STUDENT HEALTH FORM

Please submit prior to registration.

SEND COMPLETED FORM TO:
Christian Brothers University
Office of Student Life
650 East Parkway South
Memphis, TN 38104

QUESTIONS?
Please contact the Director of Health Resources at (901) 321-3560 or the Administrative Assistant at (901) 321-3531.
STUDENT HEALTH FORM

Name (print) _________________________________________________________________________________ Birthdate ____/____/____

Check one: □ Day Program □ Adult Professional Studies □ Graduate

Citizenship: □ U.S. Citizen □ Permanent Resident □ International Student Status: □ Resident □ Commuter

School ID# ___________________________ Semester entering ____________________ Cell Phone ( _____ ) ______________

Street Address: __________________________________________________________________________

City __________________________________ State _______ Zip ________________________

In event of emergency, please contact: ________________________________________________ Cell Phone ( _____ ) ______________

MEASLES (RUBEOLA)

TENNESSEE STATE LAW requires all entering college students to have up-to-date immunizations or immunity against measles, mumps, and rubella. This record must be completed before registration and reflect proof of 2 MMR vaccinations administered on or after your first birthday, or documented proof of immunity to measles.

Contraindications to receiving the vaccines may include pregnancy, allergy to a vaccine component, other valid medical conditions, or religious tenets prohibiting vaccinations. If you believe you are entitled to an exemption based on one of the preceding grounds, you must provide a physician’s statement or an official clergy statement. If an exempted student contracts measles or if a measles outbreak occurs, it shall be the student’s responsibility to remain off campus until a physician gives written permission for the student to return to campus.

The following students are not required to provide MMR documentation.
If you were born before 1957, if you are attending part-time (less than 12 hours), or if you graduated from a Tennessee public high school in 1999 or thereafter, you are exempt from these requirements. Please mark the appropriate option.

I am exempt from these requirements because:

☐ I was born prior to 1957.
☐ I will be attending school part-time (less than 12 hours). Note: If student becomes full time, immunization requirements will need to be met.
☐ I graduated from a Tennessee public high school in 1999 or after.

Name of school/City __________________________________________________________________________________________

If exemption requirements above do not apply, you MUST have a health care provider complete and sign this section of the Health Form OR you may submit one of the following documents: immunization cards or documents from Public Health Departments, DD214 military forms, or official documentation from prior universities. Photocopies are accepted, as originals will not be returned.

Check appropriate box

☐ Dates immunized with MMR vaccine (2 DOSES REQUIRED) #1 _____/_____/_____ #2 _____/_____/_____ 

☐ Medically contraindicated because of medical condition

List reason(s) ________________________________________________________________ (attach physician’s statement)

☐ Refuses immunization because of religious objections (attach official clergy statement)

☐ Had disease. Confirmed by health care provider office record _____/_____/_____

☐ Has immune titer confirmation of diseases (MMR) _____/_____/_____

Specify type of titer ______________________

HEALTH CARE PROVIDER:

Name ____________________________ Address __________________________

Signature ____________________________ Phone ( _____ ) _________________
ALL STUDENTS MUST COMPLETE THIS SECTION

VARICELLA (CHICKENPOX)

On December 9, 2009, the Tennessee Department of Health (TDH) made changes to the immunization requirements for students entering higher education, effective for students enrolling in Tennessee institutions on or after July 1, 2011. This change requires proof of immunity to varicella virus for all new full time students born after 1979. Proof of immunity to varicella (chickenpox) is required meeting one of the four criteria.

