

# Welcome to the John Carroll University Student Health Center!

**We require a completed student health form for all students before classes begin.**

1. Return the printed, completed form to John Carroll University, (*for fall semester no later than August 1, spring semester no later than January 1*) to the address below.
2. Include a copy of your medical insurance card -- both sides (please obtain a dependent insurance card for your son/daughter).
3. We strongly recommend that your son/daughter be immunized against bacterial meningitis by receiving the vaccine Menactra.
4. If you have a condition requiring continuing care (e.g. diabetes, hypertension, emotional disorders, seizures), please have your physician send a letter with his/her suggestions for necessary follow-up, medications, etc.
5. No physical exam is required.
6. **Information for varsity athletes:** All varsity athletes are required to have a physical examination by John Carroll's sports medicine team physician prior to the first scheduled practice. Please check **www.jcusports.com** for additional information pertaining to when physicals are scheduled and insurance information. If you have additional questions, please don't hesitate to e-mail or call Don McPhillips M.S., ATC, LAT, head athletic trainer at [dmcphillips@jcu.edu](mailto:dmcphillips@jcu.edu) ♦ 216.397.4503.

John Carroll University  
Student Health Center  
1 John Carroll Boulevard  
University Heights, OH 44118-4581  
Telephone: 216.397.4349 ♦ fax: 216.397.1787  
Email: [jkrevh@jcu.edu](mailto:jkrevh@jcu.edu)

TO: Student Health Center  
 John Carroll University  
 1 John Carroll Boulevard  
 University Heights, OH 44118  
 (F) 216.397.1787



**Student Health Record**  
**THIS IS A CONFIDENTIAL COMMUNICATION**  
 between the student and John Carroll's Student Health Center. Information herein will not be transmitted to anyone without the written consent of the student. **Please type or print clearly.**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Student Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Person to be notified in an emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Ph (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Business Ph (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Cell Ph (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Please list any FOOD or DRUG allergies you have and include the type of reaction: \_\_\_\_\_

Please list any medicines which you are taking on a regular basis, including birth control pills: \_\_\_\_\_

If you are now receiving allergy injections and plan to continue while in school, please indicate:  yes  no

Please list any operations you have had and the dates: \_\_\_\_\_

|  |                                 |                              |
|--|---------------------------------|------------------------------|
| PRIMARY INSURANCE                        | Policy Holder's Name _____      | Date of Birth ____/____/____ |
| Employer _____                           | Business Phone (____)____-_____ |                              |
| Health Insurance Carrier _____           |                                 |                              |
| Health Insurance Carrier's Address _____ |                                 |                              |
| Health Insurance Policy Number _____     | Group Number _____              |                              |

**PERSONAL HISTORY** - Have you ever had any of the following? (Comment below if necessary)

| YES                      | NO                       |                                       | YES                      | NO                       |                                 |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Chicken Pox                           | <input type="checkbox"/> | <input type="checkbox"/> | Asthma or Wheezing w/Bronchitis |
| <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever                       | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis or Jaundice           |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart problem or Cardiac Workup       | <input type="checkbox"/> | <input type="checkbox"/> | Seizures or Convulsions         |
| <input type="checkbox"/> | <input type="checkbox"/> | Urinary Tract Infections              | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure             |
| <input type="checkbox"/> | <input type="checkbox"/> | STI (sexually transmitted infections) | <input type="checkbox"/> | <input type="checkbox"/> | HIV Infection                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Mononucleosis (Mono)                  | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Recurrent Sinus Infections            | <input type="checkbox"/> | <input type="checkbox"/> | Anxiety/Panic Attacks           |
| <input type="checkbox"/> | <input type="checkbox"/> | Recurrent Ear Infections              | <input type="checkbox"/> | <input type="checkbox"/> | Depression/Mood Disorders       |
| <input type="checkbox"/> | <input type="checkbox"/> | Pneumonia                             | <input type="checkbox"/> | <input type="checkbox"/> | Alcohol/Drug Abuse              |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin Problems                         | <input type="checkbox"/> | <input type="checkbox"/> | Anorexia/Bulimia                |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies, Hay Fever                  | <input type="checkbox"/> | <input type="checkbox"/> | Migraine Headaches              |
| <input type="checkbox"/> | <input type="checkbox"/> | Arthritis                             | <input type="checkbox"/> | <input type="checkbox"/> | Schizophrenia                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Thyroid Problems _____                | <input type="checkbox"/> | <input type="checkbox"/> | Tobacco Use:                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Stomach or Bowel Problems             | <input type="checkbox"/> | <input type="checkbox"/> | smoke                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood Disorder                        | <input type="checkbox"/> | <input type="checkbox"/> | chew                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Orthopaedic Problems                  | <input type="checkbox"/> | <input type="checkbox"/> | Other _____                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes                              |                          |                          |                                 |

