

Student Report of Medical History

MUST BE COMPLETED BEFORE GOING TO YOUR PRACTITIONER FOR EXAMINATION

This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and consent.

To the Student: YOU HAVE BEEN ACCEPTED. Information you provide will not be used to influence your situation at the University; it will be used, if necessary, solely as an aid to providing necessary health care while you are a student.

Name _____

Address _____

Date of Birth _____

Student I.D. (if known) _____ Student S.S.# _____

NAME, RELATIONSHIP, AND ADDRESS OF PERSON TO BE CONTACTED IN AN EMERGENCY _____

HOME TELEPHONE NUMBER _____

EMERGENCY CONTACT BUSINESS ADDRESS _____

BUSINESS TELEPHONE _____

FATHER MOTHER OTHER _____

NAME OF INSURER _____

(Information on School Insurance for students available at Health Services.)

INSURER'S DATE OF BIRTH _____

INSURER'S S.S.# _____

Agreement # _____

Group # _____

INSURANCE COMPANY NAME _____

PHONE NUMBER _____

I.D. # _____

INSURANCE COMPANY ADDRESS _____

FAMILY HISTORY

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

Have any of your relatives ever had any of the following?

	Yes	No	Relationship
Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Arthritis			
Stomach Disease			
Asthma, Hay Fever			
Epilepsy, Convulsions			

PERSONAL HISTORY — PLEASE ANSWER ALL QUESTIONS. Comment on all positive answers on additional sheet of paper.

	Yes	No		Yes	No		Yes	No
HAVE YOU HAD?								
Scarlet Fever			Insomnia			Asthma		
Measles			Frequent Anxiety			Tuberculosis		
German Measles			Frequent Depression			Shortness of Breath		
Mumps			Worry or Nervousness			Pain/Pressure in Chest		
Chicken Pox			Recurrent Headache			Chronic Cough		
Malaria			Recurrent Colds			Palpitations (Heart)		
Gum or Tooth Trouble			Head Injury w/unconsciousness			High/Low Blood Pressure		
Sinusitis			Heart Murmur			Rheumatic Fever		
Eye Trouble			Allergy with reaction					
Ear, Nose, Throat Trouble			Penicillin			Disease or Injury of Joints		
Surgery			Sulfonamides			"Trick" Knee, Shoulder, etc.		
Appendectomy			Serum			Back Problems		
Tonsillectomy			Foods (which)			Tumor, Cancer, Cyst		
Hernia Repair			Other			Jaundice		
Other			Specify			Stomach/Intestinal Trouble		
Specify			Hay Fever					
						Gallbladder Trouble or Gallstones		
						Recurrent Diarrhea		
						Rupture, Hernia		
						Recent Weight Gain/Loss		
						Dizziness, Fainting		
						Weakness, Paralysis		
						Venereal Disease		
						Frequent Urination		
						Diabetes		
						Learning Disability		
						Epilepsy, Convulsions		
						Irregular Periods		
						Severe Cramps		
						Excessive Flow		

- A. Has your physical activity been restricted during the past five years? (Give reasons and durations)
- B. Have you had difficulty with school, students, or teachers? (Give details)
- C. Have you received treatment or counseling for a nervous condition, personality or character disorder, or emotional problem? (Give details)
- D. Have you had any illness or injury or been hospitalized other than already noted? (Give details)
- E. Have consulted or been treated by clinics, physician, healers, or other practitioners within the past five years? (Other than routine checkups?)

- F. Have you been rejected for or discharged from military service because of physical, emotional, or other reasons? (If so, give reasons)
- G. Do you have any question in regard to your health, family history, or other matters, such as premarital counseling, which you would like to discuss now with a member of the staff of the Health Services?
- H. List any medication you take on an ongoing basis with exact dosage.

ATTACH SEPARATE SHEET FOR REMARKS OR ADDITIONAL INFORMATION

Student's Signature _____

Practitioner's Signature (Acknowledging Review) _____

Date _____

Immunization Record

Name _____

Address _____

Date of Birth _____

Student I.D. (if known) _____

Part II — To be completed and signed by your health care provider. All information must be in English.

