



Sterling College

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		EMERGENCY CONTACT PH.#	
PRIMARY CARE PHYSICIANS NAME			
STUDENT MAILING ADDRESS		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 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** 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: <https://www.cdc.gov/tb/default.htm>

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

TB Screening Questionnaire:

Please circle yes or no

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

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 #			
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 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