Wright State University
Student Health Services

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

This is to inform you that Wright State University's "Policy on Resident Immunization" requires residential students to present evidence of up-to-date immunizations prior to moving into a University owned or managed property. For the residential student to be in compliance with this policy, it is necessary to submit the Medical History Form for Residential Students and a copy of immunization records to Student Health Services.

Please note: the 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.

****WRITTEN PROOF OF IMMUNIZATIONS MUST BE SUBMITTED ALONG WITH YOUR MEDICAL HISTORY FORM****

Prior to the first day of the semester, complete the Medical History Form for Residential Students and submit directly to:

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

Failure to submit a completed form and immunization records will result in a "HOLD" being placed upon your registration until the completed document is received and review indicates that the required immunizations are in compliance with university policy.

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 11:30 a.m. in the morning and 4:30 p.m. in the afternoon.

STUDENT HEALTH SERVICES
051 STUDENT UNION
3640 COLONEL GLENN HWY
DAYTON, OH 45435
PHONE (937) 775-2552
FAX (937) 775-2277

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?

	Yes	No		Yes	No		Yes	No
1. Anemia or other blood disease			**5. Diabetes**			**9. Rheumatic Fever**		
2. Asthma			**6. Heart disease**			**10. Seizures**		
3. Bone or joint disease			**7. Kidney disease**			**11. Other (please specify)**		
4. Chickenpox			**8. Lung disease**					

REQUIRED IMMUNIZATIONS ****WRITTEN PROOF OF IMMUNIZATIONS MUST BE SUBMITTED WITH THIS FORM.****

TETANUS (TETANUS, TD, DT, TDAP) _____/_____/_____
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 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

MENINGITIS VACCINE Dose #1 ____/____/____ Dose #2 (over age 16) ____/____/____
MM DD YY MM DD YY

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 health care professional 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 if student is under 18 Date