

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

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

The college requires that all students have a current health history, physical, and record of immunization* on file in the Student Health Services office. **Students not in compliance will have their course registration cancelled for Block 2.** Medical forms are strictly confidential and are used by the Health Service team to provide care; the content of your medical record has no effect on your admission status.

Please download and complete the online health forms. **The forms should be uploaded to the student's online checklist via Slate by July 31st.** (Alternately, they may be mailed to: Student Health Services, Cornell College, 600 First Street SW, Mount Vernon, Iowa, 52314 USA. The forms may also be scanned to healthservices@cornellcollege.edu.)

*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 positive mumps, measles and rubella serum titers may be substituted in place of vaccination documentation. No other immunizations are required for admittance; however, it is *highly recommended* that students receive the following vaccines: Meningitis, Hepatitis B, HPV, Chicken Pox and TDAP. Please consult your clinician regarding these vaccines.

Health Forms Checklist

- Family and Medical History:** To be completed by the student before seeing a health care provider for a physical exam (pages 1 – 2).
- Physical Exam:** Physicals must be current within one year prior to the beginning of the first day of classes (page 3). The physical must be performed by a licensed healthcare clinician.
- Required Immunizations:** You are required to present documentation of 2 MMR vaccines (page 4). **Students without documentation of MMR immune status will have their registration cancelled.**
- Tuberculin testing:** *Students from endemic regions should not have TB testing prior to arrival on campus. Testing will be done upon arrival at no expense to the student.*
- Meningitis Vaccines:** Meningitis vaccines are strongly recommended for all college students; a booster shot should be administered at age 16-18. A Meningitis B Vaccine is also now available. Please discuss meningitis vaccination with your health care provider at the time of your physical. More information about this potentially fatal disease and how to prevent it can be found at <http://www.cdc.gov/meningococcal/>
- Student Athletes:** Please indicate the sport in which you will participate, and sign the Release of Information at the bottom of Page 2 so that the Athletic Department can have a copy of your physical.

Please return forms by July 31st

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

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

This page to be completed by the student

Last Name:		First Name:		Middle:		Gender:			
Date of Birth (MM-DD-YY)		Social Security #:		Student email address:					
				Student cell phone:					
Parent Names (or emergency contact)				Parent Home Phone:					
Work Phone:				Parent Cell Phone:					
Street Address		City		State/Province		Country		Zip Code	

Allergy to Medication(s):	Allergy to food or environmental allergens:
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Medications you are taking (please include all prescription, nonprescription, herbal medications, supplements and their dosages):

1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____

Medical and/or emotional conditions (please list):

Special needs or disability? _____

Family History – Please include all immediate family members regardless of health status.

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

C For all students: By signature, I give consent to have the information on this page only released to the Ambulance team or the
O Dean of Students and/or the Dean's designee **for emergency use only.**

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

Last Name _____ **First Name** _____ **Birthdate** _____

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 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.)

ADD/ADHD	Depression	Heart Condition	Scoliosis
Anemia	Diabetes – Indicate Type	Hepatitis	Seizures
Atypical Bleeding/Clotting	Disability	Heat Stroke/Sun Stroke	Sickle Cell Trait/Disease
Anxiety	Ear Trouble/Hearing Loss	Hernia	Sinus Trouble
Arthritis	Dislocations/Fractures	High Blood Pressure	Skin Condition
Asthma	Disordered Eating	High Cholesterol	Sleep Disorder
Autoimmune Disorder	Drug/Alcohol Treatment	Intestinal/Stomach Disorder	Syncope (Fainting)
Bladder Infections	Eye Trouble/Vision Loss	Kidney Disease/Stones	Thyroid Disease
Cancer	Fibromyalgia	Mononucleosis	Tobacco Use
Chest Pain	Gynecological Condition	Orthopedic Problem (Chronic)	Tuberculosis
Chicken Pox	Headaches (Indicate type)	POTS	Undescended Testicle
Concussion/Head Injury***	Heart Murmur	Rheumatic Fever	Other:

If you have checked any of the boxes above or have another condition not mentioned, please note details here:

***How many concussions have you had in your lifetime? _____ Please note details below:

Have you ever been hospitalized or had any serious illness, injury or surgery? Yes No Please note details below:

