



Keeling Health Center Personal History
Student Health Assessment Form

Personal Information

Complete form and return to: Keeling Health Center,
Clarion University, 840 Wood Street, Clarion, PA 16214-1232

| | | | |
|--------------------------|--------------|-------|--------------------|
| Last | First | MI | Clarion ID |
| Permanent Address | City | State | Zip |
| Emergency Contact (Name) | Relationship | Phone | Student Cell Phone |
| Personal Physician Name | Address | City | State |
| | | Zip | Physician Phone |

Insurance Information

Clarion University requires that students have medical insurance coverage to be eligible for participation in university sanctioned, sponsored, and/or approved activities. For further insurance information, log on to www.chpstudent.com

| | | | |
|--|------------------------|----------------------------|---|
| Insurance Company | Primary Insured Name | Policy Number | Group/Plan Name/Number |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Precertification Required? | Precertification Phone | Specific Plan Instructions | <input type="checkbox"/> I am not insured |

Medical Information

| | | | | |
|--|----------------|-------------------------|--------|--|
| <input type="checkbox"/> Male <input type="checkbox"/> Female Sex | Birth Date | Height | Weight | <input type="checkbox"/> None <input type="checkbox"/> Smoke <input type="checkbox"/> Chewing Tobacco Tobacco Use |
| Medication Allergies | Food Allergies | Environmental Allergies | | |

IMPORTANT: Please describe any medications taken on a regular basis, any continuing treatment/therapies, medical problems that may require special care, and/or significant medical history. Attach additional page(s) as necessary.

Immunization Dates

IMPORTANT: Please see instructions on reverse side of this form for completing immunization information.

| | | |
|---|--|---|
| (circle & date) | 1 st _____ 2 nd _____ 3 rd _____ | 1 st _____ 2 nd _____ |
| Td (date) Tdap (date) | HPV Vaccine (optional) | Hepatitis A (optional) |
| Polio (last dose) Varicella (Chicken Pox) | 1 st _____ 2 nd _____ 3 rd _____ Hepatitis B | 1 st _____ 2 nd _____ MMR (Measles, Mumps, German Measles) |

TB Skin Test

NOTE: Mantoux, intermediate strength P.P.D.T recommended. TB tine tests will not be accepted.

| | | | |
|-------------------|-----------|-------------|---------------|
| Date Administered | Date Read | Result (MM) | Company/Lot # |
|-------------------|-----------|-------------|---------------|

Meningitis

This section must be completed for all students residing in university housing.
IMPORTANT: Please read *Meningitis Fact Sheet*.

| | | |
|--|-----------|--|
| Date of Immunization: _____ | OR | Waiver: I have reviewed the <i>Meningitis Fact Sheet</i> regarding meningococcal disease. I am fully aware of the risks associated with this disease and of the availability and effectiveness of the vaccine, but decline the vaccine. |
| <input type="checkbox"/> I have received the meningitis vaccine and have attached proof , including date received and signature of health care provider or stamped immunization record. | | _____ <i>Signature of Student (or Parent/guardian if under 18)</i> <i>Date</i> |

Reviewed at CU by _____
Date _____



Keeling Health Center 10/08
Accredited by
Accreditation Association
for Ambulatory Health Care, Inc.

The university uses the information provided on this form to develop plans and set priorities for student health services. It is very important to complete the form to the best of your ability. **A completed form must be on file in order for a student to receive services from the health center. If the form is not completed, treatment will be refused until the form is completed, except in an emergency.**

Immunizations

The university must remain in compliance with Pennsylvania state regulations, recommendations by the Pennsylvania Department of Health and the American College Health Association. The following immunizations are recommended/required based on field of study.

| | |
|--|--|
| Td* (Tetanus/Diphtheria)* | Primary series in childhood, and a booster every 10 years. Recommend Tdap vaccine. |
| Polio* | Primary series in childhood |
| MMR* (measles, mumps, and German measles) | Two doses of vaccine if born after 1956. May have blood work done to prove immunization (Measles serology) |
| Varicella* (Chickenpox) | History of disease, or 1 dose of vaccine if given prior to age 13, 2 doses if given at age 13 or later. |
| Hepatitis A | Series of 2 doses recommended |
| Hepatitis B* | Series of 3 doses |
| Meningitis | Meningitis is a rare but potentially fatal bacterial infection. Freshmen who live in residence halls have been found to have an increased risk for Meningitis. <i>The Pennsylvania College and University Student Vaccination Act</i> passed in 2002 requires ALL students living in university-owned housing to be immunized against meningitis or sign an informed declination statement. |
| HPV Vaccine | Series of 3 doses. Recommended for females ages 12-26. |
| TB* (Tuberculosis test) | Required for field experiences. To be done yearly for nursing majors and every 2 years for education, rehabilitative science, and speech pathology majors. TB testing will be done on all incoming International students during orientation week at Clarion University. If the student has a history of a positive TB test in the past, a chest X-ray will be done. |

*** These are requirements for education, nursing, rehabilitative science, and speech pathology majors prior to field experiences.**

Insurance/Fees for Service

An auxiliary support fee assessed at the beginning of each semester provides for an unlimited number of visits to the health center. There may be charges for any treatment provided subsequent to the student's visit to the health center. All charges are made through student accounts. All charges will appear as "Health Center Charges" on the student's bill.

Neither the health center nor the university offer direct billing of health insurance companies. Students with insurance, or parents who will continue to carry students on their insurance, should contact their insurance company to determine how college entrance will affect their policy, particularly if the insurance is provided through a managed care plan.

Confidentiality

All services provided at the Keeling Health Center are confidential. The center cannot release information to anyone except the student without the student's written consent. This includes the parents and guardians of adult students. The health center strongly recommends that students and their parents discuss this issue.