

MEDICAL ATTENTION AND HOSPITAL AUTHORIZATION

Thiel College
Student Health Center
Greenville, Pennsylvania 16125
724-589-2195

In the event that student is ill and it is deemed necessary that he/she should have medical attention and hospitalization, I hereby authorize the designated representative of the college to:

1. Secure the service of a health care professional.
2. Have him/her taken to a hospital for outpatient treatment.
3. Have him/her admitted to a hospital for in-patient treatment/including surgery.

It is understood that this authorization will be used in case of an emergency and only when delay would jeopardize the student's welfare and when I cannot be reached immediately by telephone. It is understood that I will assume all financial obligations involved that are not covered by insurance.

DATE

PARENT'S SIGNATURE

DATE

STUDENT'S SIGNATURE

Person(s) to be notified in an emergency:

(1) _____
NAME ADDRESS PHONE NUMBER

(2) _____
NAME ADDRESS PHONE NUMBER

Father's Place of Employment _____ Business Phone _____

Mother's Place of Employment _____ Business Phone _____

REPORT OF MEDICAL HISTORY

Thiel College
Student Health Center
Greenville, Pennsylvania 16125
724-589-2195

Please complete this form before going to your health care professional for examination. This information is strictly for the use of the Student Health Center and will not be released to anyone without your knowledge and written consent.

Date _____

LAST NAME (Student) FIRST NAME MIDDLE Birth date (month, day, year)

PERMANENT MAILING ADDRESS (Number, Street, Route Box, etc.) Male Female

CITY STATE/REGION POSTAL CODE COUNTRY

Home Phone Number: _____

Marital Status: Single Married Divorced Separated

Month and year you will begin classes at Thiel College: _____

FAMILY HISTORY

	AGE	STATE OF HEALTH	OCCUPATION	AGE OF DEATH	CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS					
SISTERS					

REPORT OF MEDICAL HISTORY CONTINUED

Have any blood relatives (children, brothers, sisters, parents or grandparents) had or now have any of the following? If yes, check item.

	YES	RELATIONSHIP
1. Diabetes		
2. Thyroid or goiter trouble		
3. Allergies		
4. Asthma, bronchitis		
5. High blood pressure		
6. Coronary heart disease		
7. Other heart trouble		
8. Rheumatic fever		
9. Arthritis, rheumatism		
10. Strep throat		
11. Gout		
12. Stroke		
13. Problems with alcoholism		
14. Cancer		
15. Blood disease		
16. Tuberculosis		
17. Stomach or ulcer trouble		
18. Chronic diarrhea		
19. Other serious or chronic disease		
20. Weight problem		
21. Epilepsy		
22. Other:		

Please staple a recent wallet-sized photo below:

MEDICAL HISTORY FORM

Thiel College • 75 College Avenue • Greenville, Pennsylvania 16125

Name		Completion Date / /			
Birth Date / /		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Height Wt.	
Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W					
Permanent Address (home)					
Phone					
To be completed by student			Please print in ink or type.		
PAST MEDICAL HISTORY					
	Mark "X" if you've had	DATE		Mark "X" if you've had	DATE
Alcohol/drug dependence			Heart problems		
Allergy/hay fever			Hemorrhoids		
Anemia/blood disease			Hepatitis		
Anxiety			High blood pressure		
Arthritis/joint pain			High cholesterol		
Asthma			Hypoglycemia		
Back problem			Insomnia		
Bladder/kidney			Liver disease/jaundice		
Blood in stool			Malaria		
Cancer/cyst/tumor			Mononucleosis		
Clot in veins			Pregnancy		
Constipation			Psychological problem		
Depression			Respiratory problem		
Diabetes (sugar)			Sexually transmitted disease		
Diarrhea			Shortness of breath		
Dizziness/fainting			Skin problem		
Ear & nose problem			Strep throat		
Epilepsy/seizures			Swollen glands		
Head injury			Swollen joints		
Surgeries/hospitalization/injuries, list below:			Thyroid disease		
			Tuberculosis		
			Ulcer		
			Varicose veins		
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No			Weight problem		
How much per day?			Other:		
Do you drink alcohol or use marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have allergies to any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How much per day?			If yes, please list:		
Current medications:			Do you have any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
STUDENT SIGNATURE (Parent or guardian if under 18 years of age)			If yes, please list:		

REPORT OF HEALTH EVALUATION

To be completed by your health care provider.

Please review the student's health history and complete this form. Please comment on all positive answers. THIS STUDENT HAS BEEN ACCEPTED AT THIEL COLLEGE. The information supplied will not affect student's status. It will be used only as a background for providing health care if necessary. This information is strictly for the use of the Student Health Center and will not be released without the student's written consent.

 LAST NAME FIRST NAME MIDDLE M F
 Blood pressure _____ Weight _____ Height _____

If deemed necessary by health care provider completing this form:

Urinalysis: Date _____ Sugar _____ Albumin _____ Micro _____
 Hb. or Hct. _____

Required Immunizations

- Tetanus/Diphtheria** – must have received a primary series of DTP, DT or Td and a booster within the past 10 years.
- Measles, Rubella, Mumps** – proof of a vaccination or a titer is acceptable, primary injection with a booster.
- Polio** – primary series in childhood.
- Varicella** – Either a history of chicken pox, Varicella antibody or two doses of vaccine given at least one month apart if immunized after age 13, or one dose of vaccine if immunized before age 12.
- Hepatitis B** – series of three injections given at specific time intervals.
- Meningococcal** – One dose – preferably at entry into college for freshmen living in residence halls that wish to reduce their risk of meningococcal disease. Any undergraduate less than 25 years of age who wishes to reduce their risk of disease can consider the vaccine. Students with immunodeficiency such as complement deficiency or asplenia should receive vaccine q. 3-5 years. All students that are residing in college or university-owned housing are required to have at least one dose of the meningococcal vaccine or a signed waiver declining the vaccine after being given literature on the vaccine and the disease.