Comment \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Consent for Medical Treatment of Child** (For students under 18, parent/guardian must complete/sign below)

I, \_\_\_\_\_  parent,  guardian of, \_\_\_\_\_ hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to said child under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision. I further understand and agree a photocopy of this signed consent will have the same force and validity as the original.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Meningococcol and Hepatitis B Vaccination Status** (As required by the Ohio Revised Code, 3701.133, B).I, the undersigned student (18 years of age or older) or parent (student under 18), have read and understand the information provided to me about Meningococcal Meningitis and Hepatitis B. I understand the benefits and risks of being vaccinated against these diseases. The information below regarding my/my student's vaccination status is accurate.

Meningococcal vaccine received:  yes  no                      Hepatitis B vaccine received:  yes  no

Signature \_\_\_\_\_  
Student/Parent or Guardian

Date \_\_\_\_\_

**IMMUNIZATION RECORD** - The following immunizations are required upon admission to John Carroll.

(DATES MUST INCLUDE MONTH, DAY, AND YEAR, OR SCHOOL RECORDS MAY BE ATTACHED).

**A. TETANUS-DIPHTHERIA**

1.  Completed primary series of tetanus-diphtheria immunizations \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

2.  Received tetanus-diphtheria booster within the last 10 years \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**B. M.M.R. (Measles, Mumps, Rubella) If given instead of individual immunization**

*Two valid doses of measles are required.*

1.  Dose 1 - immunized at 12 months or after, and before 5 years \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

2.  Dose 2 - immunized at 5 years or after \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**C. MEASLES (RUBEOLA)**

*Two valid doses of measles are required*

1.  Had disease. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

2. Immunized with live measles vaccine  
 Dose 1 - immunized at 12 months or after, and before 5 years \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

Dose 2 - immunized at 5 years or later \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**D. RUBELLA**

Immunized with vaccine at 12 months after birth or later \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**E. MUMPS**

1.  Had disease. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

2.  Immunized with vaccine at 12 months after birth or later \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**F. POLIO**

Completed primary series of polio immunization  yes  no \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**G. TUBERCULOSIS**

1.  PPD Mantoux (Tine or monovac not acceptable) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Test results  positive  negative  
If positive, record mm induration \_\_\_\_\_

2. If PPD was positive, did you receive treatment with an antituberculosis drug?  yes  no  
If yes, specify drug and duration of treatment \_\_\_\_\_  
If no, a follow up chest x-ray is required.  
Date \_\_\_\_\_ X-ray results  pos  neg

**H. CHICKEN POX**

Had disease \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**I. MENOMUNE IMMUNIZATION - Not required, but highly recommended**

OR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

MENACTRA IMMUNIZATION - Not required, but highly recommended \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

**J. HEPATITIS B - Not required, but highly recommended. (Three valid doses required.)**

Dose 1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

Dose 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

Dose 3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Yr

## **MENINGOCOCCAL DISEASE AND COLLEGE STUDENTS**

Meningococcal disease is a serious illness caused by bacteria. It is the leading cause of bacterial meningitis in children 2-18 years of age in the United States. Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain and spinal cord) or sepsis (an infection of the bloodstream). Symptoms of meningitis include stiff neck, headache, fever, nausea, vomiting, confusion, and drowsiness. Symptoms of sepsis include fever, shock, and coma. Death from sepsis can occur within 12 hours of the beginning of the illness – meningococcal disease can be a rapid and overwhelming infectious disease. For these reasons, meningococcal infections that occur in childcare centers, elementary schools, high schools, and colleges often cause panic in the community. Every year about 2,600 people in the United States are infected with meningococcus. Ten to 15 percent of these people die in spite of treatment with antibiotics. Of those who live, another 10 percent lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded or suffer seizures or strokes.

### **How do you catch meningococcal infection?**

Usually meningococcal infection is acquired after intimate contact with an infected person. Intimate contact includes kissing, sharing toothbrushes or eating utensils, or frequently eating or sleeping in the same dwelling as an infected individual.

