

V. TERMS OF AGREEMENT

1. Agreement not a lease: This agreement is not a lease. It creates no exclusive right on the part of the student to occupy any particular portion of NCMC property. The College may assign and reassign the student to specific student housing whenever, in the College's sole discretion, it deems such action necessary or desirable.

2. Eligibility: To occupy halls, the student must be enrolled at NCMC and be in good financial standing with the College.

3. Term: The term of this agreement is for an **ACADEMIC YEAR** or remainder of an academic year if entered into subsequent to the beginning of the academic year. Academic year consists of fall and spring semesters and does not include intersession.

- a) Student housing may be occupied and must be vacated in accordance with the schedule issued by the College. The student agrees to comply with the aforesaid schedule. Student housing will be closed during breaks and vacation periods.
- b) Failure to occupy assigned housing or notify housing staff by 8:00 a.m. on the second day of classes of either semester will constitute cancellation of this agreement during that year. The student will be declared a "no show" and agrees to be bound by and to comply with the cancellation provisions set forth in paragraph nine hereof.

4. Assignments: The College will attempt to honor the preferences expressed by the student for a room assignment and reserves the right to (re)assign the student to other rooms when necessary.

5. Housing Fees: The student agrees to pay housing and board fees (all students are required to have a meal plan).

- a) Should the income from student occupancy be less than that required to meet such expenses, the College reserves the right to increase the established rate by up to, but no more than 15% effective the spring semester.
- b) If residents default in the payment of college charges, the College shall terminate this agreement and retake possession of the premises. Residents will remain liable for the contracted amount, and all costs incurred in collections and forfeit deposit.

6. Personal Property: The student hereby agrees that any and all of the student's personal property or property of third parties in the student's custody or possession which may be present upon the College's premises shall be the sole responsibility of the student. The student does hereby waive any and all claims against and does hereby agree to indemnify, defend and hold harmless the Board of Trustees of NCMC, its officers, agents and employees for loss, damage or destruction of any cause whatsoever. **Students are advised to procure their own insurance against such eventualities.** All personal property must be removed from the student's room no later than the last day of occupancy and the student hereby surrenders all claims to and abandons any property remaining on the premises after such date.

7. Security Deposit: A \$100 security deposit (\$75 refundable) is required for all applications for NCMC housing and will be retained by NCMC for so long as the student resides in NCMC housing. Unless the deposit is forfeited under any of the terms of this agreement, the \$75 deposit, less any assessment for damages, or outstanding College charges, will be refunded to the student following termination of the agreement by the student and inspection of the premises and property by the College. The student agrees to be responsible for any cost of defacement or damage to the room or rooms, common areas and all College furnishings or property that are damaged or destroyed during the term hereof.

8. Cancellation and Termination: (please read entire section)

- a) Prior to the agreement period: A written request for agreement cancellation by the student that is **received and approved** by the Director of Residence Life postmarked on or before June 1, for Fall Semester will result in a refund of room/board charges and the deposit. A student signing a new agreement for the Spring Semester will have until November 15, to request the cancellation and refund of room/board charges and deposit. A request received after these dates, but before the first day of hall opening, will result in the forfeiture of the security deposit by the student. Should the agreement be signed after June 1 (for fall/spring) or November 15 (for spring), and the student decides to cancel, they will forfeit the deposit.
- b) Graduate, marriage, military: The student may request cancellation of this agreement for spring without forfeiture of the security deposit for reasons of graduation, marriage, or military deployment by filing a written request with the Director of Residence Life by November 15. Students who are academically suspended/dismissed from the College will not be eligible to receive their deposit.

9. Buy-Out Clause: The student hereby consents and agrees to obey and abide by all NCMC policies and regulations and recognizes the right of the College to terminate this agreement for breach of any such College policies and regulations. Cancellations must be made either in writing and signed by the student or sent from the student's private email account and delivered to the Director of Residence Life. If the agreement is cancelled during one of the following periods, the deposit will be lost, the student will pay for meals served until the effective date of cancellation plus 25% of the remaining meal plan and the following will result:

- a) Cancellations occurring in the fall semester –The student agrees to pay for room occupancy to the effective date of cancellation, plus 50% of the room rate for the remainder of the fall semester and 35% of the spring semester.
- b) Cancellations for spring semester – For cancellations received prior to the last day of the fall semester, the student agrees to pay for 35% of housing fees for spring plus 25% of the remaining meal plan. If the cancellation is received and approved prior to November 15, \$75 of the deposit will be refunded less any assessment for damages or outstanding College charges. After the last day of the fall semester, or if a student is removed for disciplinary reasons, the student agrees to pay for room occupancy to the effective date of cancellation, plus 50% of the room rate for the remainder of the academic year.
- c) If a student is academically suspended and/or officially vacates NCMC housing prior to the first day of hall opening in the following semester, the student will pay for 35% of housing fees and be responsible for 25% of the remaining meal plan. After the first day of hall opening, the student agrees to pay for 50% of the room rate for the remainder of the academic year.
- d) No Shows- If a student is declared No-Show, the student agrees to pay for 50% of the room rate for the semester and 25% of the meal plan.

