To: New Cornell International Students
From: Student Health Services
Re: Your Health Forms

The Health Center Staff welcomes you to Cornell College! We are here to support you in any way possible during your years at Cornell College. If you have a special need or require assistance with a medical problem, please contact us at 319-895-4292 or e-mail us at student_health@cornellcollege.edu

Please download and complete the online health forms and **return by JULY 31, 2010** to:

New Student Orientation
Cornell College
600 First Street SW
Mount Vernon, Iowa, 52314
USA

The forms could also be faxed to 319-895-5894 or scanned to student_health@cornellcollege.edu.
The health forms are a requirement for admission. Students not in compliance will have their course registration cancelled. Medical forms are strictly confidential and are used by the Health Service to provide care. The content of your medical record has no effect on your admission status.

Based on The Centers for Disease Control and the American College Health Association guidelines, Cornell College requires all enrolled students to have **proof of two MMR (measles, mumps, rubella) immunizations.** Proof of natural immunity through documentation of physician diagnosed disease or a positive serum titer may be substituted in place of vaccination documentation. No other immunizations are required for admittance; however, it is recommended that students consider the following vaccines: Meningitis, Hepatitis B, HPV, Chicken Pox and Tetanus. Please consult your clinician regarding these vaccines. Some of these vaccines are also available at Cornell College Student Health**. If any student comes to college without documented proof of proper MMR immunization, their registration will be cancelled.**

Tuberculosis testing or chest x-rays **should not** be done prior to arrival at Cornell. TB testing will be done at the Student Health Center upon arrival. If you have been previously treated for TB, your physician should include this information on your physical form. In addition, your physician may recommend a Hepatitis B screen, and this information should also be included.

CHECKLIST

- ❑ **Family history and medical history** – to be completed by the student before seeing a health care provider for a physical exam (pages 1- 2).
- ❑ **Required immunizations-** You are required to have documentation of 2 MMR's.
- ❑ **Have you considered the highly recommended meningitis vaccine**? Please read the online informational sheet (the last page of your online health forms) and sign the box on page 2. Please discuss this with your health care provider to make your decision. Meningitis vaccine is also available at Cornell Student Health.
- ❑ **Required physical exam** – Physicals must be current within one year prior to the beginning of the first day of classes – August 30, 2010.
- ❑ **Are you participating in NCAA sports?** Did you sign the release of information at the bottom of page one? (You do not need to sign if you are participating in recreational sports only.)

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Cornell College Student Health Services
600 First St. SW
Mt. Vernon, IA 52314 USA

Phone: 319-895-4292
Fax: 319-895-5894
email: student_health@cornellcollege.edu

This page to be completed by the student

Last Name:	First Name:	Middle:	Sex:
Date of Birth (MM-DD-YY)	Social Security #:	Student email address: Student cell phone:	
Parent Names (or emergency contact) Work Phone:		Parent Home Phone: Parent Cell Phone:	

Street Address | City | State | Country | Zip Code

Allergy to Medication(s): Allergy to food or environmental allergens:

Medications you are taking (please include both prescription and nonprescription medications and their dosages):

1)________________ 2)________________ 3)________________
4)________________ 5)________________ 6)________________

Medical, emotional or health conditions (please list):

Special needs or disability?______________________________

Family History

	Birthdate	State of Health	Occupation	Age of death	Cause of death
Parent					
Parent					
Siblings					

CONSENT

For all students: *By signature, I give consent to have the information on this form released to the Dean of Students and/or her designee for emergency use only.*

______________________________ ______________
Student Signature (Parent/Guardian signature only if student is a minor) Date

<u>All Cornell students are required to have health insurance that covers them while at college.</u>
As an international student this essential coverage is included as part of your total charges. For further information on this policy please visit our website at: http://www.eiia.org/cornell/StudentInternational.asp

<u>A copy of your insurance card will be given to you after your arrival on campus.</u> Each student should carry a copy of their own insurance card. For further policy information please contact the Business Office at 319-895-4220, or go to www.cornellcollege.edu/student_health.

Health History Last Name____________________ First Name_______________________

The information on the Health History and Physical Examination forms is legally privileged and confidential and is intended for the use of the Cornell College Student Health and Counseling Services. It cannot be copied or transmitted without the student's written consent.

