Congratulations on being accepted to Northwest!

About University Wellness Services

University Wellness Services, operating out of the Wellness Center, is the hub for all campus health services. This encompasses clinical, personal development and counseling, health promotion, public health, and nutritional services. While remaining committed to quality outpatient care, we focus on wellness, not only as prevention of disease, but also as a philosophy of life. This philosophy emphasizes self-responsibility and taking an active role in maintaining one’s health. We believe true health must consider the individual as an integration of mind, body and spirit. Please visit www.nwmissouri.edu/wellness for more information.

Health Insurance

Health Insurance information

University Wellness Services has the capability to bill your insurance company for the services provided. If you have health insurance, please do the following:

☐ Submit copies of both the front and back of your health insurance card to University Wellness Services
☐ Contact your insurance company to make sure we are an in-network provider. Your insurance company will need the following information:
  Dr. Gerald W. Wilmes, 800 University Drive, Maryville, MO 64468

THIS FORM, AND IMMUNIZATION RECORDS, MUST BE COMPLETED AND SUBMITTED BY THE FOLLOWING DATES:

  - Fall Trimester – August 1
  - Spring Trimester – December 1
  - Summer Trimester – April 1

Please return directly to Wellness Services, DO NOT submit with other Admissions materials.

Failure to submit this required information by these dates can result in a hold being placed on your account - please return all forms completed by the specified dates.

If you have a disability or significant health problem, please contact Wellness Services before coming to campus.
Vaccination Requirements

In addition to the required vaccination information requested below, please send us copies of any other vaccination records that you may have.

Measles, Mumps and Rubella (MMR) Vaccination

Required for all students

Northwest Missouri State University policy requires that ALL newly enrolled students born after January 1, 1956 must comply with the two dose Measles Vaccination Policy. Students who do not comply will have a hold put on their registration for future classes. This is required of all students who attend classes on one of Northwest’s three campuses - Maryville, St. Joseph, or Kansas City.

☐ Please check here if you were born before January 1, 1956, or if you will be taking all courses online or are a dual-enrolled student.

Submit the following to University Wellness Services:

• Documentation of two doses of the MMR vaccine.
  The first dose must have been given at age 12 months or later. The second dose must have been at least one month after the first dose.
  OR

• Documentation of a TITER, which is a blood test proving immunity to Measles (Rubeola), Mumps and Rubella.

Meningococcal vaccination requirement

Required for all students living on campus

Effective July 1, 2016, Missouri state law requires all students residing in residence halls and Greek Life Chapter Houses at Northwest Missouri State University to be immunized against Meningococcal Disease. This means all students living on campus must submit documentation that they have received the Meningococcal Vaccine to University Wellness Services. It is the student’s responsibility to provide this documentation. Per the state law, a student will not be allowed to live in the residence halls or Greek Life Chapter Houses until he/she has completed this requirement.

In accordance with Missouri state law and Center for Disease Control (CDC) guidelines, Northwest students must have received the vaccine (or a booster dose) after the age of 16 and within five years of initial enrollment. Records that only show vaccination prior to 16 years of age, or more than five years prior to enrollment, will not be compliant with Northwest’s immunization requirement.

☐ Please check here if you WILL NOT be living on campus or in a Greek Life Chapter House.

Submit to University Wellness Services the following:

• Documentation of one dose of meningococcal vaccine after the age of 16.

For more information on Meningococcal Disease and the vaccine, visit:
www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf.

