



# THOMAS MORE UNIVERSITY

*Welcome to Thomas More University.* To ensure the health of all of our students, Thomas More complies with the recommendations of the American College Health Association (ACHA), and the Advisory Committee on Immunization Practices (ACIP) by requiring that all students:

- 1) Provide a copy of your **shot records** from your primary care physician and bring with you to the registration session.

The certificate must show proof of:

- ❖ 2 doses of MMR vaccine, if born after 1956. One dose must be after your 4<sup>th</sup> birthday.
- ❖ 4-5 doses of DTP, or at least one dose after the 4<sup>th</sup> birthday.
- ❖ 3-4 doses of polio. If only 3 doses the 3<sup>rd</sup> dose must be after age 4.
- ❖ Tdap within the last 10 years.
- ❖ Varicella or evidence of immunity
- ❖ Meningococcal Meningitis
- ❖ 3 dose series of Hepatitis B

- 2) Complete the **student health information sheet**. Attached is the form or go to [http://www.thomasmore.edu/healthcenter/incoming\\_students.cfm](http://www.thomasmore.edu/healthcenter/incoming_students.cfm) and email the form to [schatzt@thomasmore.edu](mailto:schatzt@thomasmore.edu)

Please bring both forms listed above to the registration session or **fax them to 859-344-3636**. Students residing on campus and International students are **required** to submit vaccine records prior to arriving on campus. Any student who has not submitted immunization records **will not be permitted** to check in the resident's halls.

For the protection and welfare of all students, I ask that I be informed of any student with special needs (asthma, diabetes, epilepsy, depression...). Please provide any specific procedures you would like to have taken in the case of an emergency. You may use the back of the student health information form for any directions you may have.

**All student health information and visits are strictly confidential and will not be discussed or released to any one without specific written permission from the student.**

Unfortunately this includes parents and/or guardians, unless the student threatens their life or the life of someone else.

Feel free to contact me by phone at (859) 344-3529 or by e-mail at [schatzt@thomasmore.edu](mailto:schatzt@thomasmore.edu) with any questions regarding the above recommendations and/ or requirements or any other health related concerns you may have.

Sincerely,

Tammy Schatzman RN  
Director, Student Health Center  
Fax 859-344-3636

(Please print all information)

**For All Students**

## Medical History

**PLEASE EMAIL OR FAX COMPLETED FORM TO:**

**EMAIL: [schatzt@thomasmore.edu](mailto:schatzt@thomasmore.edu)/ FAX: 859-344-3636**

Student ID #: \_\_\_\_\_ University Status: \_\_\_ Fresh \_\_\_ Soph \_\_\_ Jr \_\_\_ Sr \_\_\_ Int'l

Resident or Commuter (**circle**) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Emergency Contact (capable of giving permission for treatment in an emergency)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

### Primary Care Physician

Phone: \_\_\_\_\_

### Health Insurance

Do you have health insurance? \_\_\_ Yes \_\_\_ No

Carrier: \_\_\_\_\_ Policy #/Group # \_\_\_\_\_

Policy Holder: \_\_\_\_\_

List all medications you currently take on a daily basis, or just as needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List **ALL** drug allergies, your reaction and the last time you reacted:

\_\_\_\_\_  
\_\_\_\_\_



For Resident Hall Students ONLY

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID #: \_\_\_\_\_

**TUBERCULOSIS (TB) SCREENING/TESTING (REQUIRED)**

Please answer the following questions:

Has anyone in your family or other close contact had tuberculosis (TB)?

YES NO

Have you ever had a positive TB test?

YES NO

Have you ever been on medication to treat TB?

YES NO

If yes, did you complete the treatment? \_\_\_\_\_yes \_\_\_\_\_no

\*Have you ever spent more than two months outside of the United States?

YES NO

If yes, when? \_\_\_\_\_

Please list the country(s) in which you resided \_\_\_\_\_

International students: Have you ever had a Bacilla Calmette-Guerin (BCG) vaccine

YES NO

\*In what country were you born? \_\_\_\_\_

Have you ever worked or volunteered in a prison/jail?

YES NO

Have you ever provided patient care in a nursing home, hospital or other health care facility?

YES NO

Have you ever worked or volunteered in a residential facility for patients with AIDS?

YES NO

*\*Significance of travel exposure and/or country of origin should be discussed with a health care provider.*

Check if you have any symptoms listed below:

- |  |  |
|--|--|
| <input type="checkbox"/> Cough (especially if lasting for 3 weeks or longer) with or without sputum production | <input type="checkbox"/> Loss of appetite        |
| <input type="checkbox"/> Coughing up blood (hemoptysis)  | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Chest pain  | <input type="checkbox"/> Night sweats            |
|  | <input type="checkbox"/> Fever                   |

**If you were born in the United States and answered NO to all above questions, no further action is required.**

**Persons answering YES** to any of the above questions are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test is documented.

Tuberculin Skin Test (TST)

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read \_\_\_\_/\_\_\_\_/\_\_\_\_ Result \_\_\_\_ mm of induration

Interferon Gamma Release Assay (IGRA)

Date Obtained: \_\_/\_\_/\_\_\_\_ Specify method: \_\_\_\_ QFT-GIT \_\_\_\_ T-spot \_\_\_\_ other

Result: \_\_\_\_negative \_\_\_\_positive \_\_\_\_indeterminate \_\_\_\_borderline (T-spot only)

Chest x-ray

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_normal \_\_\_\_abnormal (Please attach CXR report)

Questions? Contact Campus Health Services 859-344-3529

[schatzt@thomasmore.edu](mailto:schatzt@thomasmore.edu)