



REQUIRED STUDENT HEALTH HISTORY FORM

YOU WILL NOT BE CLEARED TO REGISTER AT FSU WITHOUT THIS COMPLETED FORM (both sides) ON FILE AND ADEQUATE PROOF OF IMMUNIZATIONS

FOR OFFICE USE

Batch _____

Initials _____

MAIL/FAX THIS FORM SEPARATELY to:

Florida State University Panama City
Office of Student Affairs
4750 Collegiate Drive
Panama City, FL 32405

IT IS THE RESPONSIBILITY OF THE STUDENT TO VERIFY CLEARANCE

Website: www.pc.fsu.edu
Phone: 850-770-2170
Fax: 850-747-5434

PLEASE PRINT LEGIBLY (ILLEGIBLE FORMS WILL NOT BE PROCESSED).

NAME Last	First	MI	SSN or FSUSN	U.S. CITIZEN Yes No	BIRTHDATE / /	SEX F M	RACE				
ADDRESS					CITY			STATE	ZIP	HOME PHONE: ()	CELL PHONE: ()
STUDENT EMAIL ADDRESS						EMERGENCY CONTACT NAME & PHONE NUMBER					

MEDICAL HISTORY TO BE COMPLETED BY STUDENT (no physical required):

Do you have any allergies? YES NO If yes, please specify:

- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Other Drugs
(Please list) | <input type="checkbox"/> Insect Sting | <input type="checkbox"/> Food (which?) |
| <input type="checkbox"/> Sulfa Drugs | _____ | _____ | _____ |
| <input type="checkbox"/> Penicillin | _____ | _____ | _____ |

Are you receiving allergy injections?
 YES
 NO

Do you take regular medication?
(Please List)

PERSONAL AND FAMILY HISTORY -- Have you or your family had any of the following? Respond with a "Y" if yes or a "N" if no in the space indicated. Answer all questions. Family includes Father, Mother, Brothers, Sisters and Grandparents.

Comments	Self Only	Comments	Self	Family
Antibiotics for Dental Work (due to heart defects) _____		Alcohol/Drug Dependency _____		
Back Problems _____		Allergy, Hay Fever _____		
Blood Clot/Phlebitis _____		Anemia/Blood Disease _____		
Chicken Pox _____		Anorexia Nervosa _____		
Ear, Nose and Throat Trouble _____		Anxiety _____		
Eye Trouble _____		Arthritis _____		
Head Injury with Unconsciousness _____		Asthma _____		
Hospitalizations/Surgery (specify) _____		Bulimia _____		
_____		Cancer, Cyst, Tumor _____		
_____		Diabetes _____		
Hypoglycemia _____		Depression _____		
Malaria (date) _____		Epilepsy, Seizures _____		
Mononucleosis (date) _____		Gallbladder Trouble _____		
Pregnancy _____		Heart Murmur/Disease _____		
Recurrent Bladder Infections _____		High Blood Pressure _____		
Recurrent Diarrhea _____		Kidney Disease/Infections _____		
Rheumatic Fever _____		Liver Disease, Jaundice _____		
Sexually Transmitted Diseases (STDs) _____		Migraines _____		
Skin Diseases (acne, eczema, psoriasis) _____		Obesity _____		
Strep Throat _____		Peptic Ulcer Disease _____		
TMJ (jaw problems) _____		Other Psychological Problems _____		
Transfusions (date) _____		Thyroid Disease _____		
Varicose Veins _____		Tuberculosis _____		
Other Chronic Conditions _____		Other _____		

Have you consumed alcohol in the last 30 days? YES NO
If yes, how many drinks did you have the last time you drank? _____

Do you smoke? YES NO
Do you use other tobacco products? YES NO

Family Physician Name: _____ Phone Number: (____) _____
Address: _____

FAMILY HISTORY

FATHER Living Deceased
MOTHER Living Deceased

Age at Death:	Cause:
Age at Death:	Cause:

Student Name (Printed) _____
Last First MI Social Security Number Date of Blrth

Students born **BEFORE 1/1/57** should complete **ONLY** page one of this form, the vaccine waivers in Section A and the signature in Section B below.

SECTION A : IMMUNIZATIONS *This section MUST be completed by AUTHORIZED PERSONNEL ONLY.* To be considered official, this section or any additional records submitted to the Health Compliance Office must include: 1) The **signature** of the authorizing person and 2) an **office stamp** showing the complete office address, telephone and **fax number**, 3) the student's name and date of birth and 4) the front cover of all documents. **We reserve the right to interpret the validity of all documents submitted. Changes, additions, write-overs, use of different colored ink or different handwriting, or use of white-out MUST BE COMPLETELY REAUTHORIZED.** All documents must be dated, signed and legible to be processed.

REQUIRED DATES MAY NOT BE ENTERED BY STUDENT OR PARENT.
 Students born **on or after 1/1/57** must provide proof of two MMR (measles, mumps, and rubella) immunizations. **The first MMR must have been given on or after 1/1/68 and on or after the first birthday.** The second MMR immunization must have been given 28 days or more **after** the first MMR. **Positive titers** for measles (Rubeola), German measles (Rubella) and mumps antibodies may be submitted in lieu of proof of two MMR. **Copies of the actual lab results showing the positive titers must be provided to the Health Compliance Office** before the student will be able to register for classes.

