

◆ **LEVEL** Undergraduate Graduate ◆ **ENTERING SEMESTER** Fall 20____ Spring 20____ Summer 20____
 ◆ **HOUSING** Residence Hall Off Campus ◆ **SEX** Male Female

INSTRUCTIONS

- 1) Fill in the blanks above and complete Sections A, C, D and E. If student is under 18, this form must be signed by the student applicant and his/her guardian.
- 2) A health care provider must complete Section B or appropriate medical documentation must be attached.
- 3) Return completed form to Florida Tech, Holzer Health Center, 150 West University Boulevard, Melbourne, FL 32901-6975.

SECTION A • To be completed by student applicant

Last	First	Middle/Maiden	Student ID Number	Date of Birth (month/day/year)	
Mailing Address		City	State	ZIP	Country
Student Phone Number		Person to Notify in Case of Emergency		Relationship	Phone Number
Major medical, mental health care and/or surgical history <input type="checkbox"/> No <input type="checkbox"/> Yes, as specified here _____					
Current Medications <input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) and usage(s) _____					
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, as specified here _____					

SECTION B • To be completed by Authorized Medical Personnel ONLY

IMMUNIZATIONS: In order to be considered official, this section or any additional records forwarded to us must meet three of four requirements: 1) Signature of authorizing person; 2) License number of authorizing person; 3) Letterhead; 4) Office stamp with complete address. All records must also include the student's name on all documents. *The authorizing person providing proof must re-sign any changes, additions, writeovers, use of different ink/handwriting or use of white-out.*

REQUIRED —not necessary if born before 1/1/57 (day/month/year)	RECOMMENDED (day/month/year)
1st MMR ____/____/____	Polio (most recent dose) ____/____/____ Hepatitis A Dose 1 ____/____/____
2nd MMR ____/____/____	Td (most recent booster) ____/____/____ Hepatitis A Dose 2 ____/____/____
If you are unable to locate documentation of vaccines, laboratory evidence of immunity is acceptable (blood titers).	Chicken Pox (Varicella) ____/____/____

All students must have immunization documentation for Hepatitis B and Meningococcal Meningitis or complete the waiver in Section C on page 3.

Hepatitis B Dose 1 ____/____/____ Dose 2 ____/____/____ Dose 3 ____/____/____ Declined (*initial here*) _____

Meningococcal Meningitis ____/____/____ Declined (*initial here*) _____

TUBERCULOSIS (TB)

ATTENTION ALL INTERNATIONAL STUDENTS: All students arriving from a TB endemic area are required to have a TB skin test before beginning classes at Florida Tech. The skin test must be done within three (3) months prior to the first day of school or may be done on arrival at the Holzer Health Center for a small fee. Please see page 2 of this form for a list of endemic areas of the world.

TB skin test (PPD) ____/____/____ If PPD Positive:
 mm ____ pos ____ neg ____ Chest X-ray ____/____/____ (copy of results must be attached)

TB treatment

Prophylactic INH ____/____/____ to ____/____/____
 Therapeutic treatment ____/____/____ to ____/____/____

AUTHORIZED SIGNATURE _____ **DATE** _____
Office Stamp with Address and License Number

STUDENT SIGNATURE* _____

*if student is under 18 years of age, parent/guardian signature is required

continued ►

MMR—All students born on or after 1/1/57 need to provide proof of two MMRs—measles (Rubeola), German measles (Rubella) and mumps immunization. These immunizations must have been given on or after the first birthday. The second MMR must be given 30 days or more after the first. A positive titer (blood test) for MMR antibodies is acceptable proof.

TETANUS—Usually given as a tetanus/diphtheria combination shot called Td. This shot is recommended every 10 years or within five years for contaminated or deep puncture wounds.

TUBERCULOSIS (TB)—TB is a disease caused by a bacterium which usually attacks the lungs. However, the TB bacteria can attack any part of the body such as the kidney, spine and brain. If not treated properly, this disease can be fatal. TB is spread through the air from one person to another. People with active or latent TB disease can be treated and cured with medication, which will also prevent the spread of the disease to others. All students arriving from a TB endemic area will be required to have a TB skin test within the first two weeks of school. TB skin testing is available at the university's Holzer Health Center for \$15, the local health department or any local physician's office. Previous immunization with BCG does not prevent TB skin testing.

Endemic areas of the world are considered any area NOT listed below.

- North American Region: U.S.A., Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, Virgin Islands
- European Region: Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom
- Western Pacific Region: American Samoa, Australia, New Zealand

BACTERIAL MENINGITIS—Young adults between the ages of 17 and 24 are at increased risk of developing a severe form of bacterial meningitis called meningococcal meningitis. This bacterial infection, although rare, may cause severe neurologic impairment, partial extremity amputations or even death (10–13 percent mortality rate). Freshmen living in residence halls, bar patronage and exposure to alcohol and cigarette smoke further increase the risk of infection within this age group. The incidence in young adults is 1 case per 100,000. For freshmen living in residence halls, it is 3.8 per 100,000. There are five different subtypes (called serogroups) of the bacterium that causes meningococcal meningitis (serogroups A, B, C, Y and @-135). The current vaccine does not stimulate protective antibodies to serogroup B, but does against the remaining four types. In the past, serogroup B caused about 50 percent of the cases of meningococcal meningitis in the United States but more recently, it has decreased to about 27 percent or less,

making vaccination more protective. The vaccine lasts 3–5 years or longer and is extremely safe. It has been used safely by the military and among foreign travelers for more than 20 years.