Medical or Health Concerns (**Please check any that apply to you, and explain positives below.**)

Abnormal Bleeding		Depression		Hepatitis		Scoliosis	
Anemia		Diabetes		Heat stroke/Sun stroke		Seizures	
Anxiety		Disability		Hernia		Sickle cell trait	
Arthritis		Ear trouble/Hearing loss		High Blood Pressure		Single organ	
Asthma		Eating disorders		High cholesterol		Sinus trouble	
ADD/ADHD		Eye trouble/visual loss		Intestinal/Stomach trouble		Spleen (surgical removal)	
Cancer		Fractures (including stress)		Joint injury (sprain/dislocation)		Syncope / Fainting	
Chest pain		Genetic disorder		Kidney disease		Thyroid disease	
Chicken pox**		Headaches – (recurrent)		Mononucleosis		Tobacco use	
Concussion / Head injury***		Heart murmur		Orthopedic problem (chronic)		Tuberculosis	
*** If yes, how many concussions in your lifetime?		Heart problems (other)		Rheumatic fever		Undescended testicle	
Convulsive disorder						**Other:**	

Explain positives:

**If you have had chicken pox, please note in this section.

***If you have had one or more head injuries, please note details in this section.

Have you ever… Answer yes or no (if yes, give details)

…been hospitalized or had any serious illness or injury? …had surgery?

…received or are you now receiving treatment or counseling for mental health reasons or alcohol/drug problems?

Consent for treatment:

TO BE SIGNED BY STUDENT: (IF STUDENT IS A MINOR, PARENT/LEGAL GUARDIAN SIGNATURE ALSO REQUIRED.)

In case of serious illness or accident, I give Cornell College or its representative(s) permission to secure emergency medical and/or surgical care that is considered necessary. I agree to pay all medical costs.

Student signature _______________ Parent/Guardian signature if student is a minor _______________ Date _______

Meningitis Information Statement: Important Please Read

TO BE SIGNED BY STUDENT: (IF STUDENT IS A MINOR, PARENT/LEGAL GUARDIAN SIGNATURE ALSO REQUIRED.)

My signature below indicates that I have read the meningitis information, found on the final page of the online heath forms, regarding meningitis and its risks to college students. I am aware that a vaccine is available for the prevention of certain types of meningitis, and that the vaccine is recommended for college freshman and other college students who may want to decrease their risk of contracting meningitis.

Student signature _______________ Parent/Guardian signature if student is a minor _______________ Date _______

For NCAA Athletes only: *By signature, I authorize Cornell College Student Health Services to release of a copy of my history and physical to the Cornell College Athletic Training Staff.*

Circle which collegiate sport(s) you plan to participate in (this does not include participation in recreational sports):

Cheerleading Golf Track and Field Football Tennis Cross Country Volleyball Soccer Basketball Wrestling

Athlete's signature _______________ Parent/Guardian signature if student is a minor _______________ Date _______

Physical Examination (*To be completed by clinician*)

To the Examiner: Please review the student's report and complete this physical exam form with comments on all positive answers. Since this student has already been accepted for admission, the information supplied will not affect his or her status and will be used only as background for providing any needed care by Cornell College Student Health Services. It will not be released without the student's consent. **Both copies should be given to the student, who will return them to the College.**

Name____
Last First Middle

Birthdate ________________________ Sex__________

Blood Pressure __________ Pulse_________ Height ________ inches

Urinalysis Sugar____ Albumin_____ Micro_____ Weight________pounds

Hemoglobin *(if indicated)*______gms Peak Flow*(if indicated)*________L/m

Are there any abnormalities of the following systems?

	No	Yes	Describe
Eyes			
Head, ENT			
Cardiovascular			
Respiratory			
Breast			
Gastrointestinal			
Genitourinary			
Hernia			
Musculoskeletal			
Metabolic/Endocrine			
Skin			
Neuropsychiatric			

How long have you known the student?______________________________

ALLERGIES: ____
Medications:
1)__________________________ 2)__________________________
3)__________________________ 4)__________________________

Immunizations **REQUIRED**

Measles/Mumps/Rubella **Dates**
(Two MMR's required)

Dose #1 (month/day/year) ________
Dose #2 (month/day/year) ________

Immunizations **RECOMMENDED**

Meningococcal __________
***Highly recommended* – Please read and sign statement on page 2.**

Tetanus/Diphtheria or **Adacel** (circle)
(most recent booster) _________

Polio (series, completed) _________

Hepatitis A #1 ________ #2________

Hepatitis B
#1 ________ #2________ #3_______

Chicken Pox/Varicella __________
Did student have disease? Y N

Gardasil
#1 ________ #2________ #3_______

BCG ____________

Other:
____
____

Recommendations for physical activity (P.E., intramurals or varsity athletics) □ Unlimited □ Limited Explanation______________________________
____

Do you have any recommendations regarding the care of this student? □ Yes □ No If so, what?______________________________
____

Is the patient now under treatment for any medical condition? □ Yes □ No Diagnosis______________________________
____

Is the patient now under treatment for any emotional condition? □ Yes □ No Diagnosis______________________________
____

General comments:____

Provider's Signature______________________________

Date ______________________________________

Phone______________________________________

Provider's Clinic Stamp Here: