THOMAS MORE UNIVERSITY

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

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

   The certificate must show proof of:

   - 2 doses of MMR vaccine, if born after 1956. One dose must be after your 4th birthday
   - 4-5 doses of DTP, or at least one dose after the 4th birthday
   - 3-4 doses of polio. If only 3 doses the 3rd 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 and email the form to schatzt@thomasmore.edu.

Please bring both forms listed above to the Orientation 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 into the residence 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 measures 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 anyone without specific written permission from the student. 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 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

THOMAS MORE
UNIVERSITY

(Please print all information) **For All Students**

Medical History

PLEASE EMAIL OR FAX COMPLETED FORM TO:

EMAIL: schatzt@thomasmore.edu/ FAX: 859-344-3636

Student ID #: _____ Student Status: ____First-Year ____ 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:

_____

_____

Medical History

Please indicate, by checking the yes or no box, if you have a recent history of:

Yes	No		Yes	No	
		Frequent or Severe Headaches			Recurrent Back Pain
		Dizziness or Fainting Spells			Sprains and/or Strains
		Head Injury			High or Low Blood Pressure
		Skin Disease or Condition			Depression or Extreme Worry
		Jaundice or Hepatitis			Treatment for a Mental Health Condition
		Paralysis			Sexually Transmitted Infections
		Epilepsy or Seizures			Glasses or Contacts
		Diabetes type I or type II (please circle)			Broken Bones
		Hearing Loss			Heart Disorder(s)
		Hearing Aid			Sinusitis
		Asthma			Seasonal Allergies
		Allergy Injections			Tobacco Use
		Tuberculosis			Drug and/or Alcohol Abuse History
		Positive TB Skin Test			Eating Disorder
		Recent weight loss or weight gain			

Please elaborate on any item answered yes:

_____

_____

Please note any injury or illness not listed above:

_____

Immunizations
All student must provide a complete copy of childhood immunizations. You may ask your physician's office to fax a copy of your immunizations to the Campus Health Center at (859) 344-3636.

Privacy

The information contained within this document is strictly for the use of the Campus Health Center and will not be released to anyone without <u>your written consent.</u>

I certify that the above information is true and complete to the best of my knowledge. I give the Thomas More University Campus Health Center consent to perform routine medical care and necessary emergency care procedures; and to use their best judgment in securing emergency medical aid and/or transportation. I understand that I am financially responsible for any and all medical expenses incurred.

_____

Student Signature Date

_____

Parent Signature - if student is under 18 Date