



Student Health History Form

Personal History
To be completed by student

To be returned to Student Life Office (please print)

(Last Name) _____ (First Name) _____ (MI) _____

Address: Street _____ Home Phone # _____

City _____ State _____ Zip _____

Cell Phone # _____ Email: _____ Birthdate ____/____/____

I plan to participate in a varsity sport. Yes _____ No _____ Which Sport? _____

Physician Information

Physician's Name _____ Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

Medications currently taking: _____

Hospitalizations/Surgeries: _____

Special Concerns/Conditions: _____

Immunizations (with dates) _____ Last tetanus _____ Meningitis Vaccine _____ MMR
_____ Hepatitis B Series _____ TB Skin Test _____ HPV (Human Papilloma Vaccine)

I certify that the information provided is correct

Student's Signature _____ Date _____

Meningitis Vaccine

Kansas Law requires all incoming students residing in student housing to be vaccinated for meningitis. The following Verification or Waiver must be completed prior to being permitted to move into student housing.

Directions:

1. If you have received the vaccine, please complete Part A.
2. If you have chosen to not receive the vaccine, please complete Part B.

PART A: I received the MENINGITIS (Menomune or Menactra) vaccine on _____ (MM/DD/YYYY).
Verification that I have received the vaccine is attached.

Student Signature—REQUIRED _____ Date _____

PART B: Vaccine Waiver

I have chosen NOT to receive the meningococcal vaccine at this time. My signature below signified that I have received and read the material provided to me by Sterling College on the risks of meningitis. I understand that at a later date I may choose to receive the vaccine (at my own expense). un-

Student Signature—REQUIRED _____ Date _____