

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 ____
Anemia: Self ____ Mom ____ Dad ____
Arthritis: Self ____ Mom ____ Dad ____
Cancer: Self ____ Mom ____ Dad ____
Diabetes: Self ____ Mom ____ Dad ____
Heart Disease: Self ____ Mom ____ Dad ____
Hepatitis: Self ____ Mom ____ Dad ____

High Blood Pressure: Self ____ Mom ____ Dad ____
Kidney Disease: Self ____ Mom ____ Dad ____
Lung Disease: Self ____ Mom ____ Dad ____
Nervous Disorder: Self ____ Mom ____ Dad ____
Ulcers: Self ____ Mom ____ Dad ____
Seizures: 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 www.cdc.gov/nip