

MIDAMERICA NAZARENE UNIVERSITY

INTERNATIONAL STUDENT HEALTH FORM

PART 1: Personal Data and Health History

This form is confidential and is required of all International MidAmerica Nazarene University students.

PERSONAL DATA

Name: _____ Birth date: ____/____/____ (Circle one)
Male Female

Mailing Address: _____

Country: _____ TEL: _____ Cell: _____ Email: _____

Parent or Guardian: _____ TEL: (work or cell) _____ (home) _____

Mailing Address: _____

Country: _____ Email: _____

Alternate person to be notified in case of an emergency WITHIN THE UNITED STATES:

Name: _____ Relationship to Student: _____

Mailing Address: _____

Country: _____ TEL: _____ Cell: _____ Email: _____

HEALTH INSURANCE INFORMATION

If you are covered by health insurance, either your own or a parent's policy, it is important that you carry a card from the insurance company with you. If you are unable to obtain a card, at least carry a Xerox copy that contains the information from both sides of the card since most medical facilities require proof of insurance.

HEALTH HISTORY INFORMATION

Allergies or sensitivity to medications: _____ Food allergies: _____

Other allergies: _____ Do you wear contact lenses: _____ Hearing aid(s): _____

Are you taking **ANY** medication? _____ If yes, please list each one: _____

Please list hospitalizations (include diagnosis/surgery with date):

Do you have any physical limitations or special needs: _____ Explain: _____

Please check any of the following conditions which you currently have or which you have experienced in the past:

Yes	No	Acute infectious disease
		Chicken Pox
		Hepatitis
		Infectious mononucleosis (mono)
		Pneumonia
		Tonsillitis
		Typhoid
		Sexually transmitted diseases
		Other: _____
		Other: _____
		Other: _____

Yes	No	Other Diseases
		Alcoholism/drug addiction
		Anemia
		Arthritis
		Bleeding disorder
		Cancer
		Chronic bronchitis
		Chronic skin disease (eczema, psoriasis)
		Convulsions, seizures (epilepsy)
		Dental problems
		Diabetes
		Digestive tract disease (ulcer, colitis)
		Gallbladder/liver disease
		Glaucoma
		Hay fever

Yes	No	Other Diseases Cont.
		Head injury
		Heart disease (rheumatic fever, murmur)
		High/low blood pressure
		HIV infection
		Kidney or bladder disease
		Low blood sugar
		Malaria
		Orthopedic problems (knee, back)
		Prolonged depression or anxiety
		Speech, hearing, vision problem
		Severe headache (migraines)
		Thyroid or endocrine disturbance
		Tuberculosis
		Other: _____
		Other: _____

Yes	No	Menstrual history (female only)
		Age of onset: _____
		Problems (cramps, irregular, excessive flow)
		Oral contraceptives
		Female injections
		Pregnancies

Please provide some explanation of items checked yes above or of any other concern:

- If you require a special diet, please notify campus food service to discuss possible arrangements to meet your needs.

STUDENT SIGNATURE: Your signature below indicates that the information you provided is accurate and complete and that all immunizations and required tests have been correctly and truthfully recorded.

Signature of Student

Date

PARENT/LEGAL GUARDIAN: The following is to be read and signed by the student's parent or legal guardian if the student is under 18 years of age.

I, the undersigned, have completed the above information to the best of my knowledge. I understand that the student will be responsible for making his or her own decisions related to health issues/treatment and any services are the student's decision. I give consent for the student to be treated at the Student Health Services Clinic if he or she so desires. I am also aware that in the event of an emergency that the local emergency system (911) will be activated if the named student is believed to be experiencing a medical emergency.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

Please return pages 1-5 of the International Student Health Form with other application materials to:

**International Student Office
MidAmerica Nazarene University
2030 E. College Way
Olathe, Kansas 66062 USA**

(Tel: 913-971-3380 Fax: 913-971-3481)

PART 2: International Student Immunization Record

To Be Completed By Medical Provider

To be considered for admission into MNU, all international students **must submit a copy of their immunization record.** These records must be verified and signed by a medical provider or health official. (**WRITE** in month, day, and year of **ALL** immunizations).