1st MMR _____ AND 2nd MMR _____
month day year month day year

NO SINGLE MEASLES, MUMPS OR RUBELLA SHOTS WILL BE ACCEPTED; **BOTH IMMUNIZATIONS MUST BE COMBINED MMRs.**

Proof of the meningococcal and/or Hepatitis B vaccines:

Meningococcal vaccine	_____	Hepatitis B vaccine	dose 1	_____
	<small>month day year</small>			<small>month day year</small>
			dose 2	_____
				<small>month day year</small>
			dose 3	_____
				<small>month day year</small>

OR

Waiver of the meningococcal and/or Hepatitis B vaccines: I have received the required information regarding the risks of acquiring meningococcal meningitis and Hepatitis B and the benefits of receiving immunizations to reduce those risks. I also understand that I am required to receive these immunizations or actively decline the immunizations. I understand that declining these vaccines now does not mean I may not receive them in the future.

____ I decline receiving the meningococcal vaccine. ____ I decline receiving the Hepatitis B vaccine.

RECOMMENDED

Polio (most recent dates)	_____	TB skin test (PPD)	_____
	<small>month day year</small>		<small>month day year</small>
Td (most recent booster)	_____	mm _____	Pos _____ Neg _____
	<small>month day year</small>		
Chicken Pox (varicella)	_____	If positive provide documentation of treatment type and dates.	
Or date of disease	<small>month day year</small>	Gardasil	dose 1 _____
			<small>month day year</small>
Hepatitis A	dose 1 _____		dose 2 _____
	<small>month day year</small>		<small>month day year</small>
	dose 2 _____		dose 3 _____
	<small>month day year</small>		<small>month day year</small>

This signature and official stamp verify, as of this date, all entries documented above. IF THE NURSE COMPLETED THE ABOVE INFORMATION, THE NURSE SHOULD SIGN THE FORM.

OFFICE STAMP WITH OFFICE ADDRESS AUTHORIZED SIGNATURE (includes doctor {MD or DO}, nurse, military personnel, health dept representative, DATE
high school administrator or nurse, previous University health center personnel or other official records custodian.

Shots given after the form has been signed must be documented on a separate sheet of paper, including signature and office stamp. Use of a prescription pad is sufficient.

SECTION B: SIGNATURE REQUIRED BY ALL STUDENTS. I HAVE READ AND UNDERSTAND THE IMMUNIZATION REQUIREMENTS ON THIS FORM. This form has been truthfully completed to the best of my knowledge and I freely consent to this form being used for my treatment at Thagard Student Health Center and for registration here or at any other university.

STUDENT SIGNATURE _____ **Today's Date** _____
REQUIRED AUTHORIZATION FOR CARE OF STUDENTS UNDER AGE 18: I CONCUR WITH THE ABOVE AND AUTHORIZE, AT THE DISCRETION OF HEALTH CENTER PERSONNEL, MEDICAL AND SURGICAL CARE INCLUDING EXAMINATIONS, TREATMENTS, IMMUNIZATIONS AND THE LIKE FOR MY SON/DAUGHTER. In the event of serious disease or injury or the need for major surgery, I understand that all reasonable effort will be made to contact me but that failure to make contact will not prevent emergency treatment if necessary to help preserve life or health.

Parent/Guardian Signature _____ Date _____

Vaccine Information - PLEASE READ

Many other extremely valuable vaccines are available that are not required but highly recommended to optimize a lifelong, preventative healthcare program.

Bacterial Meningitis

Young adults between the ages of 17-24 are at increased risk of developing a severe form of bacterial meningitis called meningococcal meningitis. The American College Health Association and the Centers for Disease Control (CDC) recommend that students consider getting the meningitis vaccine. This bacterial infection, although rare, may cause severe neurologic impairment, partial loss of limbs, or even death (10-13% mortality rate). Freshmen living in residence halls, bar patronage, and exposure to alcohol and cigarette smoke further increase the risk of infection within this age group. The incidence in young adults is one case per 100,000. For freshmen living in residence halls, it is 3.8 or more per 100,000.

There are five different subtypes (called Serogroups) of the bacterium that causes meningococcal meningitis (Serogroups A, B, C, Y, and W-135). The current vaccine does not stimulate protective antibodies to Serogroup B, but does against the remaining four types. In the past, Serogroup B caused about 50% of the cases of meningococcal meningitis in the U.S. but more recently, it has decreased to about 27% or less, making vaccination more protective. The vaccine is estimated to protect for 10 years or longer and is safe.

Hepatitis B

Hepatitis B is a serious viral liver infection, prevalent worldwide, which can lead to chronic liver disease and liver cancer. The State of Florida instituted a requirement for all school-age children to complete the three-shot series, but older students or out-of-state students are not likely to be familiar with this recommendation. The Hepatitis B vaccine is extremely safe and effective and is required for any individual who may possibly be exposed to blood or other body fluids in their line of work or through sexual contact. If you are not immunized against Hepatitis B, we highly recommend you consider getting the vaccine or discussing it with your primary care physician.

