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 ♦ 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
Student Name________________________________________ Date of Birth _____/_____/_____

Home Address_______________________________________________________________________________

Student Cell Phone (_____)______-____________

Person to be notified in an emergency_____________________________________ Relationship_____________

Home Address _______________________________________________________________________________

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: _______________________________________________

___________________________________________________________________________________________

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

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

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.
Meningococcal 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___________________________________________________ Date ____________________
Student/Parent or Guardian

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 _____/_____/_____
      [Mo Day Yr]
      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
   MENACTRA IMMUNIZATION - Not required, but highly recommended
   [ ] Dose 1 _____/_____/_____
   [Mo Day Yr]
   [ ] Dose 2 _____/_____/_____
   [Mo Day Yr]
   [ ] Dose 3 _____/_____/_____
   [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 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](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 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.