IMMACULATA UNIVERSITY

STUDENT HEALTH SERVICES

1145 King Road | Immaculata, PA 19345

Revised 01/2019

Pre-Entrance Requirement

This form is to be completed **IN FULL** and returned to the above address.

****MUST SIGN WHERE INDICATED.**

Student Contact Information

Full Name: ____

Nickname or Prefer to be called: _________________________________

Address____ Home Phone____________________

City_____________________________ State_______ Zip_______ Cell Phone________________

Date of Birth__________________________ Student ID Number__________________________

Class: FR____ SO____ JR____ SR____ Grad____

Resident_____ Commuter _____

Please list 3 people we can contact in case of emergency:

Name	Relationship	Home phone	Cell/work phone

Confidentiality and Consent

The information on this health form is legally privileged and confidential and is intended only for the use of the Immaculata University Student Health Services department. The copying or distributing of this document is prohibited. Access to clinical information is limited to Health Services staff.

I certify that this information is true and complete to the best of my knowledge. I will notify Student Health Services of any change in my health information. I agree to the release of pertinent information from my health record in the event of a valid medical emergency.

****Signature of Student____**

**** (Parent or Guardian if student is under 18)**

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Name____ **D.O.B.**_________________

CONFIDENTIAL DO NOT COPY

Personal History (Please check Yes or No)

	Y	N		Y	N
Asthma			ADD/ADHD		
Chronic cough			Concussion		
Diabetes			Dizziness/Fainting		
High Blood Pressure			Headache(recurrent/migraine)		
Heart Disease			Anxiety		
Heart Murmur			Depression		
Heart Palpitations			Eating Disorder		
Chicken Pox			Alcohol/Drug Dependency		
Measles			STD/STI		
Mumps			***Females Only***		
Mononucleosis			Severe Cramps		
Kidney Disease			Irregular Periods		
Gallbladder Problems			Frequent UTI's		
Diarrhea (recurrent)			***Males Only***		
Back problems			Testicular Problems		
Disease or injury to joints			Hernia		

Allergies:

Allergy to_________________ Reaction___________ Allergy _____________ Reaction___________

Allergy to_________________ Reaction___________ Allergy _____________ Reaction___________

Latex Allergy: Y____ N____

Do you carry an Epi pen? Y____ N____

Please list any hospitalizations/ surgery:

____

____

____

Current medication

Medication ____________________ Dose______ Medication ___________________ Dose______

Medication ____________________ Dose______ Medication ___________________ Dose______

Name____ **D.O.B.**__________________

Required Immunizations for ALL residential students

Meningitis (Quadrivalent A,C,W,Y) Date of vaccination____/____/____
(Must have booster if first shot was prior to age 16) Date of booster ____/____/____

**** _Failure to comply with PA state required meningitis vaccine policy for residential students will result in a hold on your housing status. Signature Required below._**

1. _____ I have received the meningitis vaccine.
2. _____ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of the disease and the availability and effectiveness of the vaccine and have decided **NOT** to obtain immunization against meningococcal meningitis disease.

SIGNATURE OF STUDENT REQUIRED: ___________________________________ **Date:** ___________
(PARENT/ GUARDIAN IF STUDENT IS UNDER AGE 18)

Tdap Must be within 10 yrs. Date of vaccination ____/____/____
(Tetanus, diphtheria and pertussis)

MMR Date of vaccine Dose #1___/___/___ Dose #2___/___/___
(Measles, Mumps and Rubella)

Varicella/Chicken Pox Date of vaccine Dose #1 ___/___/___ Dose #2___/___/___

Hepatitis B Vaccine Date of vaccine Dose #1___/___/___ Dose #2___/___/___
Date of vaccine Dose #3___/___/___

Suggested vaccinations:

Meningitis B Vaccine Date of vaccine Dose #1___/___/___ Dose #2___/___/___
Influenza Date of vaccination ___/___/___

Please state if you have a Medical/Religious contraindication or exemption here:
____
____