



Health Services

Medical History/Vaccination Form

Both sides/pages of this form must be submitted

Please return form to: University of Rio Grande Attn: Health Services
P.O. Box 500-Rio Grande, Ohio 45674 Phone: 740-245-7350 or 1-800-282-7201

Last Name _____ First _____ Date of Birth _____

Student ID _____ Student Mobile _____ Student Dorm/Rm _____

Permanent Home Information

Street Address _____

City, State, Zip _____

Email Address _____

Notify in Case of Medical Emergency

Name _____ Relationship _____

Home Phone _____ Mobile/Work Phone _____

Street Address _____

City, State, Zip _____

Personal Physician/Healthcare Provider

Name _____ Address _____

Office Phone _____ City _____ State _____ Zip _____

Office Fax _____

Personal Medical History/Disorder/Problem (Please Check all that apply) Check if none apply

- ADHD
- Dental
- HIV/AIDS
- Sickle cell Anemia
- Blood disorders
- Alcohol/drug abuse
- Diabetes
- Mental Health
- Skin
- Anxiety Depression
- Eating Disorder
- Migraine
- Staph Infection(MRSA)
- Asthma
- Gastrointestinal
- Mononucleosis
- Strep Throat
- GYN
- Rheumatic Fever
- Thyroid
- Cancer
- Hepatitis B or C
- Seizures
- Cardiac Condition
- Heart murmur
- High Blood Pressure
- Other Please explain _____

Allergies: Drugs and Other Severe Adverse Reactions. List allergy(s) and explain reaction. Check if you have no allergies

Medication _____ Food _____

Insect _____ Environmental _____

Seasonal _____ X-Ray Contrast _____

Are any of these life threatening? Yes No Do you carry an Epi Pen? Yes No

Prior Hospitalizations, Surgeries or Orthopedic Procedures (Please list dates and reasons _____

Medications –Frequent or regular please list all prescriptions, natural and over the counter medications _____

Medical History Form– Page 2

Is there any other medical information that we should know about? Do you seek healthcare for a condition more than once a year? Please attach any additional information to further explain your condition or concern.

Recommended Immunizations

Tetanus-Diphtheria –Pertussis Completed primary series of tetanus-diphtheria-pertussis immunizations.....Date ___/___/___
 Td or Tdap Booster within the last 10 years.....Date ___/___/___

Polio (Polimyelitis) Completed primary series of polio immunizationDate ___/___/___ Last Booster ___/___/___

MMR(Measles/Mumps/Rubella) *Recommended* Vaccine at University of Rio Grande and Rio Grande Community College:

Dates of 2 doses: MMR #1 ___/___/___ MMR #2 ___/___/___ I was born before 01/01/1957 there this vaccination requirement does not apply to me.

Hepatitis B Dates #1 ___/___/___ #2 ___/___/___ #3 ___/___/___

Hepatitis B Surface antibody Result: Reactive Non Reactive Date ___/___/___

If no, it is recommended to start the series as soon as possible as this requires the three doses over a six month period, or a positive Hepatitis B surface antibody meets the requirement.

Varicella (Chicken Pox) #1 ___/___/___ #2 ___/___/___ or Disease Date ___/___/___

Antibody Date Titer: ___/___/___ Result: Reactive Non Reactive

Other _____ Date: ___/___/___ Other _____ Date ___/___/___

Meningitis

The University of Rio Grande and Rio Grande Community College requires mandated vaccination for meningitis. This vaccine is recommended for meningitis. This vaccine is recommended for residential freshmen or any student who is residing in a college dorm at the University of Rio Grande and Rio Grande Community College. This vaccine is given for prevention of bacterial meningitis, which is highly contagious and can be fatal in some cases if exposed.

***New CDC Recommendations (3/11) all Adolescents and teens ages 11 through 18 years should be vaccinated with Menactra[®] or Menveo[®], as should unvaccinated young adults 19-21 years who are attending college Boosters doses will be necessary for those who got their first dose before age 16 years.**

Required vaccine at University of Rio Grande and Rio Grande Community College:

_____ I have already received the vaccine _____/_____/_____ Date of vaccination

_____ No, I have never been vaccinated. I take responsibility for obtaining the vaccine since it is required for all residential students.

_____ No, I have never been vaccinated. I chose to opt out of the mandatory vaccine for personal reasons.

Signature Required

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18), have read and understand the information provided to me about Meningococcal meningitis and Hepatitis B. I understand the benefits and risks of being vaccinated against these diseases. The information above regarding my/my student’s vaccination status is accurate and is being provided in compliance with the Ohio Revised Code, Section 3701.133,(B). My signature below signifies the medical history information provided is true and complete to the best of my knowledge. I further acknowledge receipt and understanding of the immunization information provided by Health Services.

Student Signature Date

Parent/Guardian Signature (if student under 18) Date