

Southwestern University Health Services

Dear Student,

Congratulations on your acceptance to Southwestern University. We are excited to have you as a part of our campus community.

As you have already noticed, there are many documents that must be completed and submitted as part of the entrance process. One of the most important of these required documents is the **Southwestern University Health Record**.

This two-page document includes an essential medical history, a physical examination completed by a medical professional, and a complete immunization record. It is included here, below.

Download it, print it out, fill it in completely, and submit it to SU Health Services no later than July 1, 2011.

Please also be aware of the new immunization law, which took effect on January 1, 2010:

“HB 4189 requires students entering public and private institutions of higher education to be vaccinated against bacterial meningitis.”

Campus housing will NOT be assigned until proper documentation is submitted to SU Health Services, certifying that you have received the vaccination against bacterial meningitis.

You must submit the SU Health Record (pages 1 & 2, below) completed in full, by July 1, 2011.

The final two pages below provide information regarding immunization records, student health insurance, and facts about meningitis.

Thank you so much for your cooperation, and welcome to Southwestern University!

Sincerely,

Dinorah Martinez-Anderson, RN

Director of Health Services | 512.863.1555 | martine2@southwestern.edu

SU Health Services
P.O. Box 770
Georgetown, TX 78627-0770

Phone: (512) 863-1555
Fax: (512) 863-1310

Southwestern University

HEALTH RECORD

CLASSIFICATION

- First-year
- Sophomore
- Junior
- Senior
- Transfer
- Date of Entrance _____

EACH AND EVERY QUESTION MUST BE ANSWERED. Incomplete records will be returned. Please type or print answers.
This information is confidential and will not be released without your consent.

This record must be completed and returned to SU Health Services by July 1, 2011.

NAME _____ SS# _____
LAST FIRST MIDDLE

Date of Birth _____ Gender: Female Male Citizenship _____

Home Address _____ Cell Phone (____) _____
STREET CITY STATE ZIP

Parent or Guardian _____ Relationship _____
Parents' Address _____ Zip _____

Parents' Home Phone (____) _____ Parents' Cell Phone (____) _____ Business Phone (____) _____

Emergency Contact: Name/Relationship _____ / _____ Phone _____

FAMILY HISTORY

Father: Living Deceased
Occupation _____
Age at Death _____
Cause of Death _____

Mother: Living Deceased
Occupation _____
Age at Death _____
Cause of Death _____

Siblings:
No. of Living _____
No. of Deceased _____
Do you have a twin? Yes No

Have any of your family members experienced the following?

- Diabetes High Blood Pressure Heart Disease
- Kidney Disease Cancer (type : _____)
- Emotional Problems Psychiatric Problems Eating Disorders
- Depression Anxiety Alcoholism Substance Abuse Suicide

PERSONAL HISTORY Do you have, or have you had, any of the following?

	YES	NO		YES	NO		YES	NO
Asthma			Seizures/Blackouts			Scarlet Fever		
Cancer			Other Chronic Illness			German Measles		
Diabetes			Head Injury			Measles		
Polio			Recurrent Headaches			Mumps		
Tuberculosis			High/Low Blood Pressure			Chicken Pox		
Heart Disease			Anxiety/Depression			Infectious Mononucleosis		
Rheumatic Disease			Psychiatric Treatment			Recent Weight Change		

Explanation and Dates:

	YES	NO		YES	NO	ALLERGIES	YES	NO
Appendectomy			Gum/Dental Disorder			Penicillin		
Tonsillectomy			Bone/Joint Disease			Sulfa		
Hernia Repair			Kidney/Bladder Disease			Codeine		
Other Operations			Wear Contact Lenses			Wasp/Bee Stings		
Females:			Wear Hearing Aid			Foods		
Menstrual Problems			Other Disabilities/Needs			Receives Allergy Shots		

Explanation and Dates: (Attach another page if necessary)

HEALTH INSURANCE IS MANDATORY.
Please provide Health Services with a copy (front & back) of your insurance ID card.
Without proof of private insurance, you must purchase Southwestern University Student Insurance through EIA.
(For more information, contact the SU Business Office at 512-863-1928.)
____ I will use Private Insurance.
____ I will use SU Student Insurance.

AUTHORIZATION FOR MEDICAL PROCEDURES:
Permission is hereby granted to Health Services at Southwestern University to authorize medical and surgical services, including physician ordered injections or required immunizations. In case of emergency, when the student is unconscious, Health Services is authorized and requested to refer the student to a duly licensed physician or hospital, and such physician or hospital is authorized to administer such treatment or surgery as appears prudent under the circumstances then existing.

SIGNATURE OF STUDENT (If student is 18 or over)

SIGNATURE OF PARENT OR GUARDIAN (If student is 17 or under)

TO BE COMPLETED BY PHYSICIAN

We appreciate your thoroughness in completing this examination as requested.

STUDENT _____ Date of Birth _____ Gender: M F

Temperature _____ Pulse _____ Blood Pressure _____ Height _____ Weight _____

Vision: Right _____ Left _____ Corrected Vision: Right _____ Left _____

Do abnormalities appear in the following systems?

