Medical History *(to be completed by student)*

THIEL COLLEGE

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.

Completion Date ___________

Last Name (Student)	First Name	Middle	Sex ☐M ☐F	S.S. Number	Birthday
Permanent Mailing Address		City	State		Zip
Home Phone	Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated		Month & Year you will begin classes at Thiel College		

Height ________ Weight _________

Family History

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

Have any blood relatives (children, brothers, sisters, parents or grandparents) had or currently have any of the following? *If yes, mark X in the small box and include the relationship (i.e. father, aunt) in the box to the right.*

Diabetes			Rheumatic fever			Blood disease		
Thyroid or goiter trouble			Arthritis, rheumatism			Tuberculosis		
Allergies			Strep throat			Stomach or ulcer trouble		
Asthma, bronchitis			Gout			Chronic diarrhea		
High blood pressure			Stroke			Other serious/chronic disease		
Coronary heart disease			Problems with alcoholism			Weight problem		
Other heart trouble			Cancer			Epilepsy		
Other:								

Do you smoke? ☐ Yes ☐ No If yes, how much per day? _______________

Do you drink alcohol or use marijuana? ☐ Yes ☐ No If yes, how often per day? _______________

Do you have any allergies to medication? ☐ Yes ☐ No If yes, please list: ____________________________________

Do you have any other allergies? ☐ Yes ☐ No If yes, please list: ____________________________________

Current medications ____

Past Medical History *(mark X if applicable and include date last treated in box to the right)*

Alcohol/drug dependence			Dizziness/fainting			Psychological problem		
Allergy/hay fever			Ear and nose problem			Respiratory problem		
Anemia/blood disease			Epilepsy/seizures			Sexually transmitted disease		
Anxiety			Head injury			Shortness of breath		
Arthritis/joint pain			Heart problems			Skin problem		
Asthma			Hemorrhoids			Strep throat		
Back problems			Hepatitis			Swollen glands		
Bladder/kidney			High blood pressure			Swollen joints		
Blood in stool			High cholesterol			Thyroid disease		
Cancer/cyst/tumor			Hypoglycemia			Tuberculosis		
Clot in veins			Insomnia			Ulcer		
Constipation			Liver disease/jaundice			Varicose veins		
Depression			Malaria			Weight Problem		
Diabetes (sugar)			Mononucleosis			*Other (describe)*		
Diarrhea			Pregnancy					

Sign Here: Student Signature *(Parent or Guardian if under 18 years of age)* ___________________________

Medical Attention and Hospital Authorization

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

- Secure the service of a health care professional.
- Have him/her taken to a hospital for outpatient treatment.
- 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.

Name of Health care Provider	Health care provider Address (Street, City, State, Zip)	Phone Number

Emergency Contacts *(please list two)*

Name	Address	Phone Number
Name	Address	Phone Number

Parents'/Guardian's Places of Employment *(list one or two)*

Relationship	Place of Employment	Business Phone
Relationship	Place of Employment	Business Phone

Sign Here: Student Signature ___________________________ Parent's Signature ___________________________

Date ___________________________ Date ___________________________

Physical Examination *(to be completed by your health care provider)*

Please review the student's health history and complete this form, commenting on all positive answers. **This student has been accepted at Thiel College and 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	Sex ☐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 of Td and a booster within past 10 years.
Measles, Rubella, Mumps - proof of 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 (2) doses of vaccine given at least one month apart if immunized after age 13; or one (1) dose of vaccine if immunized before age 12.
Hepatitis B - series of three (3) injections given at specific time intervals.
Meningococcal - One (1) 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 can consider this 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 (1) 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 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 yrs.)		
Polio		
Measles		
Rubella		
Mumps		
Varicella		
Hepatitis B		
Meningococcal Vaccine		

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

☐ Negative ☐ Positive Date ________________

Physical Examination *(continued)*

Are there abnormalities in the following systems? Describe fully. Use additional sheet if necessary. 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 (including 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, at 724-589-2195 or pdespo@thiel.edu. *Allergy injections are administered by a registered nurse with oxygen and epinephrine available, but there is no doctor on-premises. In case of an emergency, 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/sports programs.

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

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

If there are limitations, explain ______________________________

Is the patient under treatment or on any medication for any medical or emotional conidtion? Do you have any recommendations regarding the care of this student?

____

Health care provider's signature ______________________________ Date ______________

Print health care provider name ______________________________

Address ______________________________ Phone ______________

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.

To learn more about meningitis and the vaccine, you can visit the websites for the Centers for Disease Control and Prevention (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 of vaccine)*
- ☐ I have read and understand the information about meningitis, and I decline the meningitis vaccine at this time. If I decide in the future that I want the vaccine, I will obtain it from my private healthcare provider.

Sign Here: Student Signature ____________________________ Parent's Signature ____________________________

Date ____________________________ Date ____________________________

*This 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.