International Student Health Form

Class of 2020

Please submit completed form by July 15, 2016

Health & Wellness
Transylvania University
300 N. Broadway
Lexington, KY 40508

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

All students are required to complete this health form. **All information is confidential and for Student Health Services use only.** Form must be legible and in English. Any vaccination records must be translated to English. **Students who do not submit all required information will not be allowed to register for Fall Term classes.**

Last Name:_____ First Name:_____ Preferred Name:_____
Birth Gender: ☐ Female ☐ Male Identified Gender: ☐ Female ☐ Male
Birthdate: Month:_____ Day:_____ Year:_____ Country of Birth:_____

Name of Parent(s) or Guardian(s):_____
Who should we call in an emergency? Name:_____ Phone:_____
Name:_____ Phone: _____

Medical History

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 have a food allergy, please register with Disability Services and consider notifying the Manager of Dining Services.

Do you take any medications (including contraceptives) on a regular basis? ☐ No ☐Yes
If yes, please list:

_____

_____

Do you currently have any conditions that require medical treatment? (i.e. diabetes, heart condition, asthma, ADD/ADHD, anxiety or depression) ☐ No ☐Yes
If yes, please list:

_____

_____

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

_____

Do you have any special needs with which Student Health Services, the Counseling Center or Disability Services can assist you with or that may require follow up? ☐ No ☐ Yes
If yes, please explain:

_____

Is there anything else you would like us to know about your physical or mental health needs?

_____

_____

Last Name_____ First Name:_____

****A physical exam is recommended, but not required. Please attach a copy of your most recent physical examination**.

Required Tuberculosis Testing- Choose 1 of the following tests. Attach proof of test or have provider complete below

IGRA Blood Test T--Spot or Quantiferon	Date:	Result: Positive ☐ Negative ☐ Intermediate ☐
Chest X-Ray	Date:	Result: Normal ☐ Abnormal ☐

_____ _____

Provider's Signature Date

Required Immunizations- Attach proof of immunizations (with translation) or have a provider complete below:

MMR (Measles, Mumps, Rubella) **required**	Dose 1:_____ Dose 2:_____ Or Titer:_____	Dose 1 must be after 12 months of age,. Dose 2 must be at least 1 month after dose 1.	
Tdap (Tetanus, Diphtheria, Pertussis) **required**	Date:_____	Must be administered within the last 10 years.	_____ Provider Signature
Meningococcal Conjugate-required	Date:_____	Must be administered on or after 16th birthday	_____ Date

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)? ☐ 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

Last Name_____ First Name:_____

Authorization to Treat

My signature below indicates that:

- I authorize and consent to the examination and/or treatment by Transylvania University Health & Wellness clinicians.
- I understand that in emergency situations this may also serve as consent to treat 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 Health & Wellness is committed to protecting the security and privacy of your personal information and medical records. Medical records are the property of Transylvania University Student Health. They will be kept in a secure location on site, or uploaded and maintained in an electronic medical record that is also secure. Medical records are accessed only for purposes outlined in the *Health Services Commitment to Privacy & Confidentiality*. Medical records are separate from academic records.

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 Health & Wellness.

I further attest that the information provided 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

**** All Students are required to provide proof of health insurance. Please attach a copy of both sides of your insurance card.**

Students with Disabilities:

If you believe you will need accommodations for a disability 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.**

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