A. Tetanus-Diphtheria or Tetanus Diphtheria Pertussis

1. Tetanus-Diphtheria booster must be within the last ten years..... $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
2. Completed primary series $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

B. M.M.R. (Measles, Mumps, Rubella) (two doses required or individual vaccine as noted below)

1. Dose 1 given at 12 months after birth or later and Dose 2 after 1980 1. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ 2. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

C. Measles (Rubeola) (check all that apply)

1. Immunized with live measles vaccine at 12 months after birth or later and after 1980 1. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ 2. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
2. Has report of positive immune titer. Specify date $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
3. Had disease confirmed by doctor's records $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

D. Rubella (German Measles) (clinical history is not acceptable) (check all that apply)

1. Immunization with live vaccine at 12 months after birth or later and after 1980 1. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ 2. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
2. Has report of positive immune titer. Specify date $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

E. Mumps (check all that apply)

1. Immunization with live vaccine at 12 months after birth or later and after 1980 1. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ 2. $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
2. Has report of positive immune titer. Specify date $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
3. Had disease confirmed by doctor's records $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

F. Hepatitis B (Mandatory only for students entering profession where exposure to blood/body fluids is likely) (Strongly Recommended)

1. Dose #1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ Dose #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ Dose #3 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
2. Hepatitis B surface antigen antibody (anti-HB's) $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ Reactive _____ Non-reactive _____

G. Polio (Strongly Recommended)

1. Completed primary series of polio immunization: Yes _____ No _____ Date of last booster: $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$
2. Type of vaccine: Live (OPV) _____ Inactive (IPV) _____ Enhanced Potency (EP-IPV) _____

H. Varicella (Strongly Recommended)

Disease Yes _____ No _____ Vaccinated $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

I. Menomune or Menactra (Strongly Recommended) $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

J. HPV Vaccine (Gardasil-Women Only) Dose #1 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ Dose #2 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$ Dose #3 $\frac{\quad}{\text{Mo}} / \frac{\quad}{\text{Yr}}$

Medical Practitioner's Disclosure

Name _____

Address _____

Date of Birth _____

Student I.D (if known) _____

I certify that my patient _____ is fully immunized according to the recommendations of the Commonwealth of Pennsylvania Department of Health.

I certify that my patient _____ should be exempt from the immunization requirement for the following medical/religious reasons:

PRACTITIONER'S SIGNATURE _____ DATE _____

PRINT ADDRESS _____

PRINT NAME _____ PHONE (____) _____

Required Tuberculosis Testing —

Tuberculosis (*PPD required unless medically contraindicated*) or BCG vaccine has been given.

1. PPD (Mantoux) within the past 12 months (tine or momovac not acceptable)
Result: Neg ____ Pos ____ mm induration (horizontal diameter) ____ Date applied _____ Date Read _____

2. Chest X-ray required within the past 12 months if PPD is greater than 5 mm, PPD is contraindicated, or BCG vaccine has been given.

Date of Chest X-ray: ____ / ____ (Please include copy of X-ray report)
Mo Yr

3. Received BCG/vaccine: Yes ____ No ____ ____ / ____
Mo Yr

4. Previous PPD prior to last 12 months: Yes ____ No ____ mm induration (horizontal diameter) ____ ____ / ____
Mo Yr

5. Treatment — list drugs with dates and duration of treatment for TB or prophylaxis for a positive PPD.

Signature _____ Date _____
(Signature of medical practitioner required)

Medical Practitioner's Report of Health Evaluation

TO THE EXAMINING PRACTITIONER: Please review the student's history and complete all practitioner's forms. Please comment on all positive answers. THIS STUDENT HAS BEEN ACCEPTED. The information supplied will not affect their status; it will be used only as a background for providing health care, if this is necessary.

All blanks must be completed by answering "yes" or "no" or by supplying the information requested. Unanswered questions or incomplete blanks will require the form to be returned for completion.

This report is confidential and may be mailed by the practitioner to University Health Services, Witmer Building, Millersville University, P.O. Box 1002, Millersville, PA 17551-0302

Name _____

Address _____

Date of Birth _____

Student I.D. (if known) _____

Male Female

BP / P _____ HEIGHT _____ inches WEIGHT _____ lbs.

Corrected Vision: Right 20/ _____ Left 20/ _____

Urinalysis: Sugar _____ Albumin _____

Are there any **abnormalities** of the following systems? Describe fully. Use additional sheet if necessary.

