

CLARION UNIVERSITY

HEALTH SERVICES PERSONAL HISTORY STUDENT HEALTH ASSESSMENT FORM

This form may be completed by student or parent. It does not need to be completed by a physician.

Personal Information

Complete form and return to: Health Services, Clarion University,
840 Wood Street, Clarion, PA 16214

Last	First	MI	Clarion ID
Permanent Address	City	State	Zip
Emergency Contact (Name)	Relationship	Phone	Home Phone
Personal Physician Name	Address	City	State
		Zip	Physician Phone

Insurance Information

Clarion University requires that students have medical insurance coverage to be eligible for participation in university sanctioned, sponsored, and/or approved activities. For further insurance information, log on to www.chpstudent.com

Insurance Company	Primary Insured Name	Policy Number	Group/Plan Name/Number
<input type="checkbox"/> Yes <input type="checkbox"/> No Precertification Required?	Precertification Phone	Specific Plan Instructions	<input type="checkbox"/> I am not insured

Medical Information

<input type="checkbox"/> Male <input type="checkbox"/> Female Sex	Birth Date	Height	Weight	<input type="checkbox"/> None <input type="checkbox"/> Smoke <input type="checkbox"/> Chewing Tobacco Tobacco Use
Medication Allergies	Food Allergies	Environmental Allergies		

IMPORTANT: Please describe any medications taken on a regular basis, any continuing treatment/therapies, medical problems that may require special care, and/or significant medical history. Attach additional page(s) as necessary. If none of these apply, please write "none"

Immunization Dates

IMPORTANT: Please see instructions on reverse side of this form for completing immunization information.

Td (date)	Tdap (date)	1 st _____ 2 nd _____ 3 rd _____ HPV Vaccine (optional)	1 st _____ 2 nd _____ Hepatitis A (optional)
Polio (last dose)	Varicella (Chicken Pox)	1 st _____ 2 nd _____ 3 rd _____ Hepatitis B	1 st _____ 2 nd _____ MMR (Measles, Mumps, German Measles)

Meningitis

This section must be completed for all students residing in university housing.
IMPORTANT: Please read *Meningitis Fact Sheet*.

Date of Immunization: _____ <input type="checkbox"/> I have received the meningitis vaccine and have attached proof , including date received and signature of health care provider or stamped immunization record.	OR	Waiver: I have reviewed the <i>Meningitis Fact Sheet</i> regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine, but decline the vaccine. _____ Signature of Student (or Parent/guardian if under 18) Date
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☐ Reviewed at CU by _____

Date _____



Health Services
Clarion University
Accredited by
Accreditation Association
for Ambulatory Health Care, Inc.

The university uses the information provided on this form to develop plans and set priorities for student health services. It is very important to complete the form to the best of your ability. A completed form must be on file in order for a student to receive services from the health center. If the form is not completed, treatment may be refused until the form is completed, except in an emergency.

Immunizations

The university must remain in compliance with PA state regulations, and recommendations by the PA Department of Health and the American College Health Association. The following immunizations are recommended/required based on field of study.

Td (tetanus/diphtheria)	Primary series in childhood, and a booster every 10 years. One booster of Tdap, which contains pertussis vaccine, is recommended in place of Td.
Polio	Primary series in childhood
MMR (measles, mumps, rubella)	Two doses of vaccine if born after 1956. May have blood work done to prove immunity (Rubella, Rubeola and Mumps Serology)
Varicella (chicken pox)	Two doses of vaccine or history of disease
Gardasil (HPV)	Three doses recommended
Hepatitis A	Two doses recommended
Hepatitis B	Three doses or may have blood work done to prove immunity.
Meningitis	Bacterial meningitis is a rare but potentially fatal infection. Freshmen who live in residence halls have been found to have an increased risk for meningitis. The PA College and University Student Vaccination Act, passed in 2002, requires ALL students living in university-owned housing to be immunized against meningitis or sign an informed declination statement. If you received meningitis vaccine before age 16, you will need a booster (total of 2 doses). If you received the first dose at or after age 16, you do not need a booster dose.
TB test (tuberculosis)	<p>TB testing will be done on all incoming international students during orientation week at Clarion University. If the student has a history of a positive TB test in the past, proof of treatment must be provided.</p> <p>Education, Nursing, Rehabilitative Sciences and Speech Pathology majors should check with their departments or online prior to field experiences to verify which immunizations are required.</p>

Insurance/Fees for Service

A \$5 fee will be charged per visit. There may be charges for any treatment provided subsequent to the student's visit to the health center. All charges are made through student accounts. All charges will appear as "Health Center Charges" on the student's bill.

Neither the health center nor the university offer direct billing of health insurance companies. Students with insurance should contact their insurance company to determine how college entrance will affect their policy. Students without health insurance may purchase insurance through Consolidated Health Plans @ www.chpstudent.com.

Confidentiality

All services provided by Health Services are confidential. The center cannot release information to anyone except the student without the student's written consent at the time of the illness/visit. This includes the parents and guardians of adult students. The health center strongly recommends that students and their parents discuss this issue.

Meningococcal Vaccines

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000–1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10–15% of these people die. Of those who live, another 11%–19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16–21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (**MCV4**) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (**MPSV4**) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

3 Who should get meningococcal vaccine and when?

Routine vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

Other people at increased risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4**Some people should not get meningococcal vaccine or should wait.**

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

5**What are the risks from meningococcal vaccines?**

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot—especially if you feel faint—can help prevent these injuries.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

Severe problems

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

6**What if there is a serious reaction?****What should I look for?**

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

7**The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8**How can I learn more?**

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Meningococcal Vaccine

10/14/2011

42 U.S.C. § 300aa-26

Office Use Only

