



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, MIDDLE)			
STUDENT ID #		DATE OF BIRTH	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PH.#	
STUDENT MAILING ADDRESS			
HOME COUNTRY	CITY	STATE	ZIP

MEDICAL CONDITIONS OR CONCERNS

MEDICATIONS CURRENTLY TAKING

MEDICATION ALLERGIES/ FOOD ALLERGIES/ OTHER ALLERGIES

MAJOR HOSPITALIZATIONS/ SURGERIES

Vaccination Recommendations

The Centers for Disease Control and the American College Health Association recommend that young adults consider the following immunizations or screenings cited before entering college at the following website:

<https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/groups/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 illness.

Official immunization records are required as proof of immunization.

All newly admitted Sterling College students are required to by Kansas Statute 65-129e to complete a TB screening questionnaire before attending class at Sterling College to aid in prevention & control of tuberculosis. For additional information on TB visit: <https://www.cdc.gov/tb/default.htm>

TB SCREENING QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS (CIRCLE YES OR NO)

1. Have you ever had a positive result on a TB Skin Test? (Skin Test, Blood Test, Chest X-Ray)? YES NO
2. Have you ever had close contact with anyone who was sick with TB? YES NO
3. Were you born in a country listed below? YES NO
List your home country _____
4. Have you spent over 3 months in a country listed below? YES NO
If yes, list that country _____
5. Have you ever been vaccinated with BCG (vaccine given in foreign countries to prevent Tuberculosis)? YES NO

LIST OF HIGH BURDEN TB COUNTRIES

Birth or > 3month stay in any country listed below requires a YES answer to the above questions.

Afghanistan	Colombia	India	Myanmar	Somalia
Algeria	Comoros	Indonesia	Namibia	South Africa
Angola	Congo	Iraq	Nauru	South Sudan
Anguilla	Cote d'Ivoire	Kazakhstan	Nepal	Sri Lanka
Argentina	Dem. People's Rep. of Korea	Kenya	Nicaragua	Sudan
Armenia	Dem. Republic of the Congo	Kiribati	Niger	Suriname
Azerbaijan	Djibouti	Kuwait	Nigeria	Tajikistan
Bangladesh	Dominican Republic	Kyrgyzstan	Niue	Thailand
Belarus	Ecuador	Lao People's Dem Rep	Northern Mariana Islands	Timor-Leste
Belize	El Salvador	Latvia	Pakistan	Togo
Benin	Equatorial Guinea	Lesotho	Palau	Tokelau
Bhutan	Eritrea	Liberia	Panama	Tunisia
Bolivia	Eswatini	Libya	Papua New Guinea	Turkmenistan
Bosnia & Herzegovina	Ethiopia	Lithuania	Paraguay	Tuvalu
Botswana	Fiji	Madagascar	Peru	Uganda
Brazil	Gabon	Malawi	Philippines	Ukraine
Brunei Darussalam	Gambia	Malaysia	Qatar	United Republic of Tanzania
Burkina Faso	Georgia	Maldives	Republic of Korea	Uruguay
Burundi	Ghana	Mali	Republic of Moldova	Uzbekistan
Cabo Verde	Greenland	Malta	Romania	Vanuatu
Cambodia	Guam	Marshall Islands	Russian Federation	Venezuela, Bolivarian Rep. of
Cameroon	Guatemala	Mauritania	Rwanda	Viet Nam
Central African Republic	Guinea	Mexico	Sao Tome and Principe	Yemen
Chad	Guinea-Bissau	Micronesia, Federated States of	Senegal	Zambia
China	Guyana	Mongolia	Sierra Leone	Zimbabwe
China, Hong Kong SAR	Haiti	Morocco	Singapore	
China, Macao SAR	Honduras	Mozambique	Solomon Islands	

*If you answered yes to any of the above questions further testing may be required. Attending class prior to completion of all the required testing is a violation of Kansas Law. Campus Health will inform you if further testing is needed. The cost of additional testing is the responsibility of the student, excluding TB skin tests which are administered free of charge at Campus Health.

Meningitis Vaccination Information

CDC recommends a meningococcal conjugate or MenACWY vaccine 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 conjugate 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.

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 <https://www.cdc.gov/meningococcal/index.html>

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			
PROVIDER ADDRESS			
CITY	STATE	ZIP	
PROVIDER PHONE #			
MENQUADFI	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 BELOW

Physician Signature: _____

VACCINATION WAIVER

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

Student Signature

Date