HEPATITIS B—A serious viral liver infection, prevalent worldwide, that can lead to chronic liver disease and liver cancer. The state of Florida has instituted a requirement for all school-age children to complete the three-shot series, but older students or out-of-state students are not likely to be familiar with this recommendation. The hepatitis B vaccine is extremely safe and effective, and is required for any individual who may possibly be exposed to blood or other body fluids in their line of work or through sexual contact. If you are not immunized against hepatitis B, we highly recommend you consider getting this vaccine or discussing it with your health care provider.

The American College Health Association, the Centers for Disease Control and the state of Florida recommend that students consider getting the menomune and hepatitis B vaccine. In fact, the state of Florida now requires every student living in a residence hall to receive immunizations for meningitis and hepatitis B or to formally decline by signing a waiver acknowledging the risks of acquiring these infections.

CHICKEN POX (VARICELLA)—A common disease among college students who have not yet experienced this childhood illness. Varicella vaccination is available and is highly recommended for all children, adolescents and young adults who are susceptible to this viral disease. It is given as a two-shot series, one to two months apart. The vaccine is generally well tolerated; 3–5 percent may experience a mild, varicella-like rash or low-grade fever, but complications are rare.

HEPATITIS A—Another viral illness affecting the liver, it is especially prevalent in developing countries and is most often transmitted via contaminated food and water. Numerous outbreaks occur throughout the United States and will likely continue and possibly increase in the next decade. Though not a cause of chronic liver disease, adults who develop hepatitis A can become extremely ill and lose significant school or work time during the course of an infection. The vaccine is very safe and is given as a two-shot series, six months apart. It is essential for anyone planning travel to developing countries, but may also be a good investment in your health in the United States.

INFLUENZA—Yearly influenza (flu) shots (early October to mid November) are also recommended for everyone, but are especially indicated for anyone with asthma, chronic heart or lung disease, diabetes or other health problems that compromise the ability to fight infections. Pneumovax, the pneumonia vaccine, may also be recommended for these same individuals.

**Preventing any of these diseases is highly desirable and is best accomplished with vaccination.
Consult your health care provider or the Holzer Health Center for further information.**

NAME (please print clearly) _____ STUDENT ID NUMBER _____

SECTION C • Must be completed by student applicant

I have received the required information regarding the risks of acquiring bacterial meningitis and Hepatitis B and the benefits of receiving immunizations to reduce those risks. I also understand that if I live in campus housing during my enrollment at Florida Tech, I am required to receive these immunizations or actively decline these immunizations.

- I have provided proof of these immunizations. (See above)
- I decline receiving meningitis vaccine for bacterial meningitis at this time. I acknowledge receipt of information regarding this disease.
- I decline receiving Hepatitis B vaccines at this time. I acknowledge receipt of information regarding this disease.
- I currently or will live in campus housing. I plan on initiating or completing my Hepatitis B and/or meningitis vaccines within the next five months and will provide the university with official documentation of these immunizations before the next semester. I understand that I may have a hold placed on my registration until this documentation is received.

I HAVE READ AND UNDERSTAND THE IMMUNIZATION REQUIREMENTS ON THIS FORM. This form has been truthfully completed to the best of my knowledge and I freely consent to this form being used for my treatment at Holzer Health Center and for registration here or at any other university.

STUDENT SIGNATURE _____ DATE _____

SECTION D • To be completed by student applicant

Mental Health History

- Have you ever received treatment by a mental health clinician? No Yes
- Have you ever been hospitalized for a mental health problem? No Yes
- Have you ever been prescribed medication for a psychological condition? No Yes
- Have you ever been hospitalized for an alcohol or drug poisoning and/or problem? No Yes
- Have you ever had a period of depressed, anxious or irritable mood most of the day, nearly every day, lasting for weeks? No Yes
- Have you ever been unable to do your school work because of stress, anxiety or depression? No Yes
- Have you ever been so upset that you have harmed yourself, or been afraid that you might harm yourself? No Yes
- Have you often restricted eating or purged? No Yes
- Would you be interested in more information about Florida Tech Counseling and Psychological Services? No Yes
- Would you like a referral to a mental health clinician at Florida Tech? No Yes

Disability History

Do you currently have an impairment that substantially limits a major life activity, or are you disabled in any way that requires you to receive special consideration from the college? No Yes

If yes, please check the appropriate box and give specifics.

- Vision Hearing Speech Motor

Anatomical loss (please specify) _____

- Physical Learning Disability ADHD Other

Please explain disability _____

Have you received any accommodations during K-12 or did you have a 501 plan? No Yes

Have you had any IEP accommodations? No Yes

The information on disability and mental health history will be shared with Academic Support Office and on-campus counseling center if indicated.

SECTION E • To be completed by student applicant (and guardian, if student is under 18).

The responses to my health history on this form are true and to the best of my knowledge, and I freely consent to this information being used by Holzer Health Center in any manner for my treatment and care.

STUDENT SIGNATURE _____ DATE _____

I concur with the above, and authorize, at the discretion of Holzer Health Center personnel, medical and surgical care, including examinations, immunizations and treatments, and related procedures for my son/daughter. In the event of serious disease, injury or need for major surgery, I understand that all reasonable efforts will be made to contact me, but that failure to make contact will not prevent emergency treatment necessary to help preserve life or health.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____