	Yes	No
1. Head, Ears, Nose or Throat		
2. Respiratory		
3. Cardiovascular		
4. Gastrointestinal		
5. Hernia		
6. Eyes		

	Yes	No
7. Genitourinary		
8. Musculoskeletal		
9. Metabolic/Endocrine		
10. Neuropsychiatric		
11. Skin		
12. History of convulsions or epilepsy		

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

Have you any general comments? _____

Recommendations for physical activity (PE, Intramurals, ROTC) Unlimited ____ Limited ____ Explain: _____

Is the patient now under treatment for any medical or emotional condition? Yes ____ No ____ If yes, please explain. _____

Do you have any recommendations regarding the care of this student? Yes ____ No ____ If yes, please explain. _____

PRACTITIONER'S SIGNATURE _____

PRINT ADDRESS _____

PRINT LAST NAME _____ DATE _____ PHONE _____

FOR UNIVERSITY USE ONLY

- The candidate is found physically fit with no restrictions.
 The candidate is found physically fit with the following restrictions:
Remarks or Recommendations:

Signature of University Physician or University Nurse

Date _____

Form Deadlines: Fall Term - August 10 Spring Term January 1

Form Instructions

One of the requirements as a student at Millersville University is the completion of a History and Physical Examination. This includes a test for tuberculosis, and it must be the Mantoux skin test or a chest x-ray. Both the History and Physical and the test for tuberculosis must be fulfilled. **FAILURE TO COMPLETE THESE REQUIREMENTS WILL ONLY COMPLICATE YOUR REGISTRATION NOW AND IN THE FUTURE.**

The Student Report of Medical History form, should be completed by you, the student. The other forms are to be completed by your family medical practitioner. Mail the completed forms directly to the University Health Services, Witmer Building, Millersville University, P.O. Box 1002, Millersville, PA 17551-0302.

Please review your entire immunization status with your medical practitioner. For your own protection, be certain that you are adequately immunized.

This completed History and Physical form becomes a part of your University record but is held in strictest confidence by the University Health Services. If a student, regardless of status, expects to utilize the Health Services, he/she must have a physical form on file. The physical is essential for proper medical care to be given.

If you use hypodermic needles for medical purposes, they must be disposed of in a puncture proof container. The containers are available free of charge from Health Services located in the Witmer Building.

Health Services has encountered many obstacles in obtaining permission from an HMO provider to refer your son/daughter for treatment when it falls outside our scope of available services, such as x-rays, emergency blood work, or a specialist. Please check with your HMO provider as to their policy regarding this matter. Some HMO providers may designate a local primary care facility or request that the student return home. If your HMO provider requires pre-approval, the student will be required to get the approval at their time and expense. To assist your son/daughter, consider having a card issued to him/her, **and make a copy of the front and back of your insurance cards and attach the copy to the entrance physical form.**

If you are covered under a drug plan, please provide your son/daughter with the necessary information to access the plan while attending school. In some cases, it may be necessary to contact a local pharmacy that will accept your plan.

Student insurance is available for your child while he/she is a student at Millersville University. Brochures are available at Health Services upon request.

Health Services Information

Millersville's Health Services program operates from Witmer Building with a staff of one full-time physician, one part-time physician, one nurse practitioner, seven registered nurses, two full-time secretaries and student receptionists. Centrally located on campus, Health Services has in-patient beds and modern treatment, examining, and recovery rooms. Other facilities include a well-equipped physiotherapy room with whirlpools, ultrasound equipment, and hydrocollator packs.

A major concern of the Health Services staff is to ensure a healthful environment for students living and studying at Millersville University. Activities which contribute to a program of preventive medicine and health promotion are encouraged to protect the present and future health of our students. We stand united as advocates of good health care.

Health Services Hours

Nurses Available
Seven days a week
8 a.m. - 11:45 a.m.
1 p.m. - 4:45 p.m.
7 p.m. - 9 p.m.

Physician Available
Monday - Friday
9 a.m. - 11:45 a.m.
1 p.m. - 4:45 p.m.

Health Services is available on a walk-in basis with a first-come, first-served policy.

Emergency Care

On-campus emergencies dial 3-911 and off-campus emergencies dial 911.

After hours care—please call to speak with a nurse. Health Services can be reached by calling 872-3250.

Exceptions to the above schedule

Semester Break

8 a.m.-11:45 a.m., 1 p.m.- 4 p.m. Monday through Friday*

Summer Sessions

8 a.m. - 11:45 a.m., 1 p.m. - 4:30 p.m., 7 p.m. - 9 p.m.*
Monday through Friday*
Urgent care available 9 p.m. - 8 a.m.

*NO weekend coverage from Friday at 4:30 p.m. until Sunday at 3 p.m.

