

Dear Student:

Congratulations and welcome to East Stroudsburg University. The Student Health Services staff and Lehigh Valley Health Network–Pocono Express Care is already beginning to plan for your arrival and is looking forward to meeting you in the near future. We have a variety of services to offer you including quality affordable health care, and health promotion / wellness opportunities. Listed below is some important information for your consideration:

- Health Services **strongly recommends** that you submit the ***Report of Medical History*** form, which include your immunization history prior to entrance to the university. There are many areas of study that will **require** this information during your course of study including education, the health sciences, (such as nursing, psychology, speech and hearing, athletic training, and exercise science), and many internships and academic placements. We recommend that you gather this information and submit it before you begin to avoid postponements in your class schedules.
- It is very important for **parents of students who are less than 18 years old** complete page one of the *Report of Medical History* form and **sign the consent for treatment**.
- Pennsylvania law requires **all students residing in university owned housing to have received *meningitis vaccination* or be informed of the risks and benefits of the vaccine**. This information is to be completed when you submit your housing application.
- All **intercollegiate athletes are required** to submit the physical examination contained in the *Report of Medical History* form **due July 21 for Fall Semester, or January 1 for Spring Semester**. The physical exam must be completed within 6 months of the start date of your sport.
- All **international students are required** to submit the ***Report of Medical History*** form with up to date immunizations prior to entrance to the university (including Measles, Mumps, Rubella, Tetanus/Diphtheria, and Tuberculosis testing or negative chest x-ray within the past year). **Immunization information must be in English**. It is important that you complete the form while you are in your home country as medical services in the USA can be very costly and may be difficult for you to obtain here. *The Report of Medical History* form is **due July 21 for Fall Semester, or January 1 for Spring Semester**.

If you have any questions or concerns, please feel free to call us at 272-762-4378 or visit the Student Health Services.

We look forward to taking care of your health care needs.

Sincerely,

The Student Health Services Staff

RETURN FORM TO: Student Health Services
100 East Brown Street, East Stroudsburg, PA 18301

272-762-4378 (Phone)
570-420-2447 (Fax)

REPORT OF MEDICAL HISTORY

Mandatory for International Students (other students may be required for class scheduling of some academic majors, i.e., Education, Health Sciences, other, etc.)

Last Name _____	First Name _____	Middle Initial _____	Student ID _____
Home Address _____			<input type="checkbox"/> Male <input type="checkbox"/> Female
City _____		State _____	Zip _____
Student Cell Phone# _____	Home Phone# _____	Birthday _____	
Parent/Guardian/Emergency Contact Name _____		Contact Phone# _____	

HEALTH INSURANCE (please provide a copy of the front and back of insurance card)	
Insurance Company Name _____	Policy Number _____
Policy Holder Name _____	Group Number _____

ENROLLMENT STATUS (check all that apply)
<input type="checkbox"/> Undergrad <input type="checkbox"/> Graduate <input type="checkbox"/> Transfer <input type="checkbox"/> International <input type="checkbox"/> Exchange <input type="checkbox"/> Other _____

MEDICAL HISTORY
N/A _____
Allergies to Medications/ Seasonal _____
Diseases/Surgeries/Injuries/Chickenpox: _____
Daily Medications _____
Have you ever been diagnosed with depression/anxiety/or other psychological illness? (Please explain on separate sheet) _____
Other: _____

<u>MEDICAL RELEASE STATEMENT</u>
<i>By signing this, I affirm that all information in this document is correct and complete. I also agree to inform the Student Health Center of any changes in my health or in the information on this form. I grant permission to the staff of Student Health Services to render any treatment necessary. I understand under certain circumstances or emergencies I may be referred to a hospital, diagnostic testing, or a medical specialist for diagnoses and/ or treatment. Costs incurred for these services are the responsibility of the patient and I will be responsible for all bills incurred that are not covered by my health insurance carrier.</i>
<i>I authorize release of my medical records and information to my insurance company for the purpose of reimbursement.</i>
<i>I authorize the release of my medical records and information to a licensed physician, hospital, clinic, other medical personnel, including University Athletic Training Services and Counseling and Psychological Services, in the event of an emergency or continuation of care.</i>
<i>This authorization shall remain in effect while enrolled at East Stroudsburg University or written withdrawal of consent is received at Student Health Services.</i>

Student Signature (or Parent/Guardian if student is under 18 yrs) Date

Last Name

First Name

Student ID

Mandatory for International Students (other students may be required for class scheduling of some academic majors, i.e., Education, Health Sciences, other, etc.)

