

Health History Form

Name: (last, first, middle) _____

Date of Birth ____/____/____

Permanent Home Address: Street _____

City: _____ State: _____ Zip: _____

Name of Emergency Contact: _____

Phone: _____ Relationship to Student: _____

Insurance Company: _____

Are you allergic to any medications? Yes ____ No ____

If yes _____

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.

- Link to [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 www.cdc.gov/nip

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.

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

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

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

3. (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, No

5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?

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?

If the answer is NO to all of the above questions, no further testing or further action is required. Page 2
Send Risk Assessment Form to: Dean of Student Services 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 Services by bringing it to the Alexander Student Center or by mailing to:

Dean of Student Services

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 <Current Students> , <Residence Halls>, <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.