### **Who is at risk?**

Anyone can get meningococcal disease, but it is most common in infants less than 1 year of age and in people with certain medical conditions. College freshmen, particularly those who live in dormitories, have a slightly increased risk of getting meningococcal disease. The risk for meningococcal disease among nonfreshmen college students is similar to that for the general population; however, the vaccine is safe and effective and therefore can be provided to nonfreshmen undergraduates who want to reduce their risk for meningococcal disease.

### **What can be done to decrease risk?**

The meningococcal vaccine can prevent four types of meningococcal disease. These include two of the three most common types in the United States. Meningococcal vaccine cannot prevent all types of the disease, but it does help to protect people who might become sick if they don't get the vaccine. The vaccine is available through a variety of settings including physician offices and university/college student health centers.

### **What about the vaccine?**

A vaccine, like any other medicine, is capable of causing serious problems, such as allergic reactions. People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine. Some people who get the vaccine may develop redness or pain where the shot was given, and a small percentage of people develop a fever. These symptoms usually last for one or two days. The risk of the meningococcal vaccine causing serious harm is extremely small. Getting meningococcal vaccine is safer than getting the disease. People who are mildly ill at the time the shot is scheduled, and women who are pregnant, can still get the vaccine. Those with moderate or severe illnesses should usually wait until they recover. College students and their parents should discuss the timing, risks, and benefits of vaccination with their health care providers. For more information about the meningococcal vaccine, access the Vaccine Information Sheet at the Centers for Disease Control and Prevention (CDC) web site <http://www.cdc.gov/nip/publications/VIS> . If college students decide to be vaccinated against meningococcal meningitis, they (or their parents if they are less than 18 years of age) should contact their health care provider or the university/college student health center where they will be attending to inquire about receiving the vaccine.

Adapted from CDC and the Children's Hospital of Philadelphia Vaccine Education Center publications.

## HEPATITIS B AND COLLEGE STUDENTS

Hepatitis B is a serious disease. Hepatitis B is a virus that affects the liver. It is one of several hepatitis diseases (for example, hepatitis A and hepatitis C) that are caused by different viruses but are similar in that they all attack the liver. The hepatitis B virus (HBV) can cause a short-term (acute) illness that leads to loss of appetite, stomach pain, tiredness, diarrhea, vomiting, jaundice (yellow skin or eyes), and pain in muscles and joints. These symptoms can last for several weeks. It can also cause a long-term (chronic) illness from which people never recover. A person might not look or feel sick, but he or she carries the hepatitis B virus in their blood for the rest of their lives and can infect other people with the hepatitis B virus. Chronic hepatitis B may cause liver damage (cirrhosis), liver cancer, and even death. About 1.25 million people in the United States have chronic HBV infection. Each year 80,000 more people, **mostly young adults**, get infected with HBV and 4,000 to 5,000 people die from chronic hepatitis B.

### **How do you catch hepatitis B?**

Hepatitis B virus is spread through contact with blood or other body fluids of an infected person. You can catch the virus by having unprotected sex, by sharing drug needles or by sharing personal items like razors and toothbrushes with someone who is infected. Babies of chronic HBV mothers can become infected during birth. Children can be infected through exposure to blood and other body fluids from infected children or adults.

### **Who is at risk?**

Anyone who participates in any of the behaviors listed above is at risk of acquiring hepatitis B.

### **What can be done?**

There are hepatitis B vaccines available that can prevent infection from the virus. Many physicians offer the vaccine to patients seen in their offices. These are the first anti-cancer vaccines, because they can prevent a form of liver cancer that can develop in a person who gets a chronic hepatitis B infection.

### **What about the vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as allergic reactions. Most people who get the hepatitis B vaccine do not have any problems with it. People who have ever had a life-threatening allergic reaction to baker's yeast (the kind used to make bread) or to a previous dose of hepatitis B vaccine should not get the vaccine. People who are moderately to severely ill at the time the shot is scheduled should usually wait until they recover before getting the vaccine. Hepatitis B vaccine is very safe and the risk of it causing serious harm is extremely small. Hepatitis is a serious disease and getting the vaccine is safer than getting the disease. College students and their parents should discuss the risks and the benefits of vaccination with their health care providers. For more information about the hepatitis vaccine, access the Vaccine Information Sheet at the Center for Disease Control and Prevention (CDC) website <http://www.cdc.gov/nip/publications/VIS> . If college students decide to be vaccinated against hepatitis B, they (or their parents if they are less than 18 years of age) should contact their health care provider or the university/college student health center where they will be attending to inquire about receiving the vaccine.

Adapted from CDC publications.