Health Services Policies

Eligibility

All registered students are eligible to use Health Services. Spouses and dependents are not eligible. It is REQUIRED for each incoming student to have a completed health evaluation form on file in Health Services. This includes a physical examination by your practitioner, a current Mantoux, and a complete immunization record. Health Evaluation forms must be mailed or delivered directly to Health Services, Witmer Building, Millersville University, P.O. Box 1002, Millersville PA 17551-0302.

Transportation

If a student becomes seriously ill or injured on campus and desires to come to Health Services but is unable to walk/drive to Witmer Building, the student may call Health Services x3250. If necessary, Campus Police/Security will transport from anywhere on campus to Health Services.

Campus Security provides transportation for medical care (referrals, x-rays, hospital tests and consultations) off campus when referred by Health Services Staff if no other means of transportation is available to the student. This transportation must be prearranged by calling Health Services. This service is customarily performed Monday through Friday during the regular semesters at the following times: 10 a.m., 12 noon and 2 p.m. **This service is not guaranteed especially during inclement weather.**

At times, when Campus Security is not available for transport, transportation can be provided for a fee by the local ambulance company or a local cab company. The type of transportation required will be determined by the Health Service staff. This fee will be charged back to the individual student when used.

Repeated appointments for care of chronic conditions requiring transportation off campus is the responsibility of the student. Bus service and taxi service are available from campus.

Fees

There is no separate charge for illness related visits at Health Services. There are charges for some medications, certain lab tests and procedures.

Medications

Health Services stocks certain standard medications. Some of these are available free of charge for illnesses such as colds. Other medications, also stocked, are available at cost. Required medications not stocked by the Health Services must be obtained at an outside pharmacy by the patient. Health Services cannot fill prescriptions from outside physicians unless the prescription is a result of a referral by Health Services. Medications will not be dispensed for chronic illnesses requiring long-term use.

Confidentiality

Everything that transpires in Health Services is held in strictest confidence. Records cannot be released to anyone (even parents) without the student's permission, except in a life or death situation, or under court order. In other words, the Millersville University Health Services medical personnel operate exactly as your private physician.

Class Excuses

Outpatient excuses are given only if a student has been seen at the time of the illness. Excuses from private physicians on their stationery will be honored. Inpatients will be given an excuse upon discharge.

Visitors to In-Patients

Family members are allowed to visit patients admitted to Health Services. Other visitors are permitted at the discretion of the staff. Messages and packages for patients may be left with the secretary on the first floor.

Physical Examinations

An entrance physical must be on file for any student's request for a physical exam. (job, driver's license, etc.) Students who need a Statement of Health requiring a brief examination can be accommodated on a walk-in basis. A varying fee is charged for physical exams depending upon their complexity. The athletic departments handle arrangements for the free physical examinations given to all athletes. Student teachers may obtain the required health review and TB test at Health Services.

Gynecological Services

Routine pelvic exams are done by Health Services physician for a fee. There may be a charge for lab tests.

Susquehanna Valley Pregnancy Services is available on a weekly basis at Health Services. For additional information, please call (717) 291-1800.

Lab Tests

Many lab tests are available at Health Services for a minimal charge. Tests require a physician's order, i.e., pregnancy tests, blood tests, cultures, STD tests, pap tests, etc. Some can be done on the premises while others are sent out to a local laboratory. Students are billed directly when not covered by insurance. Free STD testing can be done at Planned Parenthood. Call (717) 299-2891 for information.

Minor Procedures

Suturing, wart removal, and other minor surgical procedures can be performed at Health Services. Resting EKGs can also be accommodated.

Allergy Injections, Other Injections, and Immunizations

For your protection, allergy injections will be given only when a physician is present. Recommended times are Wednesdays, 1 - 4:45 p.m. and Thursdays, 8 - 11:45 a.m. However, injections may be given during regular physician hours. There is a minimal charge for this service. The prices of other injections (i.e., tetanus) vary according to cost. Call Health Services for details.

Physical Therapy

Whirlpool, ultrasound, and hot packs are available at Health Services by order of the staff physicians. Students are given an appointment for treatment times.

Orthopedic Appliances

Certain appliances, such as crutches, canes, and some splints are available on loan at no charge. Other appliances are available for a fee.

University Sponsored Health Insurance

An accident and sickness insurance plan is offered to Millersville University students. It can be extended to a student's spouse or dependents, if desired. Whether one participates in an insurance plan or not does not affect eligibility to use the Health Services.

