BRADLEY UNIVERSITY REQUIRED STUDENT HEALTH FORM

819 N. Glenwood Ave, Markin Center – Bradley University, Peoria, IL 61625 Ph:(309)677-2700 Fax:(309)677-3534

SEMESTER ENTERING YEAR_____ FA___ SP___FR. SO. JR. SR. GRAD. BRADLEY ID#_____

PLEASE PRINT OR TYPE:

NAME_____
(LAST, FAMILY SURNAME) (FIRST, GIVEN) (MIDDLE, OTHER)

BIRTH DATE:____/_____/___ MALE_____ FEMALE_____ SOCIAL SECURITY NUMBER_____-_____-_____
MO DAY YR

HOME ADDRESS_____
STREET

_____
CITY STATE ZIP

PHONE (_____)_____ STUDENT CELL PHONE (_____)_____

PAST MEDICAL HISTORY

DRUG ALLERGIES_____

CURRENT MEDICATIONS_____

HOSPITALIZATIONS OR SURGERIES_____

MEDICAL CONDITIONS_____

MENTAL HEALTH ILLNESSES_____

PLEASE INCLUDE A COPY OF YOUR HEALTH INSURANCE CARD OR SUMMARY INSURANCE POLICY

IN THE EVENT I WOULD NEED OUTPATIENT LABS, DIAGNOSTIC STUDIES, OR EMERGENCY SERVICES DONE AT ONE OF THE LOCAL AREA HOSPITALS, I AUTHORIZE BRADLEY HEALTH SERVICES TO UTILIZE:

OSF ST. FRANCIS **METHODIST** **PROCTOR**

PLEASE CHECK WITH YOUR INSURANCE COMPANY REGARDING COVERAGE IN THE PEORIA AREA

IN CASE OF MEDICAL OR PSYCHIATRIC EMERGENCY OR HOSPITALIZATION, I AUTHORIZE BRADLEY STUDENT HEALTH SERVICES TO NOTIFY:_____ PHONE_____

PARENTS: MOTHER_____ HOME PH (_____)_____

ADDRESS_____ WORK PH (_____)_____

FATHER_____ _____ HOME PH (_____)_____

ADDRESS_____ WORK PH (_____)_____

SIGN HERE_____ **DATE**_____
STUDENT SIGNATURE

ATTENTION PARENT/GUARDIAN OF MINOR STUDENTS (students under the age of 18):

I give my permission for the medical staff of Bradley University Student Health Center to diagnose and treat medical conditions that may arise while my child is attending Bradley University.

SIGN HERE_____ DATE_____
PARENT/GUARDIAN SIGNATURE

IMMUNIZATION HISTORY STUDENT'S NAME:_____

IF YOUR BIRTH DATE IS BEFORE JANUARY 1, 1957, PLEASE CONTACT HEALTH SERVICES AT 309-677-2700.

SECTION 1: REQUIRED BY THE STATE OF ILLINOIS

TETNUS/DIPHTHERIA DATE ____/____/____
(MUST BE CURRENT WITHIN THE LAST TEN YEARS) MO DAY YR

MMR DATE ____/____/____ DATE ____/____/____
(MEASLES, MUMPS, RUBELLA) **TWO** DOSES REQUIRED AFTER 1ST BIRTHDAY

PROOF OF IMMUNITY MAY ALSO BE PROVIDED BY A COPY OF THE STUDENT'S HIGH SCHOOL HEALTH RECORD WHICH COMPLIES WITH THE IMMUNIZATION REQUIREMENTS OF THE STATE OF ILLINOIS. OTHERWISE, ALL IMMUNIZATION DATES MUST BE VERIFIED BY YOUR PHYSICIAN OR HEALTH CARE PROVIDER

SECTION 2: ONLY IF SECTION 1 IS NOT COMPLETED

MEASLES (RUBEOLA) – 2 DOSES AFTER 1ST BIRTHDAY DATE ____/____/____ DATE ____/____/____
OR DATE OF DISEASE DATE ____/____/____ OR TITER (LAB COPY REQUIRED) DATE ____/____/____

RUBELLA – FIRST DOSE REQUIRED AFTER 1ST BIRTHDAY DATE ____/____/____
OR TITER (LAB COPY REQUIRED) DATE ____/____/____

MUMPS – FIRST DOSE REQUIRED AFTER 1ST BIRTHDAY DATE ____/____/____ DATE ____/____/____
OR DATE OF DISEASE DATE ____/____/____ OR TITER (LAB COPY REQUIRED) DATE ____/____/____

SECTION 3: TUBERCULOSIS (TB) SCREENING REQUIRED BY BRADLEY UNIVERSITY

CHECK ANY THAT APPLY:

_____ FROM OR HAVE LIVED FOR TWO MONTHS OR MORE IN ASIA, AFRICA, CENTRAL, OR SOUTH AMERICA OR EASTERN EUROPE
_____ HAVE BEEN DIAGNOSED WITH A CHRONIC MEDICAL CONDITION THAT MAY IMPAIR YOUR IMMUNE SYSTEM
_____ A HEALTH CARE WORKER
_____ A VOLUNTEER OR EMPLOYEE OF A NURSING HOME, PRISON, OR OTHER RESIDENTIAL INSITUTION
_____ CONTACT WITH A PERSON KNOWN TO HAVE ACTIVE TUBERCULOSIS
_____ NONE OF THE ABOVE APPLY

IF ANY OF THE ABOVE DO APPLY, TB SCREENING IS REQUIRED. OPTIONS ARE AS FOLLOWS:

1.) SCHEDULE AN APPOINTMENT AT STUDENT HEALTH FOR PPD SCREENING TEST
2.) PROVIDE DOCUMENTATION OF NEGATIVE TB SKIN TEST DONE IN THE UNITED STATES WITHIN THE LAST 12 MONTHS PPD TEST DATE ____/____/____
MILLIMETERS INDURATED_____MM POS_____ NEG_____
3.) PROVIDE DOCUMENTATION OF PRIOR TREATMENT OF ACTIVE TB DISEASE

SECTION 4: RECOMMENDED BY BRADLEY UNIVERSITY (NOT REQUIRED)

HEPATITIS B #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
HPV (GARDASIL) #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
MENINGOCOCCAL VACCINE (MENACTRA) ____/____/____
CHICKEN POX DISEASE YES_____ NO_____ VACCINE: #1____/____/____ AND #2____/____/____

A STUDENT MAY BE EXEMPTED BY THE HEALTH CENTER IF A WRITTEN STATEMENT FROM THE STUDENT (OR GUARDIAN, IF THE STUDENT IS A MINOR) DETAILING OBJECTION TO IMMUNIZATION ON GROUNDS THAT THEY CONFLICT WITH TENETS OR PRACTICES. GENERAL PHILOSOPHICAL OR MORAL OBJECTION TO IMMUNIZATION SHALL NOT BE SUFFICIENT FOR AN EXEMPTION ON RELIGIOUS GROUNDS.

SIGNATURE:_____PHYSICIAN/HEALTH CARE PROVIDER
NAME (PRINT)_____BUSINESS PHONE:_____