Cottey College Student Health Form

All medical information is STRICTLY CONFIDENTIAL, available only to Health Services' personnel. Please complete this form and return it in the envelope provided. You must meet the immunization requirements and have your complete health record on file before your arrival at Cottey or residence hall check-in may be denied.

Entering Fall/Spring Year _____ Social Security Number _____ Date of Birth _____
Name _____ E-Mail Address _____
Cell Phone Number _____ Home Phone Number _____
Address _____
street city state zip country

Parent/Guardian or Other Person to Notify in Case of Emergency
Name _____ Relationship _____
Address _____
street city state zip country
Day Phone Number _____ Home Phone Number _____
Cell Phone Number _____

Family Physician or Clinic Name _____
Address _____
street city state zip country
Office Phone Number _____

Tuberculosis Screening for All Foreign Born Students

All foreign born students are required to have a chest x-ray before one month of entering Cottey. Please send a copy of the written report to Health Services before your arrival. Chest x-ray ___/___/___ BCG vaccination ___/___/___

If you have received a BCG vaccine as an infant, you are required to have the QuantiFERON blood draw. The QuantiFERON blood draw is a specialized test administered to aid in the detection of tuberculosis. Because QuantiFERON does not interact with BCG vaccine, it gives an accurate indication of the presence of tuberculosis germs in the body. A positive QuantiFERON test and a negative chest x-ray indicates latent tuberculosis infection and preventative medication therapy (e.g., INH) is required. The QuantiFERON blood draw is scheduled during Orientation at Cottey, and the fee is applied to your Business Office statement.

If you have a positive chest x-ray then:
Medical treatment for active tuberculosis is required, and then approval from the vice president for student life is required to attend Cottey. Documentation must be submitted to Health Services, including physician's notes, lab work, chest x-ray report, negative sputum test, and clearance to attend college.

Tuberculosis Screening for Domestic Students

All domestic students are required to have a tuberculin skin test within the past six months before your arrival at Cottey. Please enclose a verification or photo copy of completed skin test to Health Services before your arrival.

Date Given	**Date Read**	**Result**	**Chest X-Ray** __/__/__
__/__/__	__/__/__	_____ mm	A ***newly*** positive skin test requires a chest x-ray with the written report submitted to Cottey Health Services.

If you have a positive skin test and a negative chest x-ray then:
Begin the preventative medication therapy (e.g., INH) for latent tuberculosis and submit documentation to Health Services.

If you have a positive skin test and a positive chest x-ray then:
Medical treatment for active tuberculosis is required, and then approval from the vice president for student life is required to attend Cottey. Documentation must be submitted to Health Services, including physician's notes, lab work, chest x-ray report, negative sputum test, and clearance to attend college.

A ***previous*** positive skin test and/or previous tuberculosis treatment requires documentation of medication therapy, a current negative chest x-ray, and/or negative sputum test sent to Health Services.

Cottey College Record of Immunization

Please send a photo copy of immunization documentation. Acceptable copies may be from your physician's office, health department, previous high school, or college record. Forms may be mailed to Cottey College, Health Services, 1000 W. Austin, Nevada, MO 64772 or faxed to Cottey Health Services at (417) 448-1020, or scanned and e-mailed to swest@cottey.edu. Residence hall check-in may be denied without completed forms.

Student Name _____ **Birth Date** _____
Cell Phone Number _____ **E-Mail Address** _____

REQUIRED VACCINATIONS	**DATE**	**DATE**	**DATE**	**DATE**
MMR (measles, mumps, and rubella)	___/___/___	___/___/___		
Two doses required at least 28 days apart for students born after 1956.				
OR				
Measles	___/___/___	___/___/___		
Two doses required.				
Mumps	___/___/___			
One dose required.				
Rubella	___/___/___	___/___/___		
Two doses required.				
Diphtheria-Pertussis-Tetanus	___/___/___	___/___/___	___/___/___	___/___/___
Primary series, four doses acceptable.				
Polio	___/___/___	___/___/___	___/___/___	
Primary series, doses at least 28 days apart, three doses acceptable.				
Tdap or Tetanus Booster	___/___/___			
Must be within past ten years.				
Hepatitis B	___/___/___	___/___/___	___/___/___	
Three doses required.				
Meningococcal	___/___/___			
Hepatitis A	___/___/___	___/___/___		
Two doses required.				
Varicella	___/___/___	___/___/___		
History of disease.	___/___/___			

REQUIRED VACCINATION FOR STUDY ABROAD PROGRAM

Yellow Fever ___/___/___
If traveling to or from a country where a risk of yellow fever transmission is present.

Medical Insurance

Please enclose a photo copy of insurance card, front and back. It is highly recommended each student have medical insurance to protect against the potential major costs of accident or severe illness. All international students are required to carry insurance through the provider selected by Cottey College.

Please check one: ☐ I AM covered by the hospital/medical insurance program(s) listed below.
☐ I AM NOT covered by a hospital/medical insurance program.

Subscriber Name _____ Relationship to Student _____
Subscriber's Date of Birth _____ Subscriber's Social Security Number _____
Group Number _____ Certificate Number _____
Company Name _____
Address _____
street city state zip country
Phone Number _____

Medication Information

Please list the medications you take daily.	
Medication	Strength

Are you allergic to any medications?
Medication

Family History

Has any blood relative (parent, sibling, or grandparent) ever had the following?

Mark All That Apply	Yes	No	Relative
Cancer			
Kidney Problems			
Asthma			
Heart Attack or Stroke			
Epilepsy or Seizures			
Mental or Emotional Illness			

Past or Current Illness or Conditions: Have You Ever Had or Do You Have Now?

Mark All That Apply	Yes	No	Detail
Active tuberculosis			
Arthritis			
Asthma			
Attempted suicide			
Bone or joint problems			
Cancer			
Depression			
Diabetes			
Do you smoke?			
Eating disorder			
Epilepsy/seizures			
Eye problems			
Frequent ear infections			
Frequent indigestion			
Frequent sore throats			
Gall bladder problems			
Head trauma/concussion			
Heart murmur/palpitations			
Hemorrhoids			
High blood pressure			
Hives, rashes			
Immune system disorder			
Insomnia			
Jaundice, hepatitis			
Kidney stones			
Menstrual irregularities			
Mental illness			
Pneumonia/bronchitis			
Pregnancy			
Recurrent back pain			
Severe headaches			
Surgeries			
Thyroid disease			
Other issues			

Student Health Services Consent Form

A medical history and immunization record are required of all new students by Cottey College.

Each student should make provisions for personal health insurance and costs for any medical treatment needed beyond that provided at the Health Services Office. With the exception of medications, which may be prescribed, and special tests which may be conducted when necessary, treatment at the College Health Services Office is provided without cost to the student. A physician provides health services for up to one hour each weekday. Health care services are provided only within the health care facility.

I grant permission for the health professionals who are engaged by Cottey College to render such health care as in their judgment seems advisable and to make necessary referrals to other physicians and facilities as indicated for this student in the event of illness or accident. Referrals may be made for lab work, x-rays, pelvic examinations, counseling, psychological or psychiatric services, or other services or consultations deemed appropriate.

In the event of any emergency requiring surgical treatment, I hereby grant permission to any surgeon designated by a College physician to perform surgery. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the surgeon.

I hereby accept financial responsibility for the expense of health care services which are considered necessary or desirable in the judgment of a College physician.

I certify that I have reviewed this form and that the information contained herein is true and complete.

_____ _____

Signature of student 18 years old or older Date

_____ _____

Signature of legally responsible parent/guardian if student under 18 Date