

Return completed forms to:

American Republic Student Health Center – Drake University

3116 Carpenter Avenue, Des Moines, Iowa 50311-4505

515-271-3731 PHONE; 515-271-1855 FAX

All documentation must be in ENGLISH

Medical History Form

(The Drake Health Center requests this confidential information for the purpose of providing patient care. Persons outside the student health service are not provided this information without the patient’s knowledge and written consent.)

A. Personal Data

Gender: _____ Male _____ Female

Last name First name Middle initial SSN Drake ID (if known)

Home address City/State ZIP Date of birth

Phone Number Your Cell# E-mail Address
Admission: (Circle) Spring Summer Fall _____ year
Emergency Contact: _____
Phone

Country of Birth: _____

B. Family History

Background regarding your immediate family

	Age	Health Status	Occupation	Age of Death	Cause of Death
Father					
Mother					
Brothers					
Sisters					

C. Have you ever had any of the following? (Respond to every item and in Part F elaborate on all items marked “yes”.)

	Yes	No
Chickenpox		
Eye trouble		
Ear, nose or throat problems		
Surgery		
Genetic disorder		
Disability (specify)		
Head injury with unconsciousness		
Hay fever		
Asthma		
Tuberculosis		
Disease/injury of joints		
High blood pressure		
High cholesterol		
Rheumatic fever		
Back problems		
Tumor or cancer		
Hepatitis/liver problems		
Stomach/intestinal problems		
Hernia		
Diabetes		
Urinary/kidney problems		
Seizure disorder		
Allergy to medicines		
Allergy in environment/food		
Heart problems		

D. Have any of your relatives ever had any of the following:

	Yes	No	Relationship to you
Cancer			
High blood pressure			
Sickle cell trait/anemia			
Tuberculosis			
Diabetes			
Kidney disease			
Heart disease			
Arthritis			
Stomach disease			
Asthma			
Hay fever			
Seizure disorder			
Emotional disorder			
Alcohol/drug problems			
Other medical not listed			

E. Are you receiving, or have you ever received treatment or counseling for mental health reasons or alcohol/drug problems?
_____ Yes _____ No

F. Comments from “Part C”. Comment below on all items to which you responded “Yes”.

Your name _____
Signature _____

American Republic Student Health Center – Drake University

Drake University Immunization/TB Screening Requirements

Please read document carefully. Failure to complete as instructed could result in future class registration delays.

For questions on completion, please call (515) 271-3731.

- Send completed health form / immunization documents directly to the Student Health Center at the address above.

Obtain copies of your immunization records and attach to this form.

Examples of acceptable documents include:

- **Copies** of personal immunization records (“baby book”)
- **Copies** of physician office or Health Department immunization records
- **Copies** of high school or previous college immunization records

Part I	Measles, Mumps, Rubella (MMR)	Required for all students
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Requirement:

- 2 doses of MMR vaccine. The first dose must have been given at age 12 months or later. The second dose must have been given at least one month after the first dose.

Or

- Titer (blood test) results proving immunity to measles (rubeola), mumps and rubella. Documentation is required.

Part II	Tuberculosis(TB) Screening	Required for all students
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A. Check any that apply:

- From or have lived for two months or more in Asia, Africa, Central or South America or Eastern Europe.
- Have been diagnosed with a chronic medical condition that may impair your immune system.
- A health care worker/volunteer in a nursing home, prison, residential institution or hospital.
- Contact with a person known to have active tuberculosis.
- Have symptoms of active tuberculosis, such as unexplained weight loss or weakness, coughing up blood, night sweats.
- Productive cough for more than 2 weeks.
- None of the above apply. (**No TB test necessary if you check this**)

B. If any of the above do apply, TB Screening is required. (see part C)

C. Provide documentation of TB screening (PPD Mantoux skin test read and documented in millimeters of induration) within the past 12 months. Chest x-rays will be required at the student’s expense for anyone with a positive skin test. Please attach a copy of the chest X-ray report. If you have had treatment for a positive TB test, please include documentation regarding treatment.

Part III	Meningococcal Vaccine
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- Iowa legislation requires students in university housing to be provided educational materials regarding meningococcal vaccine/disease.
 - Show documentation of meningococcal vaccine.
 - or**
 - Sign a waiver that indicates they have been provided educational materials. But have chosen not to receive the vaccine at this time.

To make an informed decision about receiving the vaccine it is important to read the information provided at the following websites:

- Centers for Disease Control (CDC) www.cdc.gov/nip/publications/VIS/vis-mening.pdf
- American College Health Association (ACHA)

www.acha.org

Please return this form and any necessary documentation to the appropriate campus address as listed below. If you do not have web access you may contact Drake Student Health Center.

Section 1 - For students who have received the vaccine

I have received the meningococcal vaccine. A copy of the required documentation must be attached.

Printed name of student: _____

Signature of student: _____ Date: _____

Section 2 - Waivers (complete section 1 or 2)

To be completed by students 18 years of age or older, or parents of minors.

I am 18 years of age or older or the parent of a minor child. Drake University has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. **I do not choose to get the meningococcal vaccine at this time. (If you choose to receive later, or have received in the past but do not have documentation, please sign below.)**

Printed name of student: _____

Signature of student or parent / guardian: _____

Date: _____

NOTE: We encourage that you send all records at the same time/same envelope. However if this is NOT possible, please be sure all “future” records are sent to the Student Health Center, not other Drake Departments.

Part IV Other Immunizations

The following immunizations are strongly recommended, but not required, for all University students:

- **Tetanus/Diphtheria:** Administered within the past 10 years. (If a Tetanus/diphtheria booster is indicated, it is recommended to also include acellular pertussis)
- **Hepatitis B series:** (3 doses). Even if incomplete, provide documentation of dates of any doses received.
- **Influenza vaccine:** Available each fall and advisable for all students but in particular those with diabetes or other chronic illnesses.
- **Varicella (chicken pox):** No vaccine is needed if there is a good history of natural infection. If history is questionable, a blood test can be done at the student's expense to determine immune status. If history of chicken pox infection, indicate approximate
- Month____Year____
- **Gardasil HPV vaccine** (3 doses) May start or complete series at the Student Health Center.

If any of these immunizations have been received please send a copy of your record. They may be obtained at the Student Health Center for a fee. Call (515) 271-3731 if you wish to schedule an appointment.

Part V	Parental Consent for Minor
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The above named student has my permission to receive services at the American Republic Student Health Center. I understand that employees of the Central Iowa Health System staff the American Republic Student Health Center in a contractual agreement with Drake University.

Permission for my child to receive services shall remain in effect until my child is 18 years of age. At that time I understand that my child will no longer need my permission to receive services. A parent or guardian can revoke this permission in writing at any time.

Signature of parent / guardian

Date

Emergency Contact Number_____

CHECKLIST:

1. **Did you answer the Tuberculosis screening questions on page 2?**
2. **Did you include documentation of 2 (two) MMR vaccines or titres on page 2?**
3. **Did you include documentation of meningitis vaccine or sign waiver on Page 3?**
4. **Did you explain/comment on questions that you answered "yes" on the first page?**
5. **If you are not 18 years of age, did your parent sign the parental consent?**

**ALL ABOVE ITEMS NEED TO BE COMPLETED TO AVOID A
HOLD ON YOUR ACCOUNT**