



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 health forms. **The completed forms should be uploaded to the student's online checklist via the student portal by July 31st.** Alternately, they may be mailed to the following address. Be sure to keep a copy for your records. **NOTE: *The Student Health Center is closed in the summer. You will not receive immediate notification that your forms have been received. Once they are processed, your student checklist will be updated. Forms will be processed beginning August 1st.***

Cornell College Student Health Services
600 First Street SW
Mount Vernon, Iowa, 52314 USA

Health Forms Checklist

- Health History:** To be completed by the student before seeing a health care provider for a physical exam. This form will be available for you to submit on your student checklist.
- Physical Exam** (page 1): Physicals must be current within one year prior to the beginning of the first day of classes. The physical must be performed by a licensed healthcare clinician and written in English.
- Required Immunizations** (page 2): You are required to present documentation of:
 - 2 MMR (Mumps, Measles, Rubella) vaccines
 - 1 Meningitis (Quadrivalent ACYW-135) vaccine given on or after the student's 16th birthday

Students without documentation of MMR and Meningitis immune status will have their registration cancelled!

- No tuberculin testing prior to arrival:** ***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.***

To consider: The Meningitis B vaccine is also strongly recommended for all college students. This vaccine is different from the required ACYW-135 vaccine. 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 <https://www.cdc.gov/meningococcal/>.

Health insurance: All international students will be automatically billed for health insurance through Cornell College. No other health insurance policy will be accepted. More information will be sent to you via your Cornell email address over the summer.

Please return forms by July 31st. Forms will be processed beginning Aug. 1st.

Physical Examination (To be completed by MD, DO, NP or PA- needs to be written in English)

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: TB testing and x-rays should NOT be done prior to the student's arrival in the US.**

Patient's Full Name _____

Birthdate _____ Assigned sex at birth Male Female Gender Identity (circle one) Male Female Transgender

BP _____ Pulse _____ Height _____ Weight _____ Vision _____

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 Clinic Stamp Here:

Provider's Signature _____

Date _____

Phone _____

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

CERTIFICATE OF IMMUNIZATION

Name _____

Date of Birth _____

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

| REQUIRED Immunizations – registration will be held until documentation of required vaccines is received. | | |
|--|---|---|
| The following vaccines are required: | Date vaccine given (MM/DD/YR) | Clinic or Public Health Department |
| Mumps/Measles/Rubella (MMR) <i>2 doses required</i> | 1. | |
| | 2. | |
| Meningococcal-ACYW-135 (<i>Menactra/Menveo/Nimenrix</i>) <i>1 dose at age 16 or after is required</i> | 1. | |
| | 2. | |
| <i>Proof of natural immunity through documentation of positive mumps, measles, rubella and meningitis serum titers may be substituted in place of vaccination documentation. Please attach supporting labs.</i> | | |
| RECOMMENDED Immunizations | | |
| Tetanus/Diphtheria (DTaP/DTP/DT/Td/Tdap) | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |
| | 5. | |
| Polio (IPV/OPV) | 1. | |
| | 2. | |
| | 3. | |
| | 4. | |
| | 5. | |
| Hepatitis B | 1. | |
| | 2. | |
| | 3. | |
| Varicella (Chicken Pox) | 1. | |
| | 2. | |
| Meningitis B (<i>Trumenba, Bexsero</i>) Serogroup B accounts for approximately 40% of meningitis cases on college campuses. For more information: http://www.nmaus.org/ | 1. | |
| | 2. | |
| HPV (Human Papilloma Virus) | 1. | |
| | 2. | |
| | 3. | |
| OTHER Immunizations | | |
| Hepatitis A | 1. | |
| | 2. | |
| Typhoid (oral or injectable – please indicate) | | |
| BCG | | |
| I certify that this document has been completed to the best of my knowledge. | | |
| Signature of Certified Medical Provider | Date | Clinic or Public Health Agency |