HEALTH AND IMMUNIZATION FORM  INSTRUCTIONS

Welcome to Anderson University! We are glad you have chosen AU to meet your higher education goals. According to University policy, a completed Health & Immunization Form is required of all students. We look forward to serving your health care needs while you are a student at AU.

The Health and Immunization Form contains valuable information including medical history, allergies and immunizations. This information is enables us to provide you with the best possible care. Information provided will not affect admission but must be completed and on file in Health Services before classes begin. Failure to meet this requirement may result in a hold on your account and a delay in your ability to register for classes.

Information is strictly for use by Health Services and will not be released without the student’s consent. Health records will be maintained for 5 years after a student has graduated or left the university. After that time the record will be destroyed in an approved manner.

Pages that must be completed.

CHECKLIST FOR COMPLETING THIS FORM:

☐ Pages 1 - Medical History Form. Complete and sign consent for Emergency Notification.
☐ Page 2 - Medical History Form. Read and sign Medical Financial Responsibility section. Complete and attach a copy of the front and back of your health insurance card.
☐ Page 3 - Provide a copy of an *Official Immunization Record to include:
  • 2 dates MMR
  • Tetanus (Tdap) given within 10 years
  • Meningitis section: Either provide a date of immunization or sign declination
☐ Page 4 - Tuberculosis screening questions.

* Official Immunization Records Include:
  • Personal shot records that are verified by a doctor’s stamp or signature.
  • Personal shot records with a clinic or health department stamp.
  • Military records or World Health Organization (WHO) documents.
  • Previous college or university records that are verified. (Please note that your immunization records do not transfer automatically, you must request a copy from your school).
  • Positive laboratory test as confirmation of immunity.

MAIL, FAX, OR EMAIL COMPLETED FORMS PRIOR TO DEADLINE.

FALL ADMISSION: MAY 1st  SPRING ADMISSION: DECEMBER 1ST

MAIL TO: Anderson University Health Center
316 Boulevard, Box 984
Anderson, S.C.  29621

FAX TO: 864-622-6013

EMAIL TO: dtaylor@andersonuniversity.edu

IMPORTANT DETAILS:
  • This form is required for all undergraduate students
  • ATHLETES: This form is required IN ADDITION to the forms required by the Athletic Department
  • Immunization records from a doctor’s office, health department, the military or a previous school may be submitted in place of this form. While we accept these forms, you must submit the TB risk assessment and the meningitis section. All records must be verified with a healthcare provider’s signature or stamp.

REVIEW YOUR HEALTH FORM TO ENSURE YOU HAVE COMPLETED ALL PAGES AS INSTRUCTED (refer to the Checklist above). NOW THAT YOUR FORM IS COMPLETE PLEASE MAKE A COPY OF ALL RECORDS PRIOR TO SUBMITTING TO AU HEALTH SERVICES.
## MEDICAL HISTORY FORM

(PLEASE PRINT OR TYPE)

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<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
<th>Student ID#</th>
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<th>Date of Birth</th>
<th>Male/Female</th>
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<th>Permanent Address</th>
<th>City</th>
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<th>Local Address (Commuter)</th>
<th>City</th>
<th>State</th>
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<th>Telephone</th>
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Student Cell Phone

Ethnic Background: Are you of Hispanic/Latino ethnicity or descent? Yes____ No____

Race: (Circle one or more races with which you identify yourself) American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander Black or African American Hispanic White or Caucasian Bi-Racial

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ATHLETE: Yes ___ No ___ Sport __________________________

(DOES NOT INCLUDE HIGH SCHOOL OR INTRAMURAL SPORTS)

*IF YOU ARE AN ATHLETE YOU ARE REQUIRED TO FILL OUT THIS FORM IN ADDITION TO THE FORMS REQUIRED BY THE ATHLETIC DEPARTMENT.

SEMESTER YOU PLAN TO ENTER:  
- Fall  
- Spring  
- Year ________  
- Resident  
- Commuter

CLASS:  
- Freshman  
- Sophomore  
- Junior  
- Senior  
- Graduate  
- ACCEL

IN CASE OF EMERGENCY, NOTIFY

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<th>Relationship</th>
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CONSENT FOR EMERGENCY NOTIFICATION  [Read, sign and date]

I consent to Anderson University’s disclosure to my parents or guardian the fact that I have been transported to an emergency room, hospitalized or deemed by the University Health Center nurses to have a serious physical or mental illness.

