

# 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 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, email from your JCU account to [jkrevh@jcu.edu](mailto:jkrevh@jcu.edu), or fax to the number below.
2. Include a copy of your medical insurance card -- both sides.
3. We strongly recommend that you be immunized against bacterial meningitis by receiving a meningitis vaccine.
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](http://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) or 216.397.4503.
7. If you are under the age of 18, you must have your parent or guardian must fill out this form and sign on page 3.

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**

Banner ID: \_\_\_\_\_

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	
[ ]	[ ]	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 \_\_\_\_\_

**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 \_\_\_\_\_  
Student/Parent or Guardian

Date \_\_\_\_\_

If the student is a minor, please print their name: \_\_\_\_\_

The following pages contain questions regarding your immunization record, followed by the mandated information for Meningitis and Hepatitis B.

Alternatively, you may attach an immunization record previously obtained from your physician or school, **but you must complete the Tuberculosis screening beginning on page 6 of this document.**

# Immunization Record John Carroll University

## PART I

Name \_\_\_\_\_  
First Name Middle Name Last Name

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

Date of Entry    /   /         Date of Birth    /   /     
M D Y M D Y

## PART II

### A. M.M.R. (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health sciences students.)

- Dose 1 given at age 12 months or later. .... #1    /   /     
M D Y
- Dose 2 given at least 28 days after first dose. .... #2    /   /     
M D Y

### B. POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

- OPV alone (oral Sabin three doses): #1    /   /    #2    /   /    #3    /   /     
M D Y M D Y M D Y
- IPV/OPV sequential: IPV #1    /   /    IPV #2    /   /    OPV #3    /   /    OPV #4    /   /     
M D Y M D Y M D Y M D Y
- IPV alone (injected Salk four doses): #1    /   /    #2    /   /    #3    /   /    #4    /   /     
M D Y M D Y M D Y M D Y

### C. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

- History of Disease      Yes      No      or Birth in U.S. before 1980      Yes      No
- Varicella antibody    /   /         Result:      Reactive      Non-reactive  
M D Y
- Immunization
  - Dose #1 ..... #1    /   /     
M D Y
  - Dose #2 given at least 12 weeks after first dose ages 1-12 years #2    /   /     
 and at least 4 weeks after first dose if age 13 years or older.      M D Y

### D. TETANUS-DIPHTHERIA-PERTUSSIS

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years. Health sciences students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details)

- Primary series of four doses with DTaP, DTP, DT, or Td:  
 #1    /   /    #2    /   /    #3    /   /    #4    /   /     
M D Y M D Y M D Y M D Y
- Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible). ....    /   /     
M D Y
- Booster: Td within the last ten years. ....    /   /     
M D Y

### E. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)

- Immunization (HPV)
- Dose #1    /   /         b. Dose #2    /   /         c. Dose #3    /   /     
M D Y M D Y M D Y

## Immunization Record John Carroll University

### F. HEPATITIS A

1. Immunization (hepatitis A)

a. Dose #1   /  /   b. Dose #2   /  /    
M D Y M D Y

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1   /  /   b. Dose #2   /  /   c. Dose #3   /  /    
M D Y M D Y M D Y

### G. HEPATITIS B

(All college and health sciences students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)

a. Dose #1   /  /   b. Dose #2   /  /   c. Dose #3   /  /    
M D Y M D Y M D Y  
Adult formulation Child formulation

2. Immunization (Combined hepatitis A and B vaccine)

a. Dose #1   /  /   b. Dose #2   /  /   c. Dose #3   /  /    
M D Y M D Y M D Y

3. Hepatitis B surface antibody Date   /  /    
M D Y

Result:        Reactive        Non-reactive

### H. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetavalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible): Date   /  /    
M D Y

Tetavalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues): Date   /  /     /  /    
M D Y M D Y

# Immunization Record

## John Carroll University

### I. TUBERCULOSIS (TB) SCREENING/TESTING

Have you ever had a positive TB skin test?      Yes      No

Have you ever had close contact with anyone who was sick with TB?      Yes      No

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years?      Yes      No  
(If yes, please circle the country)

Have you ever traveled\*\* to/in one or more of the countries listed below?      Yes      No  
(If yes, please check the country/ies)