Polio, Tetanus, Tuberculosis

At this time, please have your doctor check on the status of your Polio, and Tetanus immunizations. Tetanus is usually given as a tetanus/diphtheria combination shot called Td. This is recommended every 10 years routinely or within five years for contaminated or deep puncture wounds. A skin test for tuberculosis called a PPD should also be considered at this time.

Chicken Pox (Varicella)

Chicken Pox (Varicella) is not uncommon among college students who have not yet experienced this childhood illness. Varicella vaccination is available and is highly recommended for all children, adolescents, and young adults who are susceptible to this viral disease. It is given as a two-shot series, one to two months apart. The vaccine is generally well tolerated; 3-5% may experience a mild, varicella-like rash or low-grade fever, but complications are rare.

Hepatitis A

Hepatitis A, another viral illness affecting the liver, is especially prevalent in developing countries and is most often transmitted via contaminated food and water. Numerous outbreaks occur throughout the United States and will likely continue and possibly increase in the next decade. Though not a cause of chronic liver disease, adults who develop Hepatitis A can be extremely ill and lose significant school or work time during the course of an infection. The vaccine is also very safe and is given as a two-shot series, six months apart. It is essential for anyone planning on traveling to developing countries, but may be a good investment in your health even in the U.S.

Influenza

Yearly Flu shots (early October to mid November) are also recommended for everyone, but are especially indicated for anyone with asthma, chronic heart or lung disease, diabetes, or other health problems that compromise the ability to fight infections. The pneumococcal vaccine, often called the "pneumonia vaccine," may also be recommended for these same individuals. Please check with your family physician.

Preventing any of these diseases is highly desirable and is best accomplished with vaccination. Consult with your physician or contact the Thagard Student Health Center for further information or administration of any of these vaccines.

Healthcare Information

Florida State University's Thagard Student Health Center (TSHC) is staffed by physicians, nurse practitioners, registered nurses, nutritionists, health educators, and various support personnel to serve your healthcare and health education needs. It is funded in part by some of the fees you pay to FSU.

Health History Form Requirements

Please read the instructions on the attached form **carefully**. You must complete these requirements **before** you will be able to register for classes. If you have any questions about the immunizations policy, please call the Health Compliance Office at 850-644-6573.

NOTE: A parent or legal guardian's signature is required on health history forms for students under age 18 **BEFORE** any treatment at Thagard Student Health Center can be given.

Insurance Requirements

Full time students new to Florida State University for the first time or later are required to provide proof of health insurance coverage. Proof of health insurance can be provided online at the health center website: www.tshc.fsu.edu. If you do not have adequate coverage, FSU offers a health insurance plan available for purchase online at the health center website. For more information regarding this requirement, please contact the insurance broker, Collegiate Risk Management, at 850-644-6573. You can also go to the insurance page at the health center website.

FSU PC students are exempt from this requirement.

Outside Clinics/Specialists/Hospitals

Capital Regional Medical Center and Tallahassee Memorial Hospital, numerous walk-in and urgent care clinics and a variety of healthcare specialists service the Tallahassee community. Your health fee does not apply to any care received outside of Thagard Student Health Center. Referrals to community specialists are made as-needed by TSHC providers.

Confidentiality of Records

All medical records are strictly confidential and written consent by the patient is necessary before any records are released for patients age 18 and older. Parents or legal guardians of students under 18 have the legal right to review medical records for their children except for issues dealing with birth control and sexually transmitted infections. There is no blanket release for students to sign. The authorization for release of medical records must be done on a per-visit or per condition basis.

Services Provided

Thagard Student Health Center is a fully accredited primary care center, providing a variety of wellness, minor illness and injury and urgent medical care and outreach programs through a team of dedicated professionals. There are two general medical clinics, a women's clinic, a nutrition clinic, a psychiatric clinic, a radiology clinic and a travel clinic. Quest Labs is the in-house full service laboratory. The health education department has student groups, outreach programs and peer education groups. There is a full service pharmacy on site as well as a physical therapy branch of TOSPT. Services at the physical therapy clinic are not covered by the health fee.

Payment for Services

TSHC accepts cash, checks, VISA, MC, FSUCards and insurance as payment for services. You may also defer charges to your SFS account; however, doing this will result in a registration HOLD until paid in full. TSHC is a contract provider for Aetna Student Health and other commercial Aetna health plans. We will file claims to other insurance carriers as "out-of-network." Any amount not covered by your insurance plan will be placed on your SFS account. It is the student's responsibility to know what their individual plan coverage is. If you have an HMO insurance plan, your insurance company may require that you have a referral or pre-authorization to be seen at TSHC. Please contact your insurance company prior to scheduling an appointment.

Student Counseling Services

The University Counseling Center (UCC), located in the Askew Student Life Building, offers individual and group therapy by mental health professionals. The UCC is also funded in part by student health fees, but is not directly affiliated with TSHC. They can be reached at 850-644-2003.