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, counseling, prevention/outreach/education, 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. Susan Watson, 800 University Drive, Maryville, MO 64468

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

Fall Trimester – Aug. 1
Spring Trimester – Dec. 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 MMR 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 either the Maryville or Kansas City campus.

☐ 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 Conjugate Vaccine. This means all students living on campus must submit documentation that they have received the Meningococcal Conjugate 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 unless this requirement is met.

In accordance with Missouri state law and Center for Disease Control (CDC) guidelines, Northwest students must have received the conjugate 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. The Meningococcal Conjugate Vaccine is required for compliance - immunization records that show only Meningococcal B vaccination will not fulfill the requirement. Meningococcal B vaccination (Trumenba, Bexsero) is presently recommended by Wellness Services and the CDC, but is not currently required by Northwest Missouri State University.

☐ 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 Conjugate 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 Conjugate Vaccine after the age of 16;
☐ Copy (front and back) of Insurance Card
### Personal Information

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<thead>
<tr>
<th>Last name</th>
<th>(Maiden name)</th>
<th>Legal First Name</th>
<th>Middle</th>
<th>Preferred Name</th>
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<th>Country of birth</th>
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<th>Preferred Spoken Language(s)</th>
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### Insurance Information

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<th>Relationship to student</th>
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### 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
- [ ] High blood pressure
- [ ] 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
- [ ] 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)

- [ ] Alcohol/drug abuse
- [ ] Drug abuse
- [ ] Ear trouble/hearing loss
- [ ] Eating disorder
- [ ] Eye disease/problems
- [ ] Gallbladder trouble
- [ ] Hay fever (recurrent)
- [ ] Heart disease/problems
- [ ] High blood pressure
- [ ] Birth control

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

- [ ] Yes
- [ ] No

### Hospitalizations/surgeries

- [ ] None

### Family History (place relationship in blank)

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

### HIPAA Notice of Privacy Practices Acknowledgment

By signing below I acknowledge receipt of Wellness Service’ Notice of Privacy Practices, which is available to me at: [https://www.nwmissouri.edu/wellness/PDF/NoticeOfPrivacyPractices.pdf](https://www.nwmissouri.edu/wellness/PDF/NoticeOfPrivacyPractices.pdf)

By signing below I acknowledge that this serves as a consent to receive treatment from Wellness Services, as outlined here: [https://www.nwmissouri.edu/wellness/PDF/TreatmentAgreement.pdf](https://www.nwmissouri.edu/wellness/PDF/TreatmentAgreement.pdf)

**Student Signature** ____________________________ **Date:** ____________

**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:** ____________
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
- COVID-19
- Tetanus, Diphtheria, Pertussis
- Human Papillomavirus
- Hepatitis A
- Hepatitis B
- Influenza
- Pneumococcal
- COVID-19

Office use only
Reviewed □
Banner Updated □
Initial: ____
Date: __/__/__