(Please indicate month, day, and year for all dates.)

1. Verification of administration of two MMR (measles, mumps, and rubella) immunizations.

First MMR (immunized after 12 months of age): Date (mo/day/year) ____/____/____
Second MMR (immunized at 4 years of age or later): Date (mo/day/year) ____/____/____

2. Verification of administration of Td (tetanus/diphtheria) vaccine. (Must be within the last ten years)

Td (tetanus/diphtheria) booster: Date (mo/day/year) ____/____/____

3. Verification of administration of Meningitis (Students in residential housing) – Check appropriate box

- Received vaccine Date (mo/day/year) ____/____/____
- Signed wavier form (page five)

4. Verification of TB (tuberculosis) screening.

All newly-enrolled or re-enrolled international students must have a TB screening performed in the U.S. within the past 12 months **prior** to the start of the semester. Documentation must be presented for any prior treatment for latent or active tuberculosis and a chest X-ray will be required. Chest X-rays will also be required for any student with a positive TB screening, unless documentation of a normal chest X-ray performed in the U.S within the past six months is presented.

Date of skin test: _____ Result: _____
Date of chest x-ray, if done: _____ Result: _____
Prescribed treatment of significant findings: _____
_____ Treatment start date: _____

5. Verification of immunization for Polio.

Date of immunization as a child: (mo/day/year) ____/____/____
Date of IVP injection for an adult who has never been immunized against polio: (mo/day/year) ____/____/____

Signature of Physician or Health Official Date Signed Printed name of Physician or Health Clinic

Complete Mailing Address of Physician, Health Clinic or Health Official:

Additional medical requirements may be necessary upon arrival to the campus to meet current State and Federal health regulations.

Costs associated with physicals, vaccinations or the Tb screening process to meet these regulations will not be covered by the University and will be the responsibility of the student.

MENINGITIS HEALTH INFORMATION FACTS POLICY AND WAIVER INFORMATION

MIDAMERICA NAZARENE UNIVERSITY

To reduce the spread of bacterial meningitis among the student population, the MIDAMERICA NAZARENE UNIVERSITY Campus requires all students living in MIDAMERICA NAZARENE UNIVERSITY residence housing are to receive the meningitis vaccination. All **students living in residence housing** must either provide written documentation of immunization or sign a waiver to indicate they have been informed about the disease and vaccine and have chosen not to be immunized. Non-compliant students will be placed on administrative hold following the first week of classes and remain on administrative hold until the compliance is documented with Student Health Services. Students will be unable to enroll for the following semester until the hold is released. Furthermore, it is strongly recommended that students living in other forms of group housing receive the vaccination. The MIDAMERICA NAZARENE UNIVERSITY campus encourages all other students to consider vaccination as well as to become knowledgeable about meningitis and its symptoms in order to reduce their personal risk.

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. Clusters of cases or outbreaks are also possible.

Who gets meningococcal Meningitis?

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

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

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

What are the symptoms?

Although most people exposed to the meningococcus germ do not become seriously ill, some may develop fever, headache, vomiting, stiff neck and a rash. Up to 25 percent of patients who recover may have permanent damage to the nervous system. The disease occasionally causes death.

How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually 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 discharges from the nose and throat, he or she may transmit the disease. The duration varies among individuals and with the treatment used.

What is the treatment for meningococcal meningitis?

Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for meningitis.

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, health care personnel performing mouth-to-mouth resuscitation, day care center play-mates) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for rifampin from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern. People who think they have been exposed to meningococcal infection should contact their local health department to discuss whether they should receive preventive treatment.

Is there a vaccine to prevent meningococcal meningitis?

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

WAIVER OF MENINGOCOCCAL MENINGITIS IMMUNIZATION

My signature below signifies that I have received and read the material provided to me on meningitis as provided by MIDAMERICA NAZARENE UNIVERSITY. I have chosen not to be immunized. In the event I contract meningitis, I waive any claim against the University as a result of my failure to receive the vaccination.

(Signature of Student)

(Date)

(Signature of Parent of Guardian, if student is under 18 years of age)

(Date)