For specific insurance benefits, students should obtain a current brochure which provides information on costs and benefits. Students should be aware that some services are provided on a deductible basis.

STUDENTS COVERED BY HMOs WILL HAVE TO GET PRIOR APPROVAL BEFORE A REFERRAL CAN TAKE PLACE . Those parents whose students are covered by an HMO may want to contact their provider before coming to school to see how their student's medical needs will be handled at Millersville University. You should send copies of student's health insurance to be kept on file at Health Services.

Injuries incurred by intercollegiate athletes while participating in University-sponsored sports programs (practice included) are NOT covered under this policy.

University Intercollegiate Sports Insurance

Millersville University maintains a separate policy covering athletes participating in University sponsored athletic programs. This policy has a \$1,000 deductible. Parents insurance is the primary coverage.

Health Services

Witmer Building Phone: (717) 872-3250

Millersville University Fax: (717) 871-2243

P.O. Box 1002

Millersville, PA 17551-0302

Immunizations

Rubella (German Measles): At least one dose of rubella vaccine given on or after the first birthday, or show laboratory evidence of immunity. Either MMR, MR or single antigen rubella vaccine is acceptable.

Measles (Rubeola): Two doses of measles vaccine given on or after the first birthday. The two doses must be separated by at least one month. MMR vaccine is preferred, however, MR or single antigen measles vaccine is acceptable. Laboratory evidence of immunity is acceptable.

Mumps: At least one dose of mumps vaccine given on or after the first birthday. Mumps vaccine is included in the MMR vaccine.

Tetanus-Diphtheria: Completion of the primary series of DTP, DT or Td, and a booster dose within the past 10 years.

Hepatitis B: All students entering into professions where the exposure to blood/body fluids is likely, should begin and/or have completed the Hepatitis B series (3 doses) prior to patient contact.

HPV Vaccine (Gardasil) (for women only; strongly recommended): According to the CDC, "Human Papilloma-virus (HPV) is a common virus that is spread through sexual contact and usually HPV has no symptoms. There are approximately 40 types of genital HPV. Some types can cause cervical cancer in women. Other types can cause genital warts. The HPV vaccine works by preventing the most common types of HPV that cause cervical cancer and genital warts. It is given as a 3-dose vaccine.

Menomune: (Meningitis) immunization recommended. As of 7-1-02, dormitory students are required to either show proof of the meningococcal immunization or sign a waiver form refusing the vaccine to gain access to their dorm room. Waiver form questions may be directed to the Housing Office.

Meningitis Vaccine: Meningococcal meningitis is a rare and potentially dangerous illness. Meningitis is an inflammation of the brain and the spinal cord caused by either a virus or a bacteria. The bacterial meningitis can cause a grave illness that can lead to death. Meningococcal disease is transmitted by droplets of the respiratory secretions in the air and direct contact with an infected person. Direct contact is defined as oral contact with shared items such as cigarettes, drinking glasses, or intimate contact such as kissing. The Meningococcal bacteria is fragile and cannot live outside the body for more than a few minutes; therefore, transmission in water supplies, swimming pools, or routine contact with an infected person in a class room, dining room, or rest room is unlikely.

While the general population is at risk, college-age students are at a greater risk. This is due to the lifestyle that is a part of campus life, i.e. dormitory living, active and passive smoking, bar patronage, and alcohol consumption (>15 drinks per week). From 1991-1997, the annual incidence of meningitis has increased more than 50 per cent in the United States with cases of meningococcal disease doubling in the college age/young adult population.

Students under the age of 30 and not pregnant, those with component deficiencies, those without a spleen, those traveling outside the country to an area where meningitis is epidemic, and those who elect to decrease their risk of the disease should consider getting the meningitis vaccine. The American College Health Association (ACHA) recommends that students get the meningitis vaccine. The Center for Disease Control and Prevention supports the decision of ACHA to educate students on the availability of a safe vaccine.

The meningitis vaccine is a preparation of an inactivated bacteria group specific polysaccharide antigen. Possible side effects of the vaccine include infrequent pain, redness, swelling at the injection site lasting one to two days, and, possibly, fever. If pregnant, or suspect that you are pregnant, allergic to thimersol, or are ill with fever, you should not receive the vaccine. Clinical protection begins seven to 10 days after receiving the vaccine, and lasts three to five years. As with all vaccines, vaccinations may not protect 100 per cent of all susceptible individuals.

Questions regarding the vaccine can be directed to your family physician.