Attach official documentation (in English) from a school, medical records, or have your physician complete this form

REQUIRED IMMUNIZATIONS:

****May attach official copies of reactive Titer test results, in lieu of vaccination dates, for MMR, and Tetanus.**

1. **MMR (MEASLES / MUMPS / RUBELLA)** Students born before JANUARY 1956 are exempt from MMR vaccinations

Date: #1 _____ #2 _____

2. **TETANUS / TDAP (within past 10 years)** Date: _____

3. **TUBERCULOSIS Screening:**

TB testing is REQUIRED For International Students, Non-USA born students, students who have been exposed to tuberculosis or are high risk

TB PPD TEST done within past year: DATE GIVEN: _____ DATE READ: _____ RESULTS: _____ mm Negative _____ mm Positive

OR QUANTIFERON Test DATE: _____ Results: _____ attach copy of lab results

Attach Copy of Report of Chest X-ray for positive PPD or positive Quantiferon test DATE: _____

Treatment received for positive TB screening/CXR- DESCRIBE _____

4. **MENINGOCOCCAL QUADRIVALENT A, C, Y, W-135: (after age 16)** YES Date: _____ NO

(Required if living in University owned housing)

MENINGITIS WAIVER: Student has been advised of the risks associated with meningococcal disease, the availability/effectiveness of the vaccination, and has decided not to receive the vaccine, or has received the vaccine before age 16.

Student Signature

(Parent/Legal Guardian if student is under 18 yrs)

DATE

RECOMMENDED IMMUNIZATIONS:

5. **POLIO Series completed** Date: _____

6. **VARICELLA: (optional)** Dates: #1 _____ #2 _____ **OR** Date of Disease: _____

7. **HPV Vaccine: (optional)** Dates: #1 _____ #2 _____ #3 _____

8. **HEPATITIS B:** Dates: #1 _____ #2 _____ #3 _____

REQUIRED PHYSICIAN'S SIGNATURE (stamp not accepted)

(if completed by PAC or NP include name of Physician Association)

DATE

***Print Physician's Name _____ ***License # _____ Telephone # _____

City

State

Zip Code

East Stroudsburg University

Meningitis Information

June 26, 2002, Pennsylvania passed legislation (Senate Bill 955) requiring all students living in university residence hall/housing, to either have the vaccine or sign a declination statement after having received information concerning the benefits of receiving the meningitis vaccine.

College students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in residence halls are found to have a six-fold increased risk for the disease. The American College Health Association (ACHA) and the Center for Disease Control and Protection (CDC) recommend that college students, particularly students living in residence halls, learn more about meningitis and vaccination. At least 70% of all cases of meningococcal disease in college students are vaccine preventable.

- **What is meningococcal meningitis?** Meningitis is rare but when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.
- **How is it spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.
- **What are the symptoms?** Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.
- **Who is at risk?** Certain college students, particularly freshmen who live in residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates should also consider vaccination to reduce their risk for the disease.
- **Can meningitis be prevented?** A safe and effective vaccine is available to aid in protection against four of the five most common strains of the disease (A/C/Y/W-135). Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site and in rare cases, a fever. **As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. The vaccine does not protect against viral meningitis.**
- **Why is a booster shot being recommended now?** When MCV4 was first recommended for adolescents in 2005, the expectation was that protection would last for 10 years; however, currently available data suggest it wanes in most adolescents within 5 years. Based on that information, a single dose at the recommended age of 11 or 12 years may not offer protection through the adolescent years at which risk for meningococcal infection is highest (16 through 21 years of age). If we didn't recommend a booster dose, adolescents at highest risk would not be well protected.

For more information: to learn more about meningitis and the vaccine, visit the Student Health Center or call 272-762-4378. You can also visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/cbmd/diseaseinfo, and the American College Health Association, www.acha.org. Contact your family physician to find available vaccination centers.

East Stroudsburg University Immunization Exemption

(International Students may only be exempted from Immunizations for medical contraindication)

Student Name (Print)

Student ID#

To be completed and signed by a Medical Care Provider and the Student

CHECK ONE

1. ____ **PERMANENT** medical contraindication (state vaccine): _____

Explanation _____

2. ____ **TEMPORARY** medical contraindication (state vaccine): _____

Explanation _____

Anticipated Date of End of Exclusion _____

3. ____ **DECLINED VACCINE** for personal or religious reasons:

The Student has been advised of the risks, the effectiveness, and availability of vaccines and has decided not to receive the vaccine(s) checked below:

- | | | | | | |
|--|---|------------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Tetanus/Diphtheria | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Meningococcal Quadrivalent <i>A, C, Y, W-135</i> : (after age 16) | <input type="checkbox"/> Varicella | | | | |

Tuberculosis testing:

(Non-US born students, International students, and high risk students may not be exempt. TB testing is required for health and education related major.) http://www.acha.org/Publications/docs/ACHA_Tuberculosis_Screening_Apr2011.pdf

I am unable to comply with the East Stroudsburg University Immunization Policy as set forth in ESU-SA-2101-017. I understand that if an outbreak of communicable disease occurs I may be required to leave campus immediately for a period of time determined by the University. This may negate my attending classes for this period of time.

**** Student Signature (REQUIRED)**

Date

**** Signature of MD, NP, PAC, NP (Stamp not accepted)**

License#

Date

If completed by PAC or NP print name of Physician Affiliation

Print Name of Medical Provider

Street Address

City

State

Zip