To: Incoming Residential Students
From: Student Health Services
Subject: Student Immunization and Medical History Form

This is to inform you that Wright State University has adopted a "Policy on Resident Immunization." The policy requires Resident Students to present evidence of up-to-date immunizations prior to moving into a University owned or managed property.

Required immunizations are:
1. A recent Tetanus/diphtheria (Td) booster as an adult (within 10 years).
2. Mumps, Measles, Rubella (MMR) -- two (2) doses: first injection at least 12 months after birth, and second injection prior to college arrival.

Complete the Medical History Form for Residential Students and return to:

Student Health Services
051 Student Union
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001

PRIOR to the first day of the Semester. Failure to submit a completed form may result in a "HOLD" being placed upon your registration.

Thank you for your cooperation. Any questions may be answered by calling (937)775-2552, Monday through Friday 8:30 am -5:00 pm.

Please note:

We take our last walk-in patients at 4:30 pm.

We are closed for lunch, taking the last walk-in patients 11:30 am and reopening at 1pm.
WRIGHT STATE UNIVERSITY
MEDICAL HISTORY FORM
RESIDENTIAL STUDENTS

DATE: _____________________
UID#: _________________

(Print)
NAME ________________________________________________________________

LAST NAME   FIRST NAME   MIDDLE NAME

ADDRESS _________________________________________________________________

STREET OR P O BOX  CITY  STATE  ZIP

DATE OF BIRTH ___________________________   PLACE OF BIRTH _________________________

GENDER   MALE _______  FEMALE _______

LOCAL HOME PHONE NUMBER ___________________________  CELL PHONE NUMBER ___________________________

PERSON TO NOTIFY IN AN EMERGENCY ___________________________   THEIR PHONE # ___________________________

INSURANCE INFORMATION (Please include at least one of the following numbers)

NAME AND ADDRESS OF INSURANCE CO _____________________________________________________________

POLICY HOLDER’S NAME ___________________________  POLICY # ___________________________

ID # ___________________________  MEMBER # ___________________________  GROUP # ___________________________

ALLERGIES   TO MEDICATION ___________________________  TO FOOD ___________________________

CURRENT MEDICATIONS (INCLUDING DOSAGE) __________________________________________________________
Have you ever had, or do you currently have, any of the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Anemia or other blood disease</td>
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<td>2. Asthma</td>
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<td>3. Bone or joint disease</td>
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<td>4. Chickenpox</td>
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<td>5. Diabetes</td>
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<td>6. Heart disease</td>
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<td>7. Kidney disease</td>
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<td>8. Lung disease</td>
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<td>9. Rheumatic Fever</td>
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<td>10. Seizures</td>
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<td>11. Other (please specify)</td>
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REQUIRED IMMUNIZATIONS

TETANUS (TETANUS, TD, DT, TDAP) WITHIN THE PAST TEN YEARS

WITHIN THE PAST TEN YEARS

MONTH / DAY / YEAR

MMR (Measles, Mumps, Rubella)
TWO (2) DOSES AFTER AGE ONE (1) YEAR
AND MINIMUM 30 DAYS APART

MONTH / DAY / YEAR

RECOMMENDED IMMUNIZATIONS

HEPATITIS B (Three doses of vaccine)

Dose #1 _____/_____/_____  Dose #2 _____/_____/_____  Dose #3 _____/_____/_____  MM
DD       YY       MM       DD       YY       MM       DD       YY

MENNINGITIS VACCINE  Date  __________

SIGNATURE AND CONSENT

(IF STUDENT IS UNDER 18 YEARS OF AGE, BOTH STUDENT AND PARENT MUST SIGN)

I certify that the medical facts stated above are true to the best of my knowledge. I hereby consent to the performance of diagnostic procedures, including x-ray and laboratory tests, pelvic examinations, and the administration of treatments or medications that any physician or dentist associated with or consulted by Student Health Services deems necessary, and I agree to pay any charges for services not covered by university fees or by insurance.

I hereby consent to the release of medical information to the appropriate university representatives.

Signature of student  Date  Signature of parent or legal guardian  Date if student is under 18