This consent to provide this information shall remain in full force during my enrollment at the University unless I revoke it in writing and deliver to the University’s Health Center.

Consent GIVEN:  
SIGNATURE OF STUDENT _______________________________________  DATE ____________

Consent DENIED:  
SIGNATURE OF STUDENT _______________________________________  DATE ____________
MEDICAL HISTORY FORM

PERSONAL HISTORY

ALLERGIC TO:  YES  NO

Medication:

Peanuts

Bees-Wasps

Other:

Explain reaction:

HEALTH INSURANCE COVERAGE IS HIGHLY RECOMMENDED

MEDICAL FINANCIAL RESPONSIBILITY

In the event of serious illness or accident, you may require urgent medical care. Fee for services for, but not limited to, transportation (ambulance) to the Emergency Department or treatment at a medical facility will be the responsibility of the guarantor (parent, guardian, or student).

GUARANTOR SIGNATURE REQUIRED: __________________________________________ Date_____ / _____ / ______

MEDICAL INSURANCE INFORMATION

Do you have HEALTH INSURANCE?  □ Yes  □ No  If YES, please complete the following.

1. INFORMATION FOR PERSON WHO CARRIES THE INSURANCE

   NAME________________________________________________________

   DATE OF BIRTH _____ / _____ / _________


3. CHECK WITH YOUR INSURANCE COMPANY TO BE CERTAIN YOUR STUDENT HAS COVERAGE WHILE RESIDING AT ANDERSON UNIVERSITY.

4. STUDENT SHOULD KEEP A COPY OF THE CARD WHILE AT ANDERSON UNIVERSITY.

FRONT OF CARD

BACK OF CARD
IMMUNIZATION RECORD

You may be able to obtain a copy of your immunization records from any of the following:
- High School records
- Military records
- Personal shot record
- Previous College or University

Anderson University follows the recommendations of the American College Health Association, the South Carolina Department of Health and the US Centers for Disease Control for the immunizations below. You must provide proof of the following.

REQUIRED IMMUNIZATIONS

1. MMR (Measles, Mumps, Rubella): Proof of TWO DOSES or attach a copy of titer (serologic evidence of immunity) and date.
   - Dose 1 - given at age 12 months of age or later
   - Dose 2 - given at age 4-6 years or later, and at least one month after the first dose

2. Tetanus-Diphtheria: BOOSTER WITH TDAP IN THE LAST 10 YEARS

HIGHLY RECOMMENDED IMMUNIZATION

MENINGOCOCCAL VACCINE
Meningococcal meningitis is an infection of the brain and it's covering layers. It may cause death or permanent disability. College freshmen, especially those who live in residence halls, are at moderately increased risk for this infection. This form of meningitis is passed from person to person by close contact. There is an immunization available that affords substantial protection against this disease. The vaccines available protect for a minimum of 3-5 years. Additional information is available at http://www.cdc.gov

You must provide proof of a conjugate meningococcal vaccine (e.g. Menactra, Menveo)

OR

If you choose to decline the meningococcal vaccine you must check the Decline box, sign & date below. Your signature acknowledges that you have read the information above about the recommended meningitis vaccine and have declined it at this time.

☐ I choose to Decline the Meningococcal Vaccination

Signature__________________________________________________________ Date______/______/______

The above vaccines are REQUIRED OR RECOMMENDED as part of Anderson University’s mandatory Health Form; however, there are additional vaccines that are recommended by the CDC. We encourage you to discuss these vaccines with your health care professional.
Tuberculosis (TB) Screening Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS:

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

Were you born in one of the countries* listed below and arrived in the US within the past 2 years?  (If yes, CIRCLE the country)  
☐ Yes  ☐ No

Have you ever traveled to/in one or more of the countries listed below for more than one month?  (If yes, CHECK the country/ies)  
☐ Yes  ☐ No

If the answer is NO to all the questions - No further action is required.  
If the answer is YES to any of the questions get a TB skin test and provide documentation.

HIGH RISK COUNTRIES*


-4-