



**Medical Health Form
and Immunization Record
PENSACOLA CHRISTIAN COLLEGE**
P.O. Box 18000 • Pensacola, FL 32523-9160 • U.S.A.

OFFICE USE ONLY:	
I.D. No. _____	Term _____
Incomplete ___/___	Complete ___/___
Scanned _____	

*****This form must be complete before registering for classes.*****

Student Information:

Name _____ Birth Date ___/___/___ Male Female
(Last) (First) (Middle) mm dd yyyy

Permanent Address _____
(Street Number) (City) (State) (Zip)

Home Phone Number _____ Cell Phone Number _____

Are you a U.S. or Canadian citizen by birth? No Yes If yes, do you live outside the U.S. or Canada? Yes No

Family Information:

Father's Name _____ Age _____

Father's Occupation _____ Work Phone _____ Cell Phone _____

Home address and phone number if different from above: _____

List any major health problems: _____

Deceased: No Yes—Cause of death _____

Mother's Name _____ Age _____

Mother's Occupation _____ Work Phone _____ Cell Phone _____

Home address and phone number if different from above: _____

List any major health problems: _____

Deceased: No Yes—Cause of death _____

Emergency Contact: (person to contact if parents cannot be reached)

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information: I am not covered by health insurance.

Name of Insurance Company _____

Address _____

Name on Insurance Card _____ Policy No. _____ Group No. _____

*Please make a copy of both sides of your insurance card and send with form.

Primary Care Physician:

Name: _____ Phone No. _____

Address: _____ Fax No. _____

Personal Health History:List all allergies to foods, medications, or other common substances: _____

_____List **all medications** taken on a regular basis, including over-the-counter medication:

<i>Medication name</i>	<i>Dosage</i>	<i>When taken (daily, weekly, monthly)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any hospital stays you have had:

<i>Date(s) of stay</i>	<i>Reason for stay</i>
_____	_____
_____	_____

List any surgeries you have had (both in-patient and out-patient)

<i>Date of surgery</i>	<i>Reason for surgery</i>
_____	_____
_____	_____

Do you have or have you ever had any of the following: *Check ONLY if YES*

	Condition	Date(s)	Y		Condition	Date(s)	Y
1	Asthma			19	Liver disease/disorder		
2	Brain disease/disorder			20	Measles		
3	Cancer/tumors			21	Menstrual difficulties		
4	Chicken pox			22	Mumps		
5	Chronic back disorder			23	Muscular disease/disorder		
6	Chronic diarrhea/constipation			24	Physical limitations		
7	Chronic headaches			25	Polio		
8	Depression/anxiety			26	Pregnancy		
9	Diabetes			27	Psychiatric disorder		
10	Disease/disorder sexual organs			28	Skeletal disease/disorder		
11	Ear disease/disorder			29	Skin disease/disorder		
12	Eating disorder			30	Speech disorder		
13	Emotional disorder			31	Spine disease/disorder		
14	Epilepsy/seizures			32	Stomach disease/disorder		
15	Eye disease/disorder			33	Tuberculosis		
16	Heart disease/disorder			34	Wheelchair		
17	High/low blood pressure			35	Other:		
18	Kidney disease/disorder						

Explain "Yes" answers: _____

I attest that the information on this medical health form is true and accurate. I understand that this form is necessary for admission to the college and that falsification of information may result in dismissal from college.

Applicant's Signature (*Parent/Guardian must also sign if applicant is under age 18*)_____
Date

Pensacola Christian College reserves the right to refuse enrollment to any applicant whose health record indicates the existence of a condition which may be harmful to the members of the college community.

Immunization Record

Name _____ Birth Date ____/____/____
(Last) (First) (Middle) mm dd yyyy

REQUIRED for All Applicants born after December 1956

Pensacola Christian College requires all applicants to provide documentation of proper vaccination against Measles, Mumps, and Rubella (German measles) prior to registration. This includes two measles containing vaccines, preferably the MMR, and one rubella containing vaccine.

Acceptable forms of documentation are:

- | | |
|---|---|
| <input type="checkbox"/> Pediatric Physician Shot Record attached | <input type="checkbox"/> Laboratory evidence of immune titer attached |
| <input type="checkbox"/> Health Department Shot Record attached | (copy of lab result) |
| <input type="checkbox"/> School Health Record attached | <input type="checkbox"/> Doctor's Signature _____ |

DO NOT FORGET TO ATTACH DOCUMENTATION OF VACCINATION

(All attached documents must include the student's full name.)

RECOMMENDED for All Applicants

The State of Florida requires any individual enrolled in a post-secondary educational institution who will be residing in on-campus housing to either provide documentation of having received vaccinations against Meningococcal Meningitis and Hepatitis B or to decline the vaccinations by signing the waivers below.

Please read the information on the next page regarding the Meningococcal Meningitis and Hepatitis B immunizations.

- I received the Hepatitis B vaccine series. Documentation is attached.
- I received the Meningococcal Meningitis vaccine. Documentation is attached.
- I have read the vaccination information and decline to receive the Hepatitis B series vaccines.
- I have read the vaccination information and decline to receive the Meningococcal Meningitis vaccine.

Applicant's Signature *(Parent/Guardian must also sign if applicant is under age 18)* _____ Date _____

DO NOT FORGET TO ATTACH DOCUMENTATION OF VACCINATION or WAIVER MUST BE SIGNED

(All attached documents must include the student's full name.)

REQUIRED for all foreign born applicants and US or Canadian citizens residing outside the US or Canada.

Tuberculin Skin Test (TST) or the QuantiFERON-TB Gold (QFT-G) must be done no more than 12 months prior to admission/arrival on campus. TST results should be recorded as actual millimeters (mm) of induration, transverse diameter. If no induration write "0." QFT-G should be documented as negative or positive. Those individuals whose most recent screening resulted as "positive" must have a negative chest x-ray and medical clearance.

<p>TST Read: ____/____/____ Results: _____mm <small>mm dd yyyy</small></p> <p>Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive – X-Ray Required</p> <p>_____</p> <p style="text-align: center;">Name and title of person reading TST</p>	<p>QFT-G Read: ____/____/____ <small>mm dd yyyy</small></p> <p>Interpretation: <input type="checkbox"/> Negative <input type="checkbox"/> Positive – X-Ray Required</p> <p>_____</p> <p style="text-align: center;">Name and title of person reading QFT-G</p>
<p>Date of Chest X-Ray: ____/____/____ <small>mm dd yyyy</small></p> <p><input type="checkbox"/> Medically cleared. No evidence of Active TB.</p> <p>_____</p> <p style="text-align: center;">Signature of physician ordering X-Ray</p>	<p>A 6-9 month treatment of INH is recommended for any positive TST or QFT-G.</p> <p>Treatment Date: ____/____/____ to ____/____/____ <small>mm dd yyyy mm dd yyyy</small></p> <p>_____</p> <p style="text-align: center;">Treating physician's signature</p>

Vaccination Information

Meningococcal Vaccine

1. What is meningococcal disease?

Meningococcal disease is a serious illness caused by a bacteria. It is the leading cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord coverings. Meningococcal disease can also cause blood infections.

About 2,600 people get meningococcal disease each year in the U.S. Ten to fifteen percent of these people die, in spite of treatment with antibiotics. Of those who live, another 10 percent lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. **College freshmen, particularly those who live in dormitories, have a slightly increased risk of getting meningococcal disease.**

Meningococcal vaccine can prevent two of the three important types of meningococcal disease in older children and adults. Meningococcal vaccine is not effective in preventing all types of the disease, but it does help to protect many people who might become sick if they don't get the vaccine.

Drugs such as penicillin can be used to treat meningococcal infection. Still, about one out of every 10 people who get the disease dies from it, and many others are affected for life.

2. Who should get meningococcal vaccine?

College freshmen, especially those who live in dormitories, and their parents should discuss the benefits and risks of vaccination with their health care providers.

3. Who should not get meningococcal vaccine?

People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine. People who are mildly ill at the time the shot is scheduled can still get meningococcal vaccine. People with moderate or severe illnesses should usually wait until they recover. Your provider can advise you.

4. What are the risks from meningococcal vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever.

5. How can I learn more?

- Ask your doctor or nurse or local health department.
- Contact the Centers for Disease Control and Prevention (CDC):
- Call 800-232-2522 (English) or 800-232-0233 (Spanish)
- Visit the National Immunization Program's website at: <http://www.cdc.gov/vaccines>
- Visit the National Center for Infectious Disease's meningococcal disease website at: <http://www.cdc.gov/meningitis/about/faq.html>

Hepatitis B Vaccine

1. What is Hepatitis B?

The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to loss of appetite, diarrhea and vomiting, tiredness, jaundice (yellow skin or eyes), pain in muscles, joints, and stomach. It can also cause long-term (chronic) illness that leads to liver damage (cirrhosis), liver cancer, and death.

About 1.25 million people in the U.S. have chronic HBV infection. Each year it is estimated that 80,000 people (mostly young adults) get infected with HBV, more than 11,000 people have to stay in the hospital because of hepatitis B, and 4,000 to 5,000 people die from chronic hepatitis B. Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2. How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person.

3. Who should get hepatitis B vaccine and when?

- Everyone 18 years of age and younger
- Adults over 18 who are at risk. (If you are not sure whether you are at risk, ask your doctor or nurse.)

People should get 3 doses of hepatitis B vaccine according to the following schedule. If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.

4. Some people should not get the vaccine or should wait.

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to baker's yeast (the kind used for making bread) or to a previous dose of hepatitis B vaccine. People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine. Ask your doctor or nurse for more information.

5. What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small. Getting hepatitis B vaccine is much safer than getting hepatitis B disease. Most people who get hepatitis B vaccine do not have any problems with it. Mild problems include soreness where the shot was given, lasting a day or two, or mild to moderate fever. Severe problems include serious allergic reaction (very rare).

6. How can I learn more?

- Ask your doctor or nurse or call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
- Call 800-232-2522 (English) or 800-232-0233 (Spanish)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/vaccines> or CDC's Division of Viral Hepatitis website at <http://www.cdc.gov/hepatitis>