Recommended Immunizations

Influenza – Annual immunization recommended to avoid disruption to academic activities. These are given late fall providing they are not contradicted due to medical history or allergies.

UPDATE IMMUNIZATIONS REQUIRED FOR ADMISSION

	DATES	BOOSTERS
Diphtheria		
Pertussis		
Tetanus (within 10 years)		
Polio		
Measles		
Rubella		
Mumps		
Varicella		
Hepatitis B		
Meningococcal Vaccination		

REPORT OF HEALTH EVALUATION CONTINUED

Tuberculosis Screening if student at risk (if positive please list follow-up given):

Negative Positive Date _____

Are there abnormalities of the following systems? Describe fully. Use additional sheet if needed. Check each item in appropriate column.

	NORMAL	ABNORMAL	DETAIL OF EACH ABNORMALITY
Head, neck, face and scalp			
Nose and sinuses			
Mouth, teeth, gingiva and throat			
Ears – General (canals, drums, etc.)			
Eyes – General (lids, pupils, motions)			
Lungs, chest and breasts			
Heart			
Vascular system (include varicosities)			
Abdomen and viscera (include hernia)			
Ano-Rectal and pilonidal			
Endocrine system			
Genito-urinary system			
Upper extremities			
Lower extremities (include feet)			
Spine, other musculo-skeletal			
Skin and lymphatics			
Neurological system			
Psychiatric (personality deviation)			
If female, give menstrual history			

Allergy injections Yes No

If yes, and student wants to obtain allergy injections at the Student Health Center an additional form must be requested by contacting Pam Despo, Coordinator of Student Health Center, Thiel College, 75 College Avenue, Greenville, PA 16125, 724-589-2195.

These allergy injections are administered by a registered nurse with oxygen and epinephrine available but there is no doctor on the premises. Should an emergency develop, student will be transported to UPMC Horizon Hospital-Greenville Campus for care and follow-up.

(Note: Above information must be completed in order for student to participate in physical education classes or any sports program.)

Is there loss or seriously impaired function of any organ? Yes No

Recommendation for physical activity (PE, competitive sports, intramurals, etc.) Unlimited Limited

If there are any limitations, explain: _____

Is the patient under treatment or on any medication for any medical or emotional condition?

Do you have any recommendations regarding the care of this student? _____

Additional information:

Health care Provider's Signature _____ Date _____

PRINT Health Care Provider Name _____

Address _____ Telephone _____

MENINGITIS STATEMENT

College students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, first-year students living in residence halls are found to have a six-fold increased risk for the disease. The American College Health Association, The American Academy of Pediatrics, and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices recommends that college students, particularly first-year students living in residence halls, learn more about meningitis and vaccination. At least 70 percent of all cases of meningococcal disease in college students are vaccine preventable.

Pennsylvania passed the Pennsylvania College and University Student Vaccination Act, which was signed into law on June 28, 2002. This law states that Pennsylvania colleges may not allow students to reside in college housing unless the college has, on file, proof that the student has received a one-time vaccination against meningococcal disease. The student may elect to waive receiving the vaccination for religious or other reasons. In this instance, the student must sign a declination statement that states he or she understands the risks and benefits of the vaccination.

- What is meningococcal meningitis? Meningitis is rare but potentially fatal bacterial infection. It can cause either inflammation affecting the brain and spinal cord or a systemic bacterial infection found in the blood. This can result in permanent brain damage, hearing loss, learning disability, limb amputation, kidney failure or death.
- How is it spread? Meningococcal bacteria are transmitted through air droplets and direct contact with persons already infected with the disease. This can be through coughing, kissing, sneezing or sharing items like utensils, cigarettes and drinking glasses.
- What are the symptoms? Symptoms of meningococcal meningitis often resemble those of the flu. These symptoms include high fever, rash, vomiting, severe headache, neck stiffness, lethargy, nausea and sensitivity to light.
- Who is at risk? College students, particularly first-year students, living in campus housing have an increased risk of contracting the disease.
- Can meningitis be prevented? A safe and effective vaccine is available that is 85 percent to 100 percent effective in preventing four serogroups of the disease which cause approximately 70 percent of the meningococcal diseases found in the United States. The vaccine is effective for approximately 3 to 5 years. Reactions to the meningitis vaccine are mild and infrequent consisting primarily of redness and pain at the injection site. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals. It does not protect against viral meningitis.
- For more information: To learn more about meningitis and the vaccine, you can visit the Web sites for the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo and the American College Health Association, www.acha.org.

This is a requirement to reside in Thiel College Housing.

Please check the appropriate statement and sign below.

- I have had the meningitis vaccine on _____(date).
- I will receive the meningitis vaccine at Thiel College when MAXIM HEALTH SYSTEM is on campus. The cost is \$125, payable to MAXIM HEALTH when immunization is given. This clinic is usually offered the first Wednesday in September.
- I have read and understand the information about meningitis, and I decline the meningitis vaccine at this time. I understand that if I decide in the future that I want the vaccine, I will obtain it from my private health care provider.

Print name of student _____

Signature of student _____ Date _____

Signature of parent (if student is under 18) _____ Date _____

This form must be signed and returned to:
Health Services • Thiel College • 75 College Avenue • Greenville, PA 16125 USA
or the student can turn it in upon arrival and check-in to campus.
It will become part of the student's permanent file. **The student will not be permitted to reside in campus housing if this form is not completed and returned prior to arrival on campus.**