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

*****This form must be completed fully before registering for classes.*****

Student Information:

NAME: Last	First	Middle	SOCIAL SECURITY NO.	BIRTH DATE / /
PERMANENT ADDRESS			CITY	STATE/ZIP
HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	SEX (circle one) male female		U.S. CITIZEN (circle one) yes no

Family Information:

FATHER:

Father's Name _____ Age _____

Father's Occupation _____ Work Phone _____

Home address and phone number if different from above: _____

List any major health problems: _____

Deceased? Y / N Cause of death _____

MOTHER:

Mother's Name _____ Age _____

Mother's Occupation _____ Work Phone _____

Home address and phone number if different from above: _____

List any major health problems: _____

Deceased? Y / N Cause of death _____

SIBLINGS:

Number of Siblings _____ Number deceased _____ Cause of death _____

List any major health problems: _____

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

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Insurance Information: I am not covered by health insurance.

Name of Insurance Company _____

Address _____

Customer Service 800 No. _____ Prescription 800 No. _____

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:

Physician Name _____ Phone No. _____

Address _____ Fax No. _____

Personal Health History:

Allergies to foods, medications, etc. If yes list: _____

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 inpatient and outpatient)

<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 presented by me on this health form is true and accurate to the best of my knowledge. I understand that this form is necessary for admission to this college and that falsification of information could result in dismissal from college.

Signature of applicant _____ 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.

High School Boarding Student Physical Evaluation

Name: _____ Date: _____

This Physical Evaluation must be completed ONLY by a Primary Care Provider.

The student named above has had a complete history and physical exam on the following date: ____/____/____
Month Day Year

Screening Results:

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Vision - Without Correction	Right 20/_____	Left 20/_____	Hearing - Right	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>
Vision - With Correction	Right 20/_____	Left 20/_____	Hearing - Left	Passed <input type="checkbox"/> Failed <input type="checkbox"/> Referred <input type="checkbox"/>

Gross Dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Head/Scalp/Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment
Postural Assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Treatment

This student has the following problems that may affect the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This student has a health condition (such as seizures or allergies) that may require emergency action at school.

Specify: _____

Recommendations (attach additional sheet if necessary): _____

(Please Check One)

This student may participate in all school activities including physical education.

This student may participate in all school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)

MENINGOCOCCAL VACCINE

WHAT YOU NEED TO KNOW

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. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 10% 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. But it is most common in infants less than one year of age, and in people with certain medical conditions. College freshmen, particularly those who live in dormitories, have a slightly increased risk of getting meningococcal disease.

Meningococcal vaccine can prevent 2 of the 3 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 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why it is important that people with the highest risk for meningococcal disease get the vaccine.



2 Who should get meningococcal vaccine and when?

Meningococcal vaccine is not routinely recommended for most people. People who *should* get the vaccine include:

- U.S. Military recruits
- People who might be affected during an outbreak of certain types of meningococcal disease.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as West Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).

The vaccine should also be *considered* for:

- Some laboratory workers who are routinely exposed to the meningococcal bacteria.

The vaccine may also be given to college students who choose to be vaccinated. College freshmen, especially those who live in dormitories, and their parents should discuss the risks and benefits of vaccination with their health care providers.

Meningococcal vaccine is usually not recommended for children under two years of age. But under special circumstances it may be given to infants as young as 3 months (the vaccine does not work as well in very young children). Ask your health care provider for details.

How many doses?

- ✓ For people 2 years of age and over: 1 dose (Sometimes an additional dose is recommended for people who continue to be at high risk. Ask your provider.)
- ✓ For children 3 months to 2 years of age who need the vaccine: 2 doses, 3 months apart

Meningococcal - 3/31/2000

3**Some people should not get meningococcal vaccine or should wait**

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.

Meningococcal vaccine may be given to pregnant women.

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.

Mild problems

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**What if there is a serious reaction?***What should I look for?*

Look for any unusual condition, such as a severe allergic reaction, high fever, or unusual behavior. If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include difficulty breathing, weakness, hoarseness or wheezing, a fast heart beat, hives, dizziness, paleness, or swelling of the throat.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your health care provider to file a Vaccine Adverse Events Reporting System (VAERS) form. Or call VAERS yourself at 1-800-822-7967 or visit their website at <http://www.vaers.org>.

6**How can I learn more?**

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-2522** (English)
 - Call **1-800-232-0233** (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>
 - Visit the National Center for Infectious Disease's meningococcal disease website at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement
Meningococcal (3/31/2000)