Compliance Checklist

☐ Completed Health History Form;
☐ Immunization Record showing 2 doses of MMR Vaccine;
☐ Immunization Record showing Meningococcal Vaccine after the age of 16;
☐ Copy (front and back) of Insurance Card

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### Personal information

<table>
<thead>
<tr>
<th>Last name</th>
<th>(Maiden name)</th>
<th>Legal First Name</th>
<th>Middle</th>
<th>Preferred Name</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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<table>
<thead>
<tr>
<th>Phone</th>
<th>Cell phone</th>
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<table>
<thead>
<tr>
<th>Country of birth</th>
<th>Preferred Spoken Language(s)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Policy holder name</th>
<th>Date of birth</th>
<th>Relationship to student</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Member ID number</th>
<th>Group number</th>
<th>Phone number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health insurance carrier (Ex. Aetna, BCBS, etc.)</th>
<th>Phone number</th>
</tr>
</thead>
</table>

### Medical history

**Do YOU have a present or past history of the following:** (check all that apply)

- [ ] Alcohol abuse
- [ ] Anemia
- [ ] Anxiety
- [ ] Arthritis
- [ ] Asthma
- [ ] Back problems
- [ ] Cancer
- [ ] Convulsions/Seizures
- [ ] Cough (chronic)
- [ ] Depression
- [ ] Diabetes
- [ ] Disability/Handicap
- [ ] Drug abuse
- [ ] Ear trouble/hearing loss
- [ ] Eating disorder
- [ ] Eye disease/problems
- [ ] Gallbladder trouble
- [ ] Hay fever (recurrent)
- [ ] Head injury
- [ ] Headache (recurrent)
- [ ] Heart disease/problems
- [ ] Hepatitis/Jaundice
- [ ] Hernia/rupture
- [ ] High blood pressure
- [ ] Intestinal/stomach trouble/colitis
- [ ] Joint disease/injury
- [ ] Measles, Red
- [ ] Menstrual problems
- [ ] Migraine headaches
- [ ] Mononucleosis, infectious
- [ ] Mumps
- [ ] Pneumonia
- [ ] Paralysis
- [ ] Polio
- [ ] Psychological counseling
- [ ] Rheumatic fever
- [ ] Rubella (3-day measles)
- [ ] Scarlet fever
- [ ] Sexually trans. infection (STI)
- [ ] Sickle Cell Trait/Anemia
- [ ] Sinus trouble
- [ ] Skin problems (chronic)
- [ ] Sleep problems
- [ ] Smoking (how long?)
- [ ] Spleen, surgical removal
- [ ] Thyroid disease
- [ ] Tuberculosis
- [ ] Urinary tract infection
- [ ] NONE OF THE ABOVE

### Current medications (list all, including birth control)

<table>
<thead>
<tr>
<th>Do you have allergies to drugs, foods, metals? Yes / No</th>
<th>What are they?</th>
<th>Hospitalizations/surgeries</th>
</tr>
</thead>
</table>

| N/A | N/A |

### Family history (place relationship in blank)

- [ ] Alcohol/drug abuse
- [ ] Death before 50
- [ ] Elevated cholesterol
- [ ] Hypertension/stroke
- [ ] Cancer/type
- [ ] Diabetes
- [ ] Heart disease
- [ ] Mental illness

### Consent for treatment

**Students under 18**

I grant permission to University Wellness Services (to include clinic, counseling, and health education services), Northwest Missouri State University, to treat my son/daughter as may be necessary, and to refer to private care when special service is needed.

**PARENT/GUARDIAN SIGNATURE**

**DATE**

**For all students**

By signature, I verify that the information provided on the form is true and I give permission for such diagnosis, therapeutic and operative procedures as may be deemed necessary for me.

**Student signature**

**Date**
Tuberculosis (TB) Screening questionnaire

Have you ever had a positive TB skin test? ☐ YES ☐ NO

Have you ever had close contact with anyone who was sick with TB? ☐ YES ☐ NO

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? (If yes, please CIRCLE the country) ☐ YES ☐ NO

Have you ever traveled to/in one or more of the countries listed below? (If yes, please CHECK the country/ies AND indicate the date(s) and duration of travel) ☐ YES ☐ NO

Additional American College Health Association immunization recommendations:

- Polio
- Varicella
- Tetanus, Diphtheria, Pertussis
- Human Papillomavirus
- Hepatitis A
- Hepatitis B
- Influenza
- Pneumococcal

For more information contact University Wellness Services.

Office use only
Reviewed by: