



THERE'S ONLY ONE U.

STUDENT HEALTH RECORD

Health & Wellness Services Phone 314.529.9520 • Fax 314.529.9906

Student, please check all appropriate:

My Major: ☐ Business ☐ Education ☐ Arts and Sciences ☐ Health Professions major _____ ☐ still exploring

I will live: ☐ On Campus ☐ Off Campus **Are you an NCAA Div II athlete?** Cheer Dance ☐ No ☐ Yes Sport(s) _____

Today's Date _____ ☐ Male ☐ Female Student ID # _____

Name _____ Date of Birth _____ Age _____ < **18y/o contact Health Center please**

Address _____ City _____ State _____ Zip _____ Country _____

Home Phone _____ Cell Phone _____ e-mail address _____

EMERGENCY CONTACT

In case of emergency please notify _____ / _____ / _____
name relationship home phone work phone cell phone

INSURANCE INFORMATION (health professionals in clinical and athletes required to submit copy of insurance card annually)

Insurance Information _____

Physician _____

Name

Phone

Hospital

THIS REQUIRED HEALTH FORM MUST BE FILLED OUT COMPLETELY and RETURNED TO THE HEALTH & WELLNESS OFFICE NO LATER THAN FOUR (4) WEEKS PRIOR TO STARTING CLASS IF YOU ARE A:

ALL First semester "in seat" students (excludes online students):

- **TB Screening Sheet.** If answers all NO just turn in page 1. If Yes, must have documentation of TB testing.

Students living in University housing:

- **Tuberculosis Screening:** Tuberculosis Screening page 1. If all answers NO just return page 1. If yes – follow through with further testing as indicated. If you have a positive PPD, you must have a Chest X-ray. **If you have active Tuberculosis you must document that you have received treatment and that you are not contagious before you can come to class or receive your keys to university housing.**
- **Document Vaccination or + titer proof for:** Measles/Rubeola, Mumps, Rubella, Polio, Chickenpox, Tdap (adolescent/adult), Meningitis
Documentation includes copy of school immunization records, health provider or county health records or mother's baby book

STUDENT ATHLETE this documentation will be shared with your coach

NCAA Division II Student Athletes and Cheer or Dance team members must have the following documentation prior to practice or participation:

- **Physical Exam:** Required no more than 6 months prior to start of practice, signed by a MD, DO, NP, PA only
- **Document Vaccination or + titer proof for:** Measles/Rubeola, Mumps, Rubella, Polio, Chickenpox, Tdap (adolescent/adult)
Documentation includes copy of school immunization records, health provider or county health records or mother's baby book

HEALTH PROFESSIONAL STUDENTS in clinicals/practica

(Music Therapy, Nursing, Occupational Therapy, Physical Therapy, Communication Science and Disorders) **must** document the following:

- **Physical Exam:** dated within the past year and signed by a MD, DO, NP, PA only (check specific requirements of your program thereafter)
- **Documented Immunity to:** Measles/Rubeola, Mumps, Rubella; Polio, Chickenpox (+titer or 2 doses of Varivax), Tdap (Tetanus /Diphtheria /acellular Pertussis), Hepatitis B (You must sign a Hepatitis B declination if you have not completed this vaccination series or you wish to decline vaccination). Documentation includes copy of school immunization records, health provider or county health records or mother's baby book
- **Tuberculosis Testing:** Before clinicals-Two step TB on file, then yearly documentation of PPD testing required for students.
- **Influenza Vaccination:** documentation of yearly vaccination NOTE: Nicotine testing proving smoke free and N-95 Fit testing may be required by some facilities – check with your faculty.
- **CPR for Adult/Infant/Child:** Documentation of current certification is required while participating in clinicals. American Heart Association BLS adult/infant/child/AED. Copy of your signed card must be on file in the Health & Wellness office
- **Insurance:** Annual copy of Health insurance card is required for students in clinicals/practica.- Send a copy of card to Health & Wellness office.

The Health Form is a confidential document, but your dates **WILL** be shared with faculty and University-approved agencies for the purpose of participating in clinical, student teaching and/or athletic competition unless the student declares in writing on an annual basis that he/she does not want to have this information forwarded. Failure to share the dates of the above information with our staff, faculty or University-approved agencies will jeopardize the student's ability to participate in required, degree-completing experiences and/or participate in athletic competition.

Insurance is required by law and **documentation required of athletes and healthcare professional students in practica.** Insurance options are available online through the Affordable Healthcare Marketplace <https://www.healthcare.gov/marketplace> or 1-800-318-2596

SEND HEALTH FORM TO: smcintyre@maryville.edu or Fax: 314.529.9906 or mail

Maryville University Health & Wellness Services, 650 Maryville University Drive, St. Louis, MO 63141

QUESTIONS? Please contact Pam Culliton, MSN, MA, ARNP-C Director or Susan McIntyre, Administrative Assistant 314 529-9556 •

Website through Portal: <https://my.maryville.edu/studentlife/HealthWellness/Health%20Forms/default.aspx>

Name _____ Student ID _____

PERSONAL HEALTH HISTORY:

**Check if you have ever had or currently have the following disease(s) or condition(s): All information is Confidential.
Make a check in the appropriate box to answer please.**

☐ Allergic to any medicine? what _____

☐ Depression/Suicide/Eating Disorder or other mental health
If yes, please contact our Personal Counselor @ 314.529.9518,
jhenry@maryville.edu or www.maryville.edu/counseling We
highly recommend finding out about the resources available to
you on campus and in the St. Louis area for your optimal
mental health.

☐ Chickenpox (Varicella)

☐ Diabetes

☐ Difficulty physically keeping up with my peers

☐ Other health concern you have been treated for: _____

☐ Learning or Physical Disability - Please contact the
Academic Success Center if special assistance or
accommodations is needed. Appropriate documentation is
required before reasonable accommodations can be made
available. Contact: 314.529.9374 for more information.

☐ Malaria

☐ Fainting or Dizziness

☐ Head Injury or Concussion

List any prescription medicine you take regularly _____

**Maryville is a totally SMOKE FREE campus NO Smoking is allowed Please take the FREE alcohol learning tool/assessment:
<https://interwork.sdsu.edu/echug2/?id=MARYVILLE&hfs=true>**

Alcohol use? ☐ NO ☐ YES # of times per day _____ Per week _____ Per month _____ Per Year _____

Do you have any conditions that require special arrangements? If so please contact the appropriate office: Residence Life 314.529.9552;
Classroom 314.529.9374; Food Service 314-.529.9576; Medical 314.529.9520

**Immunization documentation for these vaccinations must be attached: 2MMR, Polio Series, Tdap, Meningitis
(may waive this vaccination), Varicella**

FAMILY HEALTH HISTORY: Indicate if Mother, Father, Siblings or Grandparent(s) have these conditions

☐ Tuberculosis _____
☐ Heart Disease _____
☐ Cancer _____
☐ Diabetes _____
☐ Asthma _____

☐ Epilepsy _____
☐ Alcoholism _____
☐ Migraine headaches _____
☐ Hypertension _____
☐ Other _____

**This information is accurate to the best of my knowledge _____
Student signature, unless under 18 y/o, then parent/guardian signature required) **Date** _____**

The law requires that parental permission be obtained for operative and therapeutic procedures on minors (under 18). Parents or guardians should sign the following consent so that emergency procedures may be carried out promptly.

I give my permission for such medical procedures or immunizations as may be deemed necessary for my child, a minor including Tuberculosis testing if needed.

Student's Name _____

Permission given by _____
Name Date Signed Relationship

Contact for any minor (under 18)

Send to: Maryville University Health & Wellness Services, fax: 314-529-9906 650 Maryville University Drive, St. Louis, MO 63141 (at least 4 weeks before classes)

Tuberculosis Screening and Targeted Testing - Maryville University-St. Louis

Part I: Tuberculosis (TB) Screening Questionnaire **to be completed by ALL first semester students** **ONLINE STUDENTS EXCLUDED!**

Please answer the following question 1-6 If **YES** to any of the answers more evaluation will be required- See

1. **Have you ever had close contact with persons known or suspected to have active TB disease?** ☐ Yes ☐ No
2. **Were you born in one of the countries in listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)** ☐ Yes ☐ No

Afghanistan	Congo	Japan	Nicaragua	Sudan
Algeria	Côte d'Ivoire	Kazakhstan	Niger	Suriname
Angola	Croatia	Kenya	Nigeria	Swaziland
Argentina	Democratic People's Republic of Korea	Kiribati	Pakistan	Syrian Arab Republic
Armenia	Democratic Republic of the	Kuwait	Palau	Tajikistan
Azerbaijan	Congo	Kyrgyzstan	Panama	Thailand
Bahrain	Djibouti	Lao People's Democratic Republic	Papua New Guinea	The former Yugoslav Republic of Macedonia
Bangladesh	Dominican Republic	Latvia	Paraguay	Timor-Leste
Belarus	Ecuador	Lesotho	Peru	Togo
Belize	El Salvador	Liberia	Philippines	Tunisia
Benin	Equatorial Guinea	Libyan Arab Jamahiriya	Poland	Turkey
Bhutan	Eritrea	Lithuania	Portugal	Turkmenistan
Bolivia (Plurinational State of)	Estonia	Madagascar	Qatar	Tuvalu
Bosnia and Herzegovina	Ethiopia	Malawi	Republic of Korea	Uganda
Botswana	Fiji	Malaysia	Republic of Moldova	Ukraine
Brazil	Gabon	Maldives	Romania	United Republic of Tanzania
Brunei Darussalam	Gambia	Mali	Russian Federation	Uruguay
Bulgaria	Georgia	Marshall Islands	Rwanda	Uzbekistan
Burkina Faso	Ghana	Mauritania	Saint Vincent and the Grenadines	Vanuatu
Burundi	Guam	Mauritius	Sao Tome and Principe	Venezuela (Bolivarian Republic of)
Cambodia	Guatemala	Micronesia (Federated States of)	Senegal	Viet Nam
Cameroon	Guinea	Mongolia	Seychelles	Yemen
Cape Verde	Guinea-Bissau	Morocco	Sierra Leone	Zambia
Central African Republic	Guyana	Mozambique	Singapore	Zimbabwe
Chad	Haiti	Myanmar	Solomon Islands	
China	Honduras	Namibia	Somalia	
Colombia	India	Nepal	South Africa	
Comoro	Indonesia		Sri Lanka	
	Iraq			

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

3. **Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? If so the significance of the travel exposure should be discussed with a health care provider and evaluated.** (If yes, circle the countries, above) ☐ Yes ☐ No
4. **Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?** ☐ Yes ☐ No
5. **Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?** ☐ Yes ☐ No
6. **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 the answer to all of the above questions is NO, no testing is required. Please sign, date and indicate your Student ID number for our records and RETURN Page 1: nurspam@marvville.edu

Per Mo. Senate Bill 197 Failure to provide this documentation will constitute a hold on your registration for the subsequent semester.

Signature _____ Student ID last 6 digits _____ Date _____

Address _____ cell phone _____

If the answer is YES to any of the above questions, Maryville University requires that you provide documentation of a PPD tuberculin test or IGRA test within the past 6 months, completed in the USA, prior to the start of your first day of class **or you will not be able to register for class.**

You may send us documentation from your physician, county health department or place of work

Return documentation to: smcintyre@marvville.edu or fax to 314-529-9906 or mail: 650 Maryville University Drive St. Louis, MO 63141

Failure to provide this documentation will constitute a hold on your registration for the subsequent semester.

MENINGOCOCCAL VACCINATION WAIVER

SECTION 1

STUDENT NAME _____ STUDENT ID _____

FOR INFO ABOUT MENINGITIS GO TO: <http://www.cdc.gov/vaccines/pub/vis/downloads/vis-mening.pdf>

Meningitis is a life-threatening disease. College freshmen living in dormitories are at higher risk than general population of similar age. Onset of disease is abrupt and course of disease is rapid. Case fatality is 10-15%; 11-19% survivors suffer serious consequences as a result of the disease such as neurological disability, limb or digit loss or hearing impairment/loss. <http://www.cdc.gov/vaccines/vpd-vac/mening/vac-mening-sh.htm>

State of Missouri allows only medical exemption signed by a doctor or religious exemption SB 716(2014) RSMo 174.335

To be completed by the individual (Section 2A) or parent/guardian* (Section 2B) for individuals less than 18 years of age, requesting an exemption from the requirement.

SECTION 2A: For individuals 18 years of age or older:

I am 18 years of age or older. I have read the information explaining the risks of meningococcal disease and am aware of the degree of effectiveness and availability of the vaccine. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that Maryville policy requires that students residing in on-campus housing for the first time be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Maryville University, its officers, employees and agents from any and all costs, liabilities, expenses, claims or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

NAME _____ SIGNATURE _____ DATE _____
OF STUDENT OF STUDENT

PARENTAL/Guardian ACKNOWLEDGMENT: I have read the information explaining the risks of meningococcal disease and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

NAME _____ SIGNATURE _____ DATE _____
OF PARENT/GUARDIAN OF PARENT/GUARDIAN

SECTION 2B: Must be signed by parent or guardian for individuals under 18 years of age*

I am the parent/guardian of _____ I have read the information explaining the risks of meningococcal disease and am aware of the degree of effectiveness and availability of the vaccine. I acknowledge that the disease is rare but life threatening. I understand that policy requires that students residing in on-campus housing for the first time be vaccinated against meningococcal disease. I voluntarily agree to release, discharge, indemnify and hold harmless Maryville University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to have the above-named individual immunized against meningitis.

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



MENINGITIS

What is meningitis? Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. For bacterial meningitis, it is also important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. Before the 1990s, *Haemophilus influenzae* type b (Hib) was the leading cause of bacterial meningitis, but new vaccines being given to all children as part of their routine immunizations have reduced the occurrence of invasive disease due to *H. influenzae*. Today, *Streptococcus pneumoniae* and *Neisseria meningitidis* are the leading causes of bacterial meningitis.

What are the signs and symptoms of meningitis? High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. In newborns and small infants, the classic symptoms of fever, headache, and neck stiffness may be absent or difficult to detect, and the infant may only appear slow or inactive, or be irritable, have vomiting, or be feeding poorly. As the disease progresses, patients of any age may have seizures.

How is meningitis diagnosed? Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made by growing bacteria from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back where fluid in the spinal canal is readily accessible. Identification of the type of bacteria responsible is important for selection of correct antibiotics.

Can meningitis be treated? Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk is higher among the elderly.

Is meningitis contagious? Yes, some forms of bacterial meningitis are contagious. The bacteria are spread through the exchange of respiratory and throat secretions (i.e., coughing, kissing). Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been.

However, sometimes the bacteria that cause meningitis have spread to other people who have had close or prolonged contact with a patient with meningitis caused by *Neisseria meningitidis* (also called meningococcal meningitis) or Hib. People in the same household or day-care center, or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of acquiring the infection. People who qualify as close contacts of a person with meningitis caused by *N. meningitidis* should receive antibiotics to prevent them from getting the disease. Antibiotics for contacts of a person with Hib meningitis disease are no longer recommended if all contacts 4 years of age or younger are fully vaccinated against Hib disease (see below).

Are there vaccines against meningitis? Yes, there are vaccines against Hib, against some serogroups of *N. meningitidis* and many types of *Streptococcus pneumoniae*. The vaccines against Hib are very safe and highly effective.

There are two vaccines against *N. meningitidis* available in the U.S. Meningococcal polysaccharide vaccine (MPSV4 or Menomune®) has been approved by the Food and Drug Administration (FDA) and available since 1981. Meningococcal conjugate vaccine (MCV4 or Menactra™) was licensed in 2005. Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the U.S. (serogroup C, Y, and W-135) and a type that causes epidemics in Africa (serogroup A). Meningococcal vaccines cannot prevent all types of the disease. But they do protect many people who might become sick if they didn't get the vaccine. Meningitis cases should be reported to state or local health departments to assure follow-up of close contacts and recognize outbreaks.

MCV4 is recommended for all children at their routine preadolescent visit (11 to 12 years of age). For those who have never gotten MCV4 previously, a dose is recommended at high school entry. Other adolescents who want to decrease their risk of meningococcal disease can also get the vaccine. Other people at increased risk for whom routine vaccination is recommended are college freshmen living in dormitories, microbiologists who are routinely exposed to meningococcal bacteria, U.S. military recruits, anyone who has a damaged spleen or whose spleen has been removed; anyone who has terminal complement component deficiency (an immune system disorder), anyone who is traveling to the countries which have an outbreak of meningococcal disease, and those who might have been exposed to meningitis during an outbreak. MCV4 is the preferred vaccine for people 11 to 55 years of age in these risk groups, but MPSV4 can be used if MCV4 is not available. MPSV4 should be used for children 2 to 10 years old, and adults over 55, who are at risk.

Although large epidemics of meningococcal meningitis do not occur in the United States, some countries experience large, periodic epidemics. Overseas travelers should check to see if meningococcal vaccine is recommended for their destination. Travelers should receive the vaccine at least 1 week before departure, if possible. Information on areas for which meningococcal vaccine is recommended can be obtained by calling the Centers for Disease Control and Prevention at (404)-332-4565.

There are vaccines to prevent meningitis due to *S. pneumoniae* (also called pneumococcal meningitis) which can also prevent other forms of infection due to *S. pneumoniae*. The pneumococcal polysaccharide vaccine is recommended for all persons over 65 years of age and younger persons at least 2 years old with certain chronic medical problems. There is a newly licensed vaccine (pneumococcal conjugate vaccine) that appears to be effective in infants for the prevention of pneumococcal infections and is routinely recommended for all children greater than 2 years of age.

This page last modified on May 28, 2008

Content last reviewed on May 28, 2008

Content Source: National Center for Immunization and Respiratory Diseases: Division of Bacterial Diseases

Page Located on the Web at <http://www.cdc.gov/meningitis/bacterial/faqs.htm>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
SAFER • HEALTHIER • PEOPLE™