☐ I was born prior to 1980, therefore presumed immune through past illness or
☐ History of chickenpox illness diagnosed by healthcare provider or verified by physician.
   Year of illness: ____________ or
☐ Two (2) doses of varicella vaccine (given no earlier than 4 days before the first birthday, given at least 28 days apart)
   (2 DOSES REQUIRED) #1 ______/_____/______ #2 ______/_____/______
☐ Documentation of blood test [serology (IgC)] showing immunity to varicella: Year: ____________

HEALTH CARE PROVIDER:

Name ____________________________________________ Address _____________________________________________________________
Signature _____________________________________________________________________________ Phone ( _______ ) _________________

ALL STUDENTS MUST COMPLETE THIS SECTION

HEPATITIS B (HBV)

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B to all students entering the university for the first time. After reading the information about Hepatitis B, please provide dates of immunization OR sign the waivers.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for hepatitis B are sexual activity and intravenous drug use. The disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three doses of the vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The Hepatitis B vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

I hereby certify that:

☐ I have previously been vaccinated for Hepatitis B (Dates given)
   Dose #1______/_____/______ Dose #2______/_____/______ Dose #3______/_____/______
☐ I have received the initial vaccine and plan to complete the series (Date given)
   Dose #1______/_____/______
☐ I have read the information and I have elected not to receive the Hepatitis B vaccine

Signature ____________________________________________ Date _____/_____/______

(student or parent/guardian if student is under 18)
MENINGOCOCCAL MENINGITIS

NEW: Meningitis Immunization Requirement for New Students Living in any Christian Brothers University Residence Hall. The state of Tennessee requires all new students — under the age of 22 who will be living in a CBU residence hall — to be immunized against meningococcal disease on or after their 16th birthday and provide proof of receiving this vaccination before moving into their residence hall.

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention is required to avoid serious illness or death. There are 5 different subtypes (called serogroups) of the bacteria that cause Meningococcal meningitis. The current vaccine does not stimulate protective antibodies to serogroup B, but it does protect against the most common strains of the disease, including serogroups A, C, Y, and W-135. The duration of protection is approximately 3-5 years. The vaccine is safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the injection site lasting up to 2 days.

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control (CDC) recommends that ALL college freshman be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized.

I hereby certify that:

☐ I have been vaccinated for meningococcal meningitis. Date given _____/_____/_____

☐ I have read the information and I have elected not to receive the meningococcal meningitis vaccine (only for commuters).

Signature __________________________________________ Date ____/____/_____

(student or parent/guardian if student is under 18)

RECOMMENDED VACCINES

Tuberculin Skin Test (REQUIRED FOR INTERNATIONAL STUDENTS) *see additional information

Date of test (within one year from admission) _____/_____/_____ Test Read _____/_____/_____ Result _____ mm

Tetanus/Diptheria (Td) Date of last dose _____/_____/_____ (within ten years)

Polio Date of last dose _____/_____/_____ () OPV () IPV

AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION

I hereby authorize Christian Brothers University to gain professional medical treatment in the event of an emergency. I also authorize Health Resources to release a copy of this form to the Admissions Office and the Athletics Department in the event that the student chooses to participate in college athletics.

Signature __________________________________________ Date ____/____/_____

(student or parent/guardian if student is under 18)

This form is designed to meet the legal requirements mandated by the State of Tennessee in order to assure a healthy campus. Tennessee State Law requires all entering college students to have up-to-date immunizations or immunity against measles, mumps, and rubella. Exemptions apply if the student was born prior to 1957, will be attending part-time (defined as less than 12 hours), or if the student graduated from a Tennessee public high school in 1999 or thereafter. If these exemptions do not apply, please have a medical provider complete this portion of the health form. Appropriate official documentation as listed on the form will also be accepted.

The General Assembly of the State of Tennessee also requires that colleges inform incoming students of the risk for Hepatitis B and Meningococcal disease. Vaccinations are available to prevent these diseases, but vaccination is not required by law. If the student chooses not to receive these vaccinations, the waiver portions of the Student Health Form must be signed.

*A Tuberculin Skin Test is required for international students from all countries EXCEPT Canada, Jamaica, St. Kitts and Nevis, St. Lucia (USA), Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. This test should be done within one year prior to admission. Recommended immunizations (not required) include Tetanus/Diptheria (within the past ten years) and Polio.

Please sign the Authorization for Treatment and Release of Information statement. Health Resources does not provide these immunizations, however, we can assist you in finding a provider. Please feel free to contact Health Resources for any questions or concerns at (901) 321-3260 or (901) 321-3531. For more information, please refer to www.cdc.gov or www.immunize.org.