

# Health Examination Forms

Students will not be eligible for health services provided by Health and Counseling Services until this document is completed in its entirety and returned.

The Health Examination Form includes personal data, family history, insurance information, an immunization record and personal history to be completed by the student. The last page of this document, the medical examination form, must be completed by a physician. We suggest completing this during the summer and returning it to our office in the enclosed envelope by August 9, 2015. **A photocopy should be made for your records before returning the document.**

Before a student is permitted into campus housing, they must submit a Health Examination Form with the date of their meningitis vaccine indicated or sign a Mandatory Meningitis Immunization/Exemption Form stating a reason for a medical or religious exemption. Verification of the date of the meningitis vaccine, either noted on the Health Examination Form or on the Immunization/Exemption Form **MUST** be turned in to Health and Counseling Services by August 9, 2015.

In the meantime, if you have any questions, feel free to contact us at 814-871-7622, or visit [gannon.edu/about-gannon/services-for-students/health-and-wellness](http://gannon.edu/about-gannon/services-for-students/health-and-wellness).

*These documents contain confidential health records and will not be shared with any other office at Gannon University.*

## Student Information

Name (Last, First, Middle Initial)	Cell Phone	Date of Birth	
Home Address	City	State	ZIP
Home Phone			

### Contact Information

Mother's Name	Phone	Father's Name	Phone
Emergency Contact	Relationship	Phone	

**Class Standing:** Freshman      Sophomore      Junior      Senior      Graduate

Academic Major	University/Club Sport
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### Family Physician/Health Care Provider

Name	Address	Phone
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## Insurance Information

You may attach a photocopy of the front and back of insurance card instead of copying the information below.

### Insurance Provider

Name	Phone		
Policy I.D. Number	Group Number		
Address	City	State	ZIP

### Policy Holder

Name	Date of Birth	Address
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## Family History

Family Member	Age	Condition of Health	Nature of Illness	Cause of Death	Occupation
Self					
Father					
Mother					
Brother(s)					
Sister(s)					

## Personal History

List any medicine, food or environmental substances to which you are allergic:

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List any medications you are now taking (including birth control pills):

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List any hospitalizations or conditions you feel would be important to your care in the Health and Counseling Services office, include any past surgical history. (Please use additional sheet if needed.)

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## Immunization Record

You may attach a photocopy instead of copying the information below.

Vaccine	Doses (M/D/Y)			Booster and Dates	
Tetanus and Diphtheria					
Hepatitis B					
MMR					
Polio					
Meningitis*					
Varicella					
HPV					
Most Current PPD**	Date Applied		Date Read		Result

\*State law mandates all students living in University housing be informed of the risk factors and dangers of meningococcal disease and receive the vaccine or waive off for medical/religious or other reasons.

\*\*Required for international students.

# Mandatory Meningitis Immunization/Exemption Form

Gannon University Health and Counseling Services  
814-871-7622

College students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, first-year students living in residence halls are found to have a six-fold increased risk for the disease. The American College Health Association, The American Academy of Pediatrics, and The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices recommends that college students, particularly first-year students living in residence halls, learn more about meningitis and vaccination. At least 70 percent of all cases of meningococcal disease in college students are vaccine preventable.

Many states have recently passed legislation mandating the meningitis vaccine for first-year students living in residence halls. Pennsylvania has legislation (Senate Bill 955) stating all first-year students either have the vaccine or sign a declination statement after having received information concerning the benefits of receiving the meningitis vaccine.

## What is meningococcal meningitis?

Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

## How is it spread?

Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

## What are the symptoms?

Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.

## For more information:

To learn more about meningitis and the vaccine you can also visit the websites of the Centers for Disease Control and Prevention (CDC), [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), and the American College Health Association, [www.acha.org](http://www.acha.org).

## Who is at risk?

Certain college students, particularly first-year students who live in residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates should also consider vaccination to reduce their risk for the disease.

## Can meningitis be prevented?

Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site and rarely a fever. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. It does not protect against viral meningitis.

## Please Check the Statement that Applies and Sign

*This form ONLY has to be submitted if a HEALTH EXAMINATION FORM is not turned in.*

\_\_\_\_\_ I have received the meningitis vaccine BUT have not turned in a Health Examination Form.

\_\_\_\_\_ I will receive the meningitis vaccine prior to arriving at Gannon University in August.

\_\_\_\_\_ I have read and understand the information about meningitis, and I decline the meningitis vaccine at this time.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature (if under 18) Date

\_\_\_\_\_  
Student Signature Date

## Consent to Care

I hereby authorize and direct Gannon University to furnish a health care provider of their choice to render such medical treatment that I might need in case of illness or injury, including hospitalization and referrals where indicated. No guarantees have been made to me about the outcome of this care. I agree to be responsible for any expense in connection with the aforesaid, where my insurance policy does not provide for payment of the same.

By signing below, I attest the above information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

Confidential Medical Examination

TO BE COMPLETED BY HEALTH CARE PROVIDER

To the examining provider: please review the student's history and complete the physician's form. Please comment on all positive answers. This student has elected to enroll. **The information supplied will not affect his or her status; it will be used only as a background for providing health care, if this is necessary.** This information is strictly for use in the Gannon University Health and Counseling Services.

Name (Last, First, Middle Initial)

Date of Birth

Height

Weight

Blood Pressure /

Pulse

List drug allergies:

	No	Yes
Skin		
Eyes		
Ears/Hearing		
Nose		
Throat		
Respiratory		
Cardiovascular		
Musculoskeletal		
Gastrointestinal		
Metabolic/Endocrine		
Neuropsychiatric		

Are there any abnormalities to the following systems?  
If yes, describe fully: (please use additional sheet if needed)

Please note any physical or psychological conditions and/or medication prescribed:

Note: Please complete immunization record on previous page.

Heath Care Provider

Signature

Print Last Name

Date

Address

City

State

ZIP