC Guidelines, Transylvania University also highly **recommends** that every college student also receives the follow vaccines:

1. Varicella (chicken pox) or proof of immunity
2. Hepatitis A & B
3. HPV
4. Annual Influenza
5. Meningitis B Vaccine (Trumenba or Boxsera)

Vaccination Records must be submitted prior to arrival on campus. Please attach proof of immunizations (signed state or school vaccination form) **or** have a provider complete below:

REQUIRED Vaccines			
MMR (Measles, Mumps, Rubella)	Dose 1:_____ Dose 2:_____ Or Titer:_____		_____ Provider Signature _____ Date
Tdap Tetanus, Diphtheria, Pertussis	Date:_____	**Must be administered within the last 10 years.**	
Meningococcal Conjugate (Menactra or Menveo)	Date:_____	**Must be administered on or after 16th birthday**	

State of Kentucky law requires all postsecondary educational institutions with residential campuses provide vaccination information on meningococcal meningitis and Hepatitis B to students living in residential housing. To help us comply with this regulation, please read the following statements and sign below:

Have you received 1 dose of Menactra or Menveo (MCV4) **on or after your 16th birthday?** ☐ Yes ☐ No
Have you received Hepatitis B vaccine series? ☐ Yes ☐ No

Meningitis is a rare but serious inflammation of the lining that surrounds the brain and spinal cord. College freshman who live in residence halls have a modestly increased risk of meningococcal disease relative to other persons their age. The most common early signs are similar to the flu- high fever, severe headache, neck stiffness, nausea & vomiting, lethargy & rash. It is transmitted through close, direct contact with the oral secretions of an infected person, such as kissing, sharing drinks or utensils, or coughing. Students are urged to seek medical care immediately of the experience two or more of these symptoms concurrently. Meningitis Vaccines (i.e.Menactra or Menveo) is a relatively safe vaccine that can protect against four of the five most common strains of the bacteria that causes meningitis. Protective antibody levels are achieved 7-10 days after vaccine administration, and provides protection for about 5 years. The National Centers for Disease Control(CDC) and the American College Health Association (ACHA) recommend all college students receive the vaccine or booster on or after 16th birthday. For more information: http://www.cdc.gov/meningitis/

Hepatitis B is a viral infection of the liver that can cause permanent liver damage, liver cancer and even death. It is transmitted directly through contact with blood & body fluids or indirectly through objects contaminated by blood or body fluids. Common modes of transmission include sexual contact, needle sharing, piercings or tattooing, or sharing of razors or toothbrushes.Signs & symptoms can include, yellowing of the eyes & skin, fever, abdominal, nausea, vomiting, and dark colored urine. The Hepatitis B Vaccine Series (3 injections given over 6 months) is a safe & effective measure to prevent Hepatitis B. The CDC & ACHA strongly recommend all college students be vaccinated against Hepatitis B. For more information:http://www.cdc.gov/vaccines/vpd-vac/hepb/default.htm

_____ _____
Student (or parent if student is under 18 years of age) Date

Authorization to Treat

My signature below indicates that:

- I authorize and consent to the examination and/or treatment by Transylvania University Student Wellbeing advanced practice nurse practitioner.

Full Name:_____ Birth Date:_____

- I understand that in emergency situations this may also serve as consent to treatment at any medical, surgical, or psychiatric facility deemed necessary.
- I understand that there is no fee for office visits; however, student accounts can be billed, at minimal cost, for point of care testing (i.e. strep, flu, mono, and Tb skin test), and immunizations. Additional laboratory or radiology testing will be referred to a local facility that will bill insurance.

Medical Records/Privacy

Transylvania University Student Wellbeing is committed to providing a campus environment where students feel safe to seek medical and mental health services. Utilization of on-site medical and counseling services comes with the same expectation of privacy afforded to off-site services. Medical information is kept in a secure location, uploaded and maintained in an electronic medical record which can only be accessed by providers. Medical and mental health records are completely separate from academic records and only made available in extreme or urgent situations. At Transylvania, our students health and safety are our highest priority and in certain instances in which a student is deemed a risk to themselves or others, relevant information may be shared with persons who have the potential to mitigate harm. These persons may include designated employees at Transylvania, parents, hospitals or law enforcement Medical records are the property of Transylvania University and accessed only for purposes outlined in the *Health Services Commitment to Privacy & Confidentiality*.

Students living away from home for the first time often need additional support when navigating the complex health care system. Transylvania has an established protocol that notifies the Dean of Students or their designee when a student needs to be seen in a hospital setting. This notification activates additional resources such as arranging transportation, accompanying the student to the hospital or with emergency situations, assisting with missed classes, or following up via phone or text. Although each employee adheres to strict policies of medical privacy, it is not possible to offer this personal service and also maintain the complete confidentiality expected in standard medical settings.

My signature below indicates that:

- I have read the Health Services "Commitment to Privacy & Confidentiality"
- I understand that my health information & medical records will be confidential and separate from my academic records.
- I understand that Transylvania University clinical, sports medicine, counseling & disabilities services may, on occasion, share pertinent health information to provide integrated care for me.
- I understand that there may be times when confidential information may be shared with appropriate Transylvania University services or outside medical providers or facilities to coordinate care or in emergency situations.
- I authorize Transylvania University Health Services to obtain health information from another medical facility as it pertains to my care.
- I understand that Transylvania University is required by law to report positive results of certain laboratory tests to the Kentucky Department of Health.
- I understand that email is not a secure form of communication, and if I choose to communicate with health care clinician via email, privacy is not ensured.

This authorization shall expire at date of graduation or permanent withdrawal from Transylvania University. A copy is as valid as the original. I understand that I may amend, change, or cancel this agreement at any time by written notice to Transylvania Student Wellbeing. I further attest that the information provided by me, on this form, has been truthfully completed to the best of my knowledge.

I understand and agree to all of the above unless I strike through & initial any of the statements.

_____ _____

Signature of Student Date

_____ _____

Signature of parent or guardian (if student <18) Date

**** Health Insurance: All Students are required to provide proof of health insurance. Please attach a copy of both sides of your insurance card. It is important for all students to have an insurance card on file for use in emergencies. Students also need insurance cards to fill prescriptions and/or to utilize medical services off campus.**

Students with Disabilities:

If you believe you will need accommodations for a **physical disability, psychiatric concern, diagnosed learning difference,** or **medical condition** that qualifies under the provisions of the Americans with Disabilities Act, please submit documentation from your healthcare provider (i.e. Physician, Physician Assistant, Nurse Practitioner, Psychiatrist, Psychologist) by **June 1**. More information, including the application form, can be found here:http://www.transy.edu/campus/disability-accommodations

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Note to Athletes:

If you are planning to participate in Intercollegiate Sports, you must also complete Athletic Training Paperwork. Specific Instructions for Intercollegiate Athletes can be found at:

http://www.transysports.com/information/transylvania_sports_medicine