

# PURDUE UNIVERSITY STUDENT HEALTH CENTER MEDICAL HISTORY FORM

1. Please PRINT - This form must be completed in **English** and signed by (1) a medical provider or personal recordkeeper, and (2) **the student** (parent or guardian if student is under age 18)
2. Individuals born before 1957 are considered immune to measles, mumps and rubella, but a booster of Tetanus/diphtheria (Td) must have been received in the last 10 years
3. All immunizations must have been received after 1968
4. Individuals seeking a medical or religious exemption must submit a letter of request to the Director of the Student Health Center *signed by the student* (parent/guardian if student is under the age of 18)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Purdue ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ International  Domestic

Emergency contact name and phone #: \_\_\_\_\_

Important: include **MONTH / DAY / YEAR** in all answers (example: 4 / 11 / 1988)

**A.** **MMR** - Measles, Mumps, Rubella

**Two (2) doses required after 1st birthday**

1. \_\_\_\_/\_\_\_\_/\_\_\_\_  
2. \_\_\_\_/\_\_\_\_/\_\_\_\_

*Section B. required only if you did not complete section A.*

**B.** **Measles (Rubeola)** 2 doses **after 1st birthday**

\_\_\_\_/\_\_\_\_/\_\_\_\_ **&** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**or** date of disease **or** titer\*\*

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Mumps** - 1 dose **after 1st birthday**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**or** date of disease **or** titer\*\*

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Rubella\*** - 1 dose **after 1st birthday**

\_\_\_\_/\_\_\_\_/\_\_\_\_ **or** \_\_\_\_/\_\_\_\_/\_\_\_\_  
titer\*\*

\* - Disease not accepted as proof of immunity for rubella  
 \*\* - Lab copy required - acceptable titers are ELISA or RHA

**C.** **Tetanus/Diphtheria**

Must have had a booster Td within last ten (10) years

\_\_\_\_/\_\_\_\_/\_\_\_\_ **or** Tdap \_\_\_\_/\_\_\_\_/\_\_\_\_

*Section D. required ONLY for international students*

**D.** **TB Test** \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: (in mm) \_\_\_\_

*must be administered in the U.S. within previous 3 months*

*Section E. vaccines recommended, but NOT required*

**E.** **Hep B**

\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

**Meningococcal Vaccine** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gardasil**

\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cervarix**

\_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

**All students must read and sign below:**

*Meningitis is an inflammation of the lining surrounding the brain and spinal cord. For most college students, the risk of meningococcal disease is similar to that of persons the same age in the general population. For college freshmen who live in residence halls, there is a modestly increased risk of meningococcal disease relative to other persons their age. Life-style behaviors that put individuals at increased risk include cigarette smoking, alcohol ingestion, bar patronage, and close, crowded living conditions.*

*Meningococcal vaccine is reasonably safe and effective against the serogroups included in the vaccine. Approximately 70% of meningococcal disease is caused by serogroups covered by the vaccine. Protective levels of antibody usually are achieved 7-10 days after vaccination. The Purdue Student Health Center stocks and administers the vaccine. For further information, please call (765) 494-1837.*

**By signing below, I acknowledge that I have reviewed the above information regarding meningococcal meningitis.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of healthcare recordkeeper Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of student (parent/guardian if under age 18) Date

Please also complete back side of form

Medication Allergies or Intolerances	Serious Illnesses/Injuries/Chronic Diseases
Significant Family Medical History	Past Surgeries (Major and Minor)

## INSURANCE INFORMATION

For assistance in filing insurance, the following information is needed. Please note: students should present a current copy of their health insurance card at each visit to the Student Health Center. *Insurance questions should be directed to 765-494-1677.*

_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Primary Policyholder Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Name of parent / legal guardian</i>	<i>Date of birth</i>				
_____	_____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Primary Policyholder Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Name of parent / legal guardian</i>	<i>Date of birth</i>				

By signing below, I acknowledge that PUSH\*\* is out-of-network for all health insurance plans except Student Resources Insurance.

_____	_____	_____	_____
<i>Parent</i>	<i>Date</i>	<i>Student</i>	<i>Date</i>

## HEALTHCARE FOR MINORS -- REQUEST & AUTHORIZATION

Please complete the following for students who will be under 18 years of age at the beginning of the school semester:

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize the Purdue University Student Health Center and/or any community hospitals' medical personnel, agents, and employees to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, guarantees as to results or cures will be made.

Student covered by this authorization is \_\_\_\_\_

_____	_____	_____
Signature of Parent or Legal Guardian / Date		Adult Witness

## INTERNATIONAL STUDENTS

Purdue University **requires** all International Students to purchase the University sponsored health insurance plan unless their insurance falls into one of the two categories listed below. **Failure to purchase medical insurance will result in deregistration from the University.**

1. Health insurance sponsored by the government of a student's home country
2. Health insurance that is provided through a U.S. based employer

International students **must** have tuberculosis testing done after arriving in the United States. Testing is available at the Student Health Center, the County Health Department, or through a local, private physician. Documentation of the test being done within the past three months at another location within the United States may also fulfill this requirement.

## MAILING INSTRUCTIONS

*Students are encouraged to keep a copy of this form for their personal records. For additional immunization information, the student may call the Immunization Office of the Health Center at (765) 494-1837. Due to the large volume of forms received, we regret that we are unable to contact individuals submitting incomplete or unsatisfactory immunization information. This completed Medical History Form should be returned to:*

**PURDUE UNIVERSITY STUDENT HEALTH CENTER (PUSH\*\*)**

601 Stadium Mall Drive

Immunization Office - Room 136

W. Lafayette, Indiana 47907-2052

Telephone: (765) 494-1837; Fax: (765) 494-1836