



Student Health Form

The following information will be accessible by Sterling College medical and residential life staff in the event that you have a medical emergency. This form will be filed and remain confidential.

Name: (Last, First, MI) _____

Student ID # _____ DOB _____

Emergency Contact Name: _____ Ph.# _____

Primary Care Physicians Name _____

Mailing Address _____ City/ State/Zip _____

Medical Conditions or Concerns: _____

Medications Currently Taking: _____

Medication and other allergies: _____

Major Hospitalizations/ Surgeries: _____

Vaccination Recommendations

The Centers for Disease Control and American College Health Association recommend that young adults consider the following immunizations or screenings cited before entering college at the following websites: www.cdc.gov/vaccines/adults/rec-vac/college.html

These vaccines/tests can be obtained from your local physician or health department.

- Under-vaccinated students may be excluded from international mission trips due to increased risk.
- Under-vaccinated students may also be excluded from campus housing activities or class, in case of an outbreak of that virus.

Official Immunization records are required as proof of immunization.

All newly admitted Sterling College students are **required** by [Kansas Statute 65-129e](#) to complete TB screening questionnaire *before attending* class at Sterling College to aid in prevention and control of Tuberculosis.

Begin the process now to avoid being unable to enroll in your preferred classes. For additional information on TB visit: www.cdc.gov/tb/publications/factsheets/default.htm.

The cost of any additional testing is the responsibility of the student.

TB Screening Questionnaire:

Please circle yes or no

- | | | | |
|--|-------|-----|----|
| 1. Have you ever had a tuberculosis (TB) test that was positive? | _____ | YES | NO |
| 2. Have you ever received the BCG vaccine which is given outside the United States, to prevent tuberculosis in high risk countries | _____ | YES | NO |
| 3. Have you been in contact with anyone who was sick with tuberculosis (TB) in the last 3 months? | _____ | YES | NO |
| 4. Were you born in a country NOT on the list below? | _____ | YES | NO |
| List your home country _____ | | | |
| 5. Have you ever spent more than 3 months in a country NOT on the list below? | _____ | YES | NO |

EXEMPT COUNTRIES WITH LOW INCIDENCE OF TB

Albania, America Samoa, Andorra, Antigua and Barbuda, Australia, Austria, Barbados, Belgium, Bermuda, British Virgin Islands, Canada, Cayman Islands, Chile, Cook Islands, Costa Rica, Cuba, Cyprus, Czech Republic, Denmark, Dominica, Finland, France, Germany, Greece, Grenada, Hungary, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Libyan Arab Jamahiriya, Luxembourg, Malta, Monaco, Montserrat, Netherlands, Netherlands Antilles, New Zealand, Norway, Puerto Rico, Saint Kitts and Nevis, St. Lucia, Samoa, San Marino, Slovakia, Slovenia, Sweden, Switzerland, Trinidad and Tobago, Turks and Caicos Islands, United Arab Emirates, United Kingdom, United States Virgin Islands, United States of America, Wallis & Futuna Islands

**IF you answered yes to any of the above questions further testing is required.
Attending class prior to completion of all the required testing is a violation of Kansas Law**

Meningitis Vaccination Information

CDC recommends a meningococcal vaccine booster (MenACWY or MPSV4) for all incoming students living in on-campus housing dormitories. Being a college student residing in university housing is an added risk factor. If the first dose (or series) is given before the 16th birthday, a booster is needed. If you are a student and have already sent in the meningococcal vaccination form but your vaccination was given before your 16th birthday, it will not be considered effective to protect you from contracting certain forms of bacterial meningitis for the entire academic year. Therefore, you are required by the university to be given a booster dose of meningococcal vaccine (MenACWY or MPSV4) or sign a waiver declining this booster.

MENINGOCOCCAL VACCINE DOCUMENTATION

If you reside or plan to reside in college housing, you must carefully read and complete this form. It is the policy of the Sterling College that incoming students residing in resident halls are subject to this policy. See your housing contract, under vaccinations/immunizations.

This form is provided by Sterling College to all students in an effort to collect documentation of receipt of the meningococcal vaccine or a waiver regarding the vaccine. Please read the Federal Center for Disease Control educational material regarding the hazards and risks of meningitis disease and the meningococcal vaccine at www.cdc.gov/vaccines.

Complete this form and return to Sterling College Health Services at 125 W Cooper, Sterling KS 67579. This information is confidential and shall be used by Sterling College to track compliance with the current meningococcal vaccine policy.

Provider Name: _____
Street Address: _____
City, State & Zip: _____
Provider Phone Number: _____
Menomune Vaccine Date administered: _____
Menactra Vaccine Date administered: _____
Menveo Vaccine Date administered: _____

If the first dose (or series) is given before the 16th birthday, a booster is needed.
ATTACH PROOF OF VACCINATION WITH DATE AND TYPE OF VACCINE OR

Physician Signature: _____

WAIVER: I have read the educational information provided to me with this form about the risks of contracting meningitis and have refused the vaccination.

Student Signature:

Date