

Health History Form

Wellness Services

NORTHWEST MISSOURI STATE UNIVERSITY

800 University Drive ■ Maryville, MO 64468 ■ 660.562.1348 ■ fax: 660.562.1585 ■ email: health@nwmissouri.edu

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

Health History Form

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NORTHWEST MISSOURI STATE UNIVERSITY

OFFICE USE ONLY

Date Received _____

I-9 Number _____

Health History Form

Personal information

Last name (Maiden name) Legal First Name Middle Preferred Name

Address City State ZIP

(_____) _____
Phone Cell phone Date of birth

Country of birth

Preferred Spoken Language(s)

I identify my gender as...

Male Female

Transgender man / Transman

Transgender woman / Transwoman

Genderqueer / Gender nonconforming

Additional identity (fill in) _____

Insurance information

Policy holder name Date of birth Relationship to student

Member ID number Group number

Health insurance carrier (Ex. Aetna, BCBS, etc.) Phone number

Insurance carrier address City State Zip

Medical history

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

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

Current medications (list all, including birth control)

N/A

Do you have allergies to drugs, foods, metals? Yes / No

What are they? _____

N/A

Hospitalizations/surgeries

N/A

Family history (place relationship in blank)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Alcohol/drug abuse _____ | <input type="checkbox"/> Death before 50 _____ | <input type="checkbox"/> Elevated cholesterol _____ | <input type="checkbox"/> Hypertension/stroke _____ |
| <input type="checkbox"/> Cancer/type _____ | <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Heart disease _____ | <input type="checkbox"/> 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

Afghanistan	Central African Republic	Guatemala	Maldives	Panama	Syrian Arab Republic
Algeria	Chad	Guinea	Mali	Papua New Guinea	Tajikistan
Angola	China	Guinea-Bissau	Marshall Islands	Paraguay	Thailand
Anguilla	China, Hong Kong SAR	Guyana	Mauritania	Peru	Timor-Leste
Argentina	Haiti	Honduras	Mauritius	Philippines	Togo
Armenia	India	Indonesia	Mexico	Portugal	Tunisia
Azerbaijan	Indonesia (Federated States of)	Iraq	Micronesia	Qatar	Turkmenistan
Bangladesh	Iran	Kazakhstan	Moldova-Rep.	Republic of Korea	Tuvalu
Belarus	Israel	Kenya	Mongolia	Romania	Uganda
Belize	Italy	Kiribati	Montenegro	Russian Federation	Ukraine
Benin	Jamaica	Korea-DPR	Morocco	Sao Tome and Principe	United Republic of Tanzania
Bhutan	Japan	Kuwait	Mozambique	Senegal	Uruguay
Bolivia (Plurinational State of)	Kazakhstan	Kyrgyzstan	Myanmar	Serbia	Uzbekistan
Bosnia and Herzegovina	Latvia	Lao People's Democratic Republic	Namibia	Sierra Leone	Vanuatu
Botswana	Lebanon	Lesotho	Nauru	Singapore	Venezuela (Bolivarian Republic of)
Brazil	Libya	Liberia	Nepal	Solomon Islands	Vietnam
Brunei Darussalam	Madagascar	Lithuania	New Caledonia	Somalia	Yemen
Bulgaria	Malawi	Madagascar	Nicaragua	South Africa	Zambia
Burkina Faso	Malaysia	Malawi	Niger	South Sudan	Zimbabwe
Burundi	Maldives	Malaysia	Nigeria	Sri Lanka	
Cabo Verde	Maldives	Malaysia	Northern Mariana Islands	Sudan	
Cambodia	Maldives	Malaysia	Pakistan	Suriname	
Cameroon	Maldives	Malaysia	Palau	Swaziland	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥20 cases per 100,000 population. For further updates, refer to <http://www.who.int/tb/country/en/>

- Have you ever been a resident and/or employee of any high risk congregate settings (e.g. correctional facilities, long-term care facilities, and homeless shelters)? YES NO
- Have you ever been a volunteer or health-care worker who served clients who were at increased risk for active TB disease? YES NO
- Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? YES NO

If you answered **YES** to any of the above, you must:

- **Schedule a TB test** at the University Wellness Services **OR**
- Provided documentation of a **TB test done in the United States** within the past 12 months. TB tests done outside of the United States will not be accepted.
- **If prior treatment for active TB disease or latent TB infection has been completed, written documentation must be submitted.**

Chest X-rays will be required for anyone with a positive test.

Additional American College Health Association immunization recommendations:

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

Office use only

Reviewed by:

For more information contact University Wellness Services.