Describe fully:	YES	NO
1. Head, Ears, Nose or Throat		
2. Skin		
3. Respiratory		
4. Cardiovascular		
5. Gastrointestinal		
6. Eyes (refractive)		
7. Eyes (other)		
8. Genitourinary		
9. Musculoskeletal		
10. Metabolic/Endocrine		
11. Neuropsychiatric		

Date of Examination _____

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME PRINTED _____

Street Address _____

City _____ State _____ Zip _____

Phone: (_____) _____

TUBERCULIN SKIN TEST (PPD) (within last 12 mos.) Date Placed _____ Date Read _____ Results: Negative / Positive

If POSITIVE: Chest x-ray results: _____ Medications: _____

Is the patient currently under treatment for any medical or emotional condition? Yes No

If yes, treatment plan: _____

Is there loss or seriously impaired function of any paired organ? No Yes _____

Do you have any recommendations regarding the care of this student? No Yes _____

A COMPLETE IMMUNIZATION RECORD IS REQUIRED FOR ALL SOUTHWESTERN UNIVERSITY STUDENTS. DO NOT RETURN THIS FORM UNTIL ALL REQUIRED IMMUNIZATIONS ARE RECEIVED AND RECORDED.

MENINGOCOCCAL VACCINE: (required for housing assignment) Date: _____

DIPHTHERIA-TETANUS- PERTUSSIS: Dates: _____

POLIO: Dates: _____

RUBEOLA (MEASLES): Two doses required (or proof of immune titer)
Dates: #1 _____ #2 _____ or Immune titer _____

MUMPS: Date _____

RUBELLA: Date _____

HEPATITIS B – strongly recommended, but not required Dates: #1 _____ #2 _____ #3 _____

HPV (GARDASIL) – strongly recommended, but not required Dates: #1 _____ #2 _____ #3 _____

I certify that the dates listed above for the immunizations are correct and valid.

DATE _____ PHYSICIAN (sign) _____ PHYSICIAN (print) _____

ADDRESS _____ CITY/STATE _____ ZIP _____

RETURN ALL INFORMATION TO: **Dinorah Martinez-Anderson, RN, Director of Health Services**
Southwestern University, P.O. Box 0770
Georgetown, TX 78627-0770

(512) 863-1555 FAX (512) 863-1310

THIS COMPLETED FORM IS DUE JULY 1, 2011.

Immunization Records & Student Health Insurance

Proof of immunizations (“shots”) is a requirement for admission in all institutions of higher education in the state of Texas. A complete immunization record includes your name, date of birth, and dates of all immunizations received throughout your lifetime.

During the transition to Southwestern, “Where do I find my shot records?” is a commonly asked question.

Immunization records are usually available from your family physician, or often they can be found in your family records, such as a baby book, or a booklet given to your parents by your doctor at the time the immunizations were administered. If you are graduating from high school, or transferring from another college or university, your school’s health services office may be able to print a copy of your immunization history from their records.

While receiving your required physical examination, consult with your doctor to be certain that you have received all immunizations specified for Southwestern students on Page 2 of the Health Record, above.

Health insurance coverage, either through your parents or other insurance provider, **is mandatory for all students** at Southwestern University. Students who have accidents or illnesses that cannot be treated on campus are referred to physicians or hospitals in the area. Having health insurance coverage is critical in these situations; otherwise, the visit will be solely at the student’s expense. Any questions regarding student health insurance may be directed to Health Services at 512-863-1555 or the Business Office at 512-863-1927.

Information concerning student health insurance is also available at <http://www.eiaa.org/southwestern/>.

If you have private health insurance coverage, you will need to waive the **student insurance**, and **provide information regarding your private insurance**. These can both be accomplished at <http://www.eiaa.org/southwestern/>.

Please be aware that if proof of insurance is not submitted, you will be billed automatically by our Business Office for the Southwestern University’s Student Insurance.

The completed Health Record form must be submitted **no later than July 1, 2011**, to:

Dinorah Martinez-Anderson, RN - Director of Health Services
Southwestern University P.O. Box 770
Georgetown, Texas 78627-0770

512-863-1252 (phone) 512-863-1310 (fax)

Meningitis Health Information Facts

What is meningococcal meningitis?

Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event.

How is the germ that causes this type of meningitis spread?

The meningococcus germ is spread by direct close contact (kissing, sneezing, coughing, sharing water bottles) with the nose or throat discharges of an infected person. Many people may carry this particular germ in their nose and throat without any signs of illness.

Who gets meningococcal meningitis?

Anyone can get meningococcal meningitis, but it is more common in infants, children, and young adults. College freshmen who live in student housing have a slightly higher risk of getting this infection than others their age.

What are the symptoms?

Most individuals exposed to the meningococcus germ do not become seriously ill; some may develop a fever, headache, vomiting, stiff neck and rash. One –fourth of those who recover may have permanent damage to the nervous system. The disease occasionally causes death.

How soon do the symptoms appear?

After exposure, the symptoms will appear within two to ten days, but generally within five days.

When and for how long is an infected person able to spread the disease?

From the time a person is first infected until the germ is no longer present in nose and throat discharge the disease may be transmitted. The duration varies according to individuals and treatment course followed.

What is the treatment for meningococcal meningitis?

Penicillin is the drug of choice for treatment, although other antibiotics are very effective in eliminating the germ from the nose and mouth.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, etc) need to be considered for preventive treatment. Casual contact as might occur in a regular classroom or office setting is not usually significant enough to cause concern. People who think they have been exposed to meningococcal infection should contact the local health department to discuss whether treatment is advised.

Is there a vaccine to prevent meningococcal meningitis?

Presently, there are two vaccines that will protect against several of the strains of the meningococcal germ.

Is the meningococcal vaccine safe?

Vaccines, like any medicine, are capable of causing problems such as allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that are associated with the disease. Some individuals may experience mild side effects which include redness or pain at vaccine site, warm to touch, and mild fever.