Have you ever been vaccinated with BCG?      Yes      No

Afghanistan	Guinea	Papua New Guinea
Algeria	Guinea-Bissau	Paraguay
Angola	Guyana	Peru
Anguilla	Haiti	Philippines
Argentina	Honduras	Poland
Armenia	India	Portugal
Azerbaijan	Indonesia	Qatar
Bahamas	Iran	Romania
Bahrain	Iraq	Russian Federation
Bangladesh	Japan	Rwanda
Belarus	Kazakhstan	St. Vincent &
Belize	Kenya	The Grenadines
Benin	Kiribati	Sao Tome & Principe
Bhutan	Korea-DPR	Saudi Arabia
Bolivia	Korea-Republic	Senegal
Bosnia & Herzegovina	Kuwait	Seychelles
Botswana	Kyrgyzstan	Sierra Leone
Brazil	Lao PDR	Singapore
Brunei Darussalam	Latvia	Solomon Islands
Bulgaria	Lesotho	Somalia
Burkina Faso	Liberia	South Africa
Burundi	Lithuania	Spain
Cambodia	Macedonia-TFYR	Sri Lanka
Cameroon	Madagascar	Sudan
Cape Verde	Malawi	Suriname
Central African Rep.	Malaysia	Syrian Arab Republic
Chad	Maldives	Swaziland
China	Mali	Tajikistan
Colombia	Marshall Islands	Tanzania-UR
Comoros	Mauritania	Thailand
Congo	Mauritius	Timor-Leste
Congo DR	Mexico	Togo
Cote d'Ivoire	Micronesia	Tokelau
Croatia	Moldova-Rep.	Tonga
Djibouti	Mongolia	Tunisia
Dominican Republic	Montenegro	Turkey
Ecuador	Morocco	Turkmenistan
Egypt	Mozambique	Tuvalu
El Salvador	Myanmar	Uganda
Equatorial Guinea	Namibia	Ukraine
Eritrea	Nauru	Uruguay
Estonia	Nepal	Uzbekistan
Ethiopia	New Caledonia	Vanuatu
Fiji	Nicaragua	Venezuela
French Polynesia	Niger	Viet Nam
Gabon	Nigeria	Wallis & Futuna Islands
Gambia	Niue	W. Bank & Gaza Strip
Georgia	N. Mariana Islands	Yemen
Ghana	Pakistan	Zambia
Guam	Palau	Zimbabwe
Guatemala	Panama	

If the answer is **YES** to any of the above questions, John Carroll University requires that a health care provider complete a tuberculosis risk assessment (to be completed prior to the start of classes).

If the answer to all of the above questions is **NO**, no further testing or further action is required and the questions on pages 7-8 can be disregarded.

# Immunization Record

## John Carroll University

### J. TUBERCULOSIS (TB) RISK ASSESSMENT

Persons with any of the following risk factors are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented:

Recent close contact with someone with infectious TB disease

Yes      No

Foreign-born from (or travel\* to/in) a high-prevalence area (e.g., Africa, Asia, Eastern Europe, or Central or South America)

Yes      No

Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease

Yes      No

HIV/AIDS

Yes      No

Organ transplant recipient

Yes      No

Immunosuppressed (equivalent of > 15 mg/day of prednisone for >1 month or TNF- $\alpha$  antagonist)

Yes      No

History of illicit drug use

Yes      No

Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)

Yes      No

Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)]

Yes      No

1. Does the student have signs or symptoms of active tuberculosis disease?      Yes      No

If No, proceed to 2 or 3. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0".

The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y                  M   D   Y

Result: \_\_\_\_\_ mm of induration \*\*Interpretation:      Positive      Negative

Date Given: \_\_\_/\_\_\_/\_\_\_ Date Read: \_\_\_/\_\_\_/\_\_\_  
                  M   D   Y                  M   D   Y

Result: \_\_\_\_\_ mm of induration \*\*Interpretation:      Positive      Negative

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-G QFT-GIT other \_\_\_\_\_  
                  M   D   Y

Result:      Positive      Negative      Intermediate

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-G QFT-GIT other \_\_\_\_\_  
                  M   D   Y

Result:      Positive      Negative      Intermediate

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: \_\_\_/\_\_\_/\_\_\_ Result:      Normal      Abnormal  
                                  M   D   Y

## Immunization Record John Carroll University

### >5 mm is positive:

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons: taking > 15 mg/d of prednisone for > 1 month; taking a TNF- $\alpha$  antagonist
- Persons with HIV/AIDS

### >10 mm is positive:

- Persons born in a high prevalence country or who resided in one for a significant\* amount of time
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of resident, worker or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes mellitus, chronic renal failure, leukemias and lymphomas, head, neck or lung cancer, low body weight (>10% below ideal), gastrectomy or intestinal bypass, chronic malabsorption syndromes

### >15 mm is positive:

- Persons with no known risk factors for TB disease

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### HEALTH CARE PROVIDER

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_



## 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.