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 - must sign _____ Parent/Guardian signature only 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 I am aware that a vaccine is available for the prevention of certain types of meningitis, and that the vaccine is **highly recommended** for college students who may want to decrease their risk of contracting meningitis. I am also aware that if I had this shot prior to age 16, a booster is indicated. I am aware that a Meningitis B vaccine is also now available. More information is available: <http://www.cdc.gov/meningococcal/>*

_____ Student signature _____ Parent/Guardian signature only if student is a minor _____ Date

For NCAA athletes only: *By signature, I authorize Health Services to release of a copy of my history and physical to the Cornell College Athletic Training Staff. Please circle below the NCAA sport(s) in which you will be participating.*

_____ Athlete's signature – circle sport below _____ Parent/Guardian signature only if student is a minor _____ Date

Circle which sport(s) you plan to participate in: Cheerleading Track and Field Football Tennis Soccer
 Cross Country Volleyball Basketball Wrestling Baseball Softball Lacrosse

Physical Examination (To be completed by MD, DO, NP or PA)

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. **This form should be given to the student, who will return it to Health Services. Note: the meningitis shot is highly recommended, including a booster at age 16. TB testing and x-rays should NOT be done prior to the student's arrival in the US.**

Patient's Full Name _____

Birthdate _____ Gender identification _____ Height _____ Weight _____

BP _____ Pulse _____ Additional screening tests or labs, as indicated: _____

ALL NCAA athletes must be screened for sickle cell trait, show proof of a prior test, or sign a waiver on arrival on campus releasing Cornell athletics from liability if decline to be tested.

Sickle Cell Solubility Test/Screen (if indicated) _____ Screening declined _____

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 TO MEDICATIONS: _____

CURRENT MEDICATIONS:

1) _____ 2) _____ 3) _____
 4) _____ 5) _____ 6) _____

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: _____

PLEASE NOTE: THE STUDENT SHOULD NOT HAVE TUBERCULOSIS TESTING OR X-RAYS PRIOR TO ARRIVAL.

Provider's Signature _____

Date _____

Phone _____

<p>Provider's Clinic Stamp Here:</p>



STUDENT HEALTH CENTER, 600 1ST ST. SW, MT. VERNON, IA 52314

CERTIFICATE OF IMMUNIZATION

Name _____

Date of Birth _____ Social Security Number _____ - _____ - _____

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER (must be in English)

REQUIRED Immunizations – Registration will be held until documentation of 2 MMR’s is received.

Measles/Mumps/Rubella	Dates	Clinic or Vaccination Site
Dose #1 (month/day/year)	_____	_____
Dose #2 (month/day/year)	_____	_____

Proof of natural immunity through documentation of positive mumps, measles, and rubella serum titers may be substituted in place of vaccination documentation. Please attach supporting labs.

RECOMMENDED Immunizations

Meningococcal-ACWY #1 _____ **#2** _____

College students are at special risk - Adolescents 11-18 years of age, including college students living in residence halls should receive the meningococcal vaccine. <http://www.cdc.gov/meningococcal/>

ACIP Meningitis Vaccination Recommendations:

The initial ACWY vaccine should be given at 11-12 years of age with a booster dose given at 16 years of age.

If the initial vaccine is given at 13-15 years of age, a booster dose should be given at 16-18 years of age.

If the initial vaccine is given at 16 years of age or older, no booster dose is required.

Tetanus/Diphtheria (series date completed) _____

Most recent booster _____ Tdap / Td _____

Polio (series date completed) _____

Adult polio booster _____

Hepatitis A #1 _____ **#2** _____

Hepatitis B #1 _____ **#2** _____ **#3** _____

Chicken Pox/Varicella #1 _____ **#2** _____

Gardasil #1 _____ **#2** _____ **#3** _____

OTHER Immunizations

NEW from ACIP: Adolescents and young adults aged 16–23 years may also be vaccinated with a serogroup B (MenB) vaccine to provide short-term protection against most strains of serogroup B meningococcal disease. Serogroup B accounts for approximately 40% of meningitis cases on college campuses. For more information on meningitis and this vaccine, go to: <http://www.nmaus.org/>

Meningitis B #1 _____ **#2** _____

BCG _____

Typhoid _____ **Oral** **IM (Please circle)** _____

Yellow Fever _____

Other _____

I certify that the above information is correct, to the best of my knowledge.

Signature of Medical Official

Clinic or agency name

Date