

Christian Brothers University

Student Health Form

Return completed form to: Christian Brothers University, Office of Admissions, 650 East Parkway S., Memphis, TN 38104. For questions, please contact the Director of Health Resources at (901) 321-3260 or the Administrative Assistant at (901) 321-3531.

Name (print) _____ Birth date ____/____/____
Last First MI

Semester entering _____ Check one () Day Program () Professional Studies () Graduate

SS# _____ Phone (____) _____

Current mailing address _____
Street City State Zip

In event of emergency, please contact: _____ Phone (____) _____

TENNESSEE STATE LAW requires all entering college students to have up-to-date immunizations or immunity against measles, mumps, and rubella. This record must be completed before registration and reflect proof of 2 MMR vaccinations administered on or after your first birthday, or documented proof of immunity to measles.

Contraindications to receiving the vaccines may include pregnancy, allergy to a vaccine component, other valid medical conditions, or religious tenets prohibiting vaccinations. If you believe you are entitled to an exemption based on one of the preceding grounds, you must provide a physician's statement or an official clergy statement. If an exempted student contracts measles or if a measles outbreak occurs, it shall be the student's responsibility to remain off campus until a physician gives written permission for the student to return to campus.

If you were born before 1957, if you are attending part-time (less than 12 hours), or if you graduated from a Tennessee public high school in 1999 or thereafter, you are exempt from these requirements. Please mark the appropriate option.

I am exempt from these requirements because:

() I was born prior to 1957

() I will be attending school part-time (less than 12 hours). Note: If student becomes full time, immunization requirements will need to be met

() I graduated from a Tennessee public high school in 1999 or after Name of school/City _____

If exemption requirements above do not apply, you MUST have a health care provider complete and sign this section of the Health Form OR you may submit one of the following documents: immunization cards or documents from Public Health Departments, DD214 military forms, or official documentation from prior universities. Photocopies are accepted, as originals will not be returned.

Measles (Rubeola)- Check appropriate box

Date(s) given

() Dates immunized with MMR vaccine (2 DOSES REQUIRED)

#1 ____/____/____

#2 ____/____/____

() Medically contraindicated because of medical condition

List reason(s) _____ (attach physician's statement)

() Refuses immunization because of religious objections (attach official clergy statement)

() Had disease. Confirmed by health care provider office record

____/____/____

() Has immune titer confirmation of disease

Specify type of titer _____

____/____/____

HEALTH CARE PROVIDER:

Name _____

Address _____

Signature _____

Phone (____) _____

Name _____

Birth Date ____/____/____

ALL STUDENTS MUST COMPLETE THIS SECTION

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B and Meningococcal infection to all students entering the university for the first time. After reading the information about Hepatitis B and Meningococcal infection, please provide dates of immunization OR sign the waivers.

Hepatitis B (HBV)

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for hepatitis B are sexual activity and intravenous drug use. The disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three doses of the vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The Hepatitis B vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

I hereby certify that:

() I have previously been vaccinated for Hepatitis B (Dates given)

Dose #1 ____/____/____

Dose #2 ____/____/____

Dose #3 ____/____/____

() I have received the initial vaccine and plan to complete the series (Date given)

Dose #1 ____/____/____

() I have read the information and I have elected not to receive the Hepatitis B vaccine

Signature _____

Date ____/____/____

(student or parent/guardian if student is under 18)

Meningococcal Meningitis

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention is required to avoid serious illness or death.

There are 5 different subtypes (called serogroups) of the bacteria that cause Meningococcal meningitis. The current vaccine does not stimulate protective antibodies to serogroup B, but it does protect against the most common strains of the disease, including serogroups A, C, Y, and W-135. The duration of protection is approximately 3-5 years. The vaccine is safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the injection site lasting up to 2 days. The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control (CDC) recommends that college freshmen, particularly those who live in campus housing, be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated.

I hereby certify that:

() I have been vaccinated for meningococcal meningitis

Date given ____/____/____

() I have read the information and I have elected not to receive the meningococcal meningitis vaccine

Signature _____

Date ____/____/____

(student or parent/guardian if student is under 18)

RECOMMENDED VACCINES

Tuberculin Skin Test (REQUIRED FOR INTERNATIONAL STUDENTS)

Date of test (within one year from admission) ____/____/____ Test Read ____/____/____ Result ____ mm

Tetanus/Diphtheria (Td) Date of last dose ____/____/____ (within ten years)

Polio Date of last dose ____/____/____ () OPV () IPV

AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION

I hereby authorize Christian Brothers University to gain professional medical treatment in the event of an emergency. I also authorize Health Resources to release a copy of this form to the Admissions Office and the Athletics Department in the event that the student chooses to participate in college athletics.

Signature _____

Date ____/____/____

(student or parent/guardian if student is under 18)

IMPORTANT INFORMATION ABOUT THE STUDENT HEALTH FORM

This form is designed to meet the legal requirements mandated by the State of Tennessee in order to assure a healthy campus. Tennessee State Law requires all entering college students to have up-to-date immunizations or immunity against measles, mumps, and rubella. Exemptions apply if the student was born prior to 1957, will be attending part-time (defined as less than 12 hours), or if the student graduated from a Tennessee public high school in 1999 or thereafter. If these exemptions do not apply, please have a medical provider complete this portion of the health form. Appropriate official documentation as listed on the form will also be accepted.

The General Assembly of the State of Tennessee also requires that colleges inform incoming students of the risk for Hepatitis B and Meningococcal disease. Vaccinations are available to prevent these diseases, but vaccination is not required by law. If the student chooses not to receive these vaccinations, the waiver portions of the Student Health Form **must** be signed.

A Tuberculin Skin Test is required for international students from all countries EXCEPT Canada, Jamaica, St. Kitts and Nevis, St. Lucia (USA), Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. This test should be done within one year prior to admission.

Recommended immunizations (not required) include Tetanus/Diphtheria (within the past ten years) and Polio.

Please sign the Authorization for Treatment and Release of Information statement.

Health Resources does not provide these immunizations, however, we can assist you in finding a provider. Please feel free to contact Health Resources for any questions or concerns at (901) 321-3260 or (901) 321-3531. For more information, please refer to www.cdc.gov or www.immunize.org

Please submit this form to the Office of Admissions prior to registration.