10. Vacating of Premises: In the event of cancellation or termination of this agreement, the student hereby agrees to vacate all NCMC housing facilities within 24 hours of notification of such cancellation or termination. The student further agrees to vacate all NCMC housing facilities prior to the date and time of closing of such facilities as stated in the schedule issued by the College. This includes vacation/break periods.

11. Room Entry: The College reserves the right for authorized College representatives to enter all rooms for housekeeping purposes, repair or maintenance, health, safety, or disciplinary reasons.

12. Missouri Agreement: This agreement shall be construed and interpreted in accordance with the laws of the State of Missouri.

HEALTH HISTORY FORM

Name: (last, first, middle) _____ Date of Birth ____/____/____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Name of Emergency Contact: _____

Phone: _____ Relationship to Student: _____

Insurance Company: _____

Are you allergic to any medications? Yes ____ No ____

If yes, please list: _____

Are you taking any medications on a regular basis? Yes ____ No ____

If yes, please list: _____

What surgeries or serious injuries have you had? _____

Primary Physician: _____ Phone: _____

Check any previous health history of:

- | | | | |
|----------------|-----------------------------|----------------------|-----------------------------|
| Allergies: | Self ____ Mom ____ Dad ____ | High Blood Pressure: | Self ____ Mom ____ Dad ____ |
| Anemia: | Self ____ Mom ____ Dad ____ | Kidney Disease: | Self ____ Mom ____ Dad ____ |
| Arthritis: | Self ____ Mom ____ Dad ____ | Lung Disease: | Self ____ Mom ____ Dad ____ |
| Cancer: | Self ____ Mom ____ Dad ____ | Nervous Disorder: | Self ____ Mom ____ Dad ____ |
| Diabetes: | Self ____ Mom ____ Dad ____ | Ulcers: | Self ____ Mom ____ Dad ____ |
| Heart Disease: | Self ____ Mom ____ Dad ____ | Seizures: | Self ____ Mom ____ Dad ____ |
| Hepatitis: | Self ____ Mom ____ Dad ____ | Stroke: | Self ____ Mom ____ Dad ____ |

Additional health information (ex. specific allergies): _____

Meningococcal Vaccine—Per Missouri legislation (174.335), all residential students at public institutions must receive the meningococcal vaccine or submit a medical or religious exemption. Please check one of the following and attach any required documents:

- _____ I have received the MENINGOCOCCAL VACCINE and have attached proof of vaccination to NCMC with this form.
- _____ I am submitting a waiver of the MENINGOCOCCAL VACCINE requirement due to medical reasons. I have attached signed certification from a doctor licensed under Chapter 334 indicating that either the immunization would seriously endanger my health or life, or I have documentation of disease or laboratory evidence of immunity to the disease.
- _____ I am submitting a waiver of the MENINGOCOCCAL VACCINE requirement due to religious reasons.

The information provided on this form is accurate to the best of my knowledge. In case of illness or injury, NCMC officials have permission to discuss and relay pertinent information to medical personnel and/or my emergency contact.

Signature of Student: _____ Date: _____

Missing Student:

The Higher Education Opportunity Act of 2008 requires institutions to ask students if they would like to list a different emergency contact, should a missing persons report be filed. If you prefer an alternate contact than the one listed above, please list below:

Name: _____ Phone: _____

Please note that this information will be registered confidentially, will be accessible only to authorized campus officials, and may not be disclosed, except to law enforcement personnel in furtherance of a missing person investigation. If you are under 18 and not emancipated, NCMC will notify parents.

MENINGOCOCCAL INFORMATION

Students are required by Missouri law to be informed about meningococcal disease and the benefits of vaccination.

[Missouri Department of Health and Senior Services Meningococcal brochure:
http://www.health.mo.gov/living/wellness/immunizations/pdf/MCVFactSheet.pdf](http://www.health.mo.gov/living/wellness/immunizations/pdf/MCVFactSheet.pdf)

WHAT IS MENINGOCOCCAL DISEASE?

Meningococcal disease is a serious illness caused by bacteria. It is the leading cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings. Meningococcal disease can also cause blood infections. About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 10% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age, and in people with certain medical conditions. College freshmen, particularly those who live in residence halls, have a slightly increased risk of getting meningococcal disease. Meningococcal vaccine can prevent 2 of the 3 important types of meningococcal disease in older children and adults. Meningococcal vaccine is not effective in preventing all types of the disease. But it does help to protect many people who might become sick if they don't get the vaccine.

Drugs such as penicillin can be used to treat meningococcal infection. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why it is important that people with the highest risk for meningococcal disease get the vaccine.

WHO SHOULD GET THIS VACCINE AND WHEN?

Meningococcal vaccine is not routinely recommended for most people. People who should get the vaccine include: * U.S. Military recruits—* people who might be affected during an outbreak of certain types of meningococcal disease. * Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as West Africa. * Anyone who has a damaged spleen, or whose spleen has been removed. The vaccine is required for college students who live in residence halls. Risks/Benefits should be discussed with their doctor.

