BRADLEY UNIVERSITY REQUIRED STUDENT HEALTH FORM

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SEMESTER ENTERING YEAR__________ FA___ SP___ FR. SO. JR. SR. GRAD. BRADLEY ID#____________________

PLEASE PRINT:
NAME____
(LAST, FAMILY SURNAME) (FIRST, GIVEN) (MIDDLE, OTHER)

BIRTH DATE: ____/_____/___ GENDER_________________ SOCIAL SECURITY NUMBER _______-______-________
MO DAY YR

HOME ADDRESS ____
STREET
____
CITY STATE ZIP

HOME PHONE (_____)__________________________ STUDENT CELL PHONE (_____)__________________________

PAST MEDICAL HISTORY

DRUG ALLERGIES____

CURRENT MEDICATIONS____

HOSPITALIZATIONS OR SURGERIES____

MEDICAL CONDITIONS____

MENTAL HEALTH ILLNESSES____

**PLEASE INCLUDE A COPY OF YOUR HEALTH INSURANCE CARD
OR SUMMARY INSURANCE POLICY**

IN THE EVENT I WOULD NEED OUTPATIENT LABS, DIAGNOSTIC STUDIES, OR EMERGENCY SERVICES DONE AT ONE OF THE LOCAL AREA HOSPITALS, I AUTHORIZE BRADLEY HEALTH SERVICES TO UTILIZE:

OSF ST. FRANCIS **CARLE HEALTH**

PLEASE CHECK WITH YOUR INSURANCE COMPANY REGARDING COVERAGE IN THE PEORIA AREA

IN CASE OF MEDICAL OR PSYCHIATRIC EMERGENCY OR HOSPITALIZATION, I AUTHORIZE BRADLEY STUDENT HEALTH SERVICES TO NOTIFY: ______________________________ RELATIONSHIP: ____________________________ PHONE: ______________________

PARENTS: MOTHER ____ HOME PH (____)______________________

ADDRESS ____ CELL PH (_____)______________________

FATHER ____ HOME PH (_____)______________________

ADDRESS ____ CELL PH (_____)______________________

SIGN HERE____ **DATE** ______________________________
STUDENT SIGNATURE

ATTENTION PARENT/GUARDIAN OF MINOR STUDENTS (students under the age of 18):
I give my permission for the medical staff of Bradley University Student Health Center to diagnose and treat medical conditions that may arise while my child is attending Bradley University.

SIGN HERE____ DATE______________________________

IMMUNIZATION HISTORY STUDENT'S NAME: ________________________________

IF YOUR BIRTH DATE IS BEFORE JANUARY 1, 1957, PLEASE CONTACT HEALTH SERVICES AT 309-677-2700.

SECTION 1: TUBERCULOSIS (TB) SCREENING REQUIRED BY BRADLEY UNIVERSITY

CHECK ANY THAT APPLY:

_____ FROM OR HAVE LIVED FOR TWO MONTHS OR MORE IN A COUNTRY THAT IS HIGH RISK FOR TUBERCULOSIS (i.e. INDIA, MIDDLE EASTERN COUNTRIES, MEXICO)
IF YES, WHICH COUNTRY: ____

_____ HAVE BEEN DIAGNOSED WITH A CHRONIC MEDICAL CONDITION THAT MAY IMPAIR YOUR IMMUNE SYSTEM
IF YES, WHAT CONDITION: ____

_____ A HEALTH CARE WORKER

_____ A VOLUNTEER OR EMPLOYEE OF A NURSING HOME, PRISON, OR OTHER RESIDENTIAL INSTITUTION

_____ CONTACT WITH A PERSON KNOWN TO HAVE ACTIVE TUBERCULOSIS

_____ NONE OF THE ABOVE APPLY

IF ANY OF THE ABOVE APPLY, TB SCREENING IS REQUIRED. OPTIONS ARE AS FOLLOWS:

1.) SCHEDULE AN APPOINTMENT AT STUDENT HEALTH SERVICES FOR PPD SCREENING TEST
2.) PROVIDE DOCUMENTATION OF NEGATIVE TB SKIN TEST DONE IN THE UNITED STATES WITHIN THE LAST 12 MONTHS
    PPD TEST DATE ____/____/____ DATE READ ____/____/____
    MILLIMETERS INDURATED ________MM POS_____ NEG_____
3.) PROVIDE DOCUMENTATION OF PRIOR TREATMENT OF ACTIVE TB DISEASE

SECTION 2: REQUIRED VACCINATIONS

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS VERIFIED BY A PHYSICIAN. THE STATE OF ILLINOIS REQUIRES THE FOLLOWING IMMUNIZATIONS FOR STUDENTS AT HIGHER EDUCATION INSTITUTIONS:

1) DIPHTHERIA, TETANUS, AND PERTUSSIS

STUDENTS SHALL PROVIDE DATES OF ANY COMBINATION OF THREE OR MORE DOSES OF DIPHTHERIA, TETANUS, AND PERTUSSIS CONTAINING VACCINE. ABBREVIATIONS FOR THESE VACCINES INCLUDE DTP, DTAP, DT, TD, OR TDAP. ONE DOSE MUST BE A TDAP. THE LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARS PRIOR TO ENROLLMENT.

2) MEASLES, MUMPS, AND RUBELLA

STUDENTS SHALL PROVIDE DOCUMENTATION OF RECEIPT OF TWO DOSES OF MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE. THE FIRST DOSE MUST HAVE BEEN RECEIVED ON OR AFTER THEIR FIRST BIRTHDAY.

3) MENINGITIS

ALL NEW ADMISSIONS UNDER THE AGE OF 22 SHALL PROVIDE DOCUMENTATION OF HAVING AT LEAST ONE DOSE OF MENINGOCOCCAL VACCINE ON OR AFTER 16 YEARS OF AGE. THE NEW MENINGITIS B VACCINE DOES NOT FULFILL THIS REQUIREMENT.

A STUDENT MAY BE EXEMPTED BY THE HEALTH CENTER IF A WRITTEN STATEMENT FROM THE STUDENT (OR GUARDIAN, IF THE STUDENT IS A MINOR) DETAILING OBJECTION TO IMMUNIZATION ON GROUNDS THAT THEY CONFLICT WITH TENETS OR PRACTICES. GENERAL PHILOSOPHICAL OR MORAL OBJECTION TO IMMUNIZATION SHALL NOT BE SUFFICIENT FOR AN EXEMPTION ON RELIGIOUS GROUNDS.