WHEN SHOULD YOU NOT GET THIS VACCINE?

People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine. People who are mildly ill at the time the shot is scheduled can still get the vaccine. People with moderate or severe illness should wait. This vaccine may be given to pregnant women.

WHAT ARE THE RISKS?

A vaccine, like any medication, is capable of causing serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small. Getting the vaccine is much safer than getting the disease. Some people who get the vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage develops a fever.

WHAT IF THERE IS A REACTION?

Look for a severe allergic reaction, high fever, or unusual behavior. If an allergic reaction occurs, it would happen within a few minutes to a few hours after the shot. Signs of serious allergic reactions can include difficulty breathing, weakness, hoarseness or wheezing, a fast heartbeat, hives, dizziness, paleness or swelling of the throat. What to do:

- Call a doctor, or get the person to a doctor
- Tell the doctor in detail your symptoms
- Ask your doctor to file a VAERS form (Vaccine Adverse Events Reporting System) 1-800-822-7697

HOW CAN I LEARN MORE?

Ask your doctor or call your local or state health department's immunization program.

Contact the Centers for Disease Control and Prevention. (CDC) 1-800-232-2522 Eng./ 800-232-0233 Espanola

Visit the National Immunization Programs' website at <https://www.cdc.gov/vaccines/index.html>

NCCMC Risk Assessment Form Tuberculosis Targeted Testing Requirements

The TB targeted testing program is required, per the state of Missouri. Please read carefully. Students who do not comply with listed requirements and required courses of action will not be allowed to register for the subsequent semester.

Name: _____ Student ID#: _____
Last, First, MI

Address: _____ Phone #: _____

To determine high-risk status, check any that apply:

1. Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

2. Were you born in one of the countries listed below? (If yes, please CIRCLE the country, below)

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

***Countries with high incidence of active TB disease. The significance of the travel exposure should be discussed with a health care provider**

3. Have you had frequent or prolonged visits to one or more of the countries listed above? Yes No (If yes, CHECK the countries above)

4. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No

6. Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes No

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

Send Risk Assessment Form to: Dean of Students
1301 Main Street, Trenton, MO 64683 Fax: 660-359-2211

If the answer is **YES** to any of the above questions, please see the other side of this sheet for instructions.

NCMC Risk Assessment Form Tuberculosis Targeted Testing Requirements

If you answered YES to any of the questions on the other side of this sheet, you are a candidate for a tuberculin skin test or IGRA and need to contact a local public health agency to receive a TB test. Please note that you are responsible for the cost of any testing and follow-up required.

Locally, you may contact the Grundy County Health Department located at 1716 Lincoln Street in Trenton for a simple TB skin test on Mondays, Tuesdays, or Wednesdays. You may contact their office with any questions you have by calling 660-359-4196. Appointments are not required for a TB skin test.

Documentation of the TB Risk Assessment Form and documentation of testing completion must be provided to NCMC by mid-term week to avoid holds being placed on your account. It is the student's responsibility to obtain the necessary documentation, send and confirm receipt of the documentation to the Dean of Student Affairs by bringing it to the Alexander Student Center or by mailing to:

**Dean of Students
NCMC
1301 Main Street
Trenton, MO 64683**

All NCMC students are expected to comply with the targeted testing program and any course of action deemed necessary by the local public health agency. If you have additional questions related to TB testing, please contact the Grundy County Health Department at: (660) 359-4196. You will receive a letter outlining this information to the address on file with the institution.

Additional Health Information

- Tuberculosis testing is recommended (but not mandated) for individuals in the following groups because when latent TB infection is present, the risk of progression to active TB disease is high:
 - HIV positive or other immunosuppressive disorders or use of immunosuppressive medications
 - History of IV drug abuse
 - Have lived or worked somewhere in the US where TB disease is more common (homeless shelters, prison or jails, or some nursing homes)
- Per Missouri legislation, all residential students must receive the meningococcal vaccine or submit a signed statement for a medical or religious exemption. Please submit the health history form and vaccination verification or signed statement portion on the health history form and submit to the Director of Residence Life, 1301 Main Street, Trenton, MO, 64683. The Health History Form is located on the NCMC website, under <Student Life>, <Residence Halls>, <Sign Me Up>, <Health History>.
- Other health considerations and possible immunizations to visit with your health care provider about include:
 - Measles, Mumps, Rubella (MMR) Vaccine or MMR blood titer test
 - Tetanus/Diphtheria/acellular Pertussis (Tdap) administered within the past 10 years
 - Hepatitis B series (3 doses). If incomplete, provide dates of any doses received
 - Annual Influenza vaccine
 - Varicella (chicken pox). No vaccine is needed if there is a history of natural infection

Table Source on other side of page: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

Tuberculosis (TB) Screening Questionnaire modified from the American College Health Association (ACHA) Guidelines, *Tuberculosis Screening and Targeted Testing of College and University Students*, April 2014.