

Welcome to the Concordia community from CSP Health Services!

A registered nurse is on duty during the traditional student schedule, Monday-Friday from 9-3 mid-August-mid-May.

Please complete the Health History and Immunization Record Forms and return them to Admissions as soon as possible. They will be reviewed by the nurse and kept on file in Health Services. Your Health History is a confidential record and none of the information will be released to others without your written consent. This information will help to plan for your health care needs and will provide vital information if an emergency situation should arise.

All universities and colleges are required by Minnesota Law (M.S.135A.14) to maintain immunization records for each student. Minnesota law requires **all** college students to be immunized for **Tetanus and Diphtheria (Td) within the past 10 years**. College students born **after** 1956 must be immunized for **Measles, Mumps, and Rubella (MMR) after the age of 12 months**. Please provide this information **before registration and your arrival on campus**.

Minnesota does not yet require Hepatitis B or Meningitis immunizations, but the American College Health Association and Center for Disease Control highly recommends that students receive them.(See enclosed information on Hepatitis and Meningococcal Disease). Please discuss this with your health care provider. If you have had these immunizations, please provide the dates for them also.

We look forward to meeting you and assisting you in your health and wellness needs. Please contact us with any concerns or questions.

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9/07

Student Health History and Information

Name _____ Date of Birth _____
Last First MI Month/Date/Year

Social Security Number _____ - _____ - _____ Expected date of arrival _____

circle all that apply Student Status: Full-time Part-time Marital Status: single engaged married separated/divorced

Home address _____
Street City State Zip code

Home phone # _____ - _____ Work Phone # _____ - _____
Area code number Area code number

Address and telephone number during the school year, if different: _____

EMAIL address: _____

Emergency Contact Person: _____ Name relationship
Daytime Tel # _____ Evening Tel # _____

Medical Insurance Name _____ policy/ID number _____

Group Name/ Number _____ Policy Holder _____

Policy Holder: Date of Birth, Gender, Address: _____

Allergies to medications:

Allergies to foods or environment: _____

Current Medications (prescription & non-prescription, incl. herbal or vitamin supplements, oral contraceptives, home remedies, etc.) List the medication and why you are taking it:

Date of last physical exam: _____ dental exam: _____

Date of last eye exam: _____ Vision: Right Eye _____/20 Left Eye _____/20

Do you wear corrective lenses? Yes No Contact lenses? Yes No Vision correctable to 20/20? Yes No

Height _____ Weight _____ Desired Weight _____

PAST MEDICAL HISTORY

Check if you **have now** or have **ever had** any of the following:

Date/Comments

- Alcohol or other drug abuse or dependency _____
- Anemia (iron deficient, sickle cell, etc.) _____
- Arthritis _____
- Asthma _____
- Loss of Vision, Hearing, Sensation, Smell, or Taste _____
- Blood disorders (bleeding/clotting disorders, stroke, etc.) _____
- Bone fractures or dislocations _____
- Bowel problems (chronic constipation or diarrhea/colitis) _____
- Cancer _____
- Diabetes _____
- Chronic Headaches (Migraine, Tension, etc.) _____
- Heart murmur _____
- Heart problems (anomaly, heart arrhythmias, coronary artery disease, etc.) _____
- Hepatitis _____
- Hypertension (high blood pressure) _____
- Menstrual Problems _____
- Pelvic Inflammatory Disease _____
- Rheumatic Fever _____
- Seizures or Epilepsy _____
- Sexually Transmitted Disease _____
- Skin problems (eczema, psoriasis, etc.) _____
- Large number of moles, unusual moles, difficulty tanning, etc. _____
- Head Injury (loss of consciousness, concussion, etc.) _____
- Spinal Problems – Neck or Back (injury, scoliosis, etc.) _____
- Mobility Problems (paraplegia, quadraplegia, etc.) _____
- Learning Disability (ADD/ADHD, dyslexia, etc.) _____
- Loss of Limbs (from accident or birth) _____
- G.E.R.D. (Gastroesophageal reflux disorder) _____
- Ulcers (Stomach or Intestinal) _____
- Urinary Tract Problems (bladder/kidney, infections, kidney disease, etc.) _____
- Exposure to hazardous substance (asbestos, lead, pesticides, radiation, etc.) _____
- Congenital disorder (Spina Bifida, Cystic Fibrosis, Cerebral Palsy, etc.) _____
- Hernia _____
- Carpal or Tarsal Tunnel Syndrome _____
- Tuberculosis _____
- Mental Illness (major depression, anxiety disorder, bipolar disorder, etc.) _____
- Eating Disorder (Anorexia, Bulimia) _____
- Chronic Pain _____
- Other (chronic or recurring illnesses such as asthma or malaria, etc.) _____

Ever been hospitalized overnight? If yes, where, when, how long, and for what reason: _____

Ever had surgery? If yes, what type and when: _____

FAMILY HISTORY

(mark A&W for alive and well, list any serious health conditions for each person, and if deceased, list age of death, cause of death , and year died)

Mother _____
Father _____
Brothers and Sisters _____

Have any of your blood relations had any of the following:

- Heart Disease (especially onset before age 50) Sudden unexplained death Cancer Diabetes
- Hypertension (high blood pressure) Alcoholism/Chemical Dependency
- Hyperlipidemia (high cholesterol) Mental Illness (depression, Bipolar, Schizophrenia, etc.)
- Osteoporosis Scoliosis

Meningococcal Disease and the Vaccine: What College Students Need to Know

What is meningococcal disease?

Also known as meningitis, it is a bacterial infection of the brain and spinal cord coverings. It is a very serious and life-threatening infection.

About 2,800 people get meningococcal disease each year in the U.S. About 10-15% of these people die. Of those who recover, 10% experience serious long-term effects such as hearing loss, diminished mental capacity, loss of fingers or toes, seizures and other nervous system problems.

How does meningococcal disease spread?

Meningococcal disease is spread by close or direct contact with secretions from the nose and throat. Kissing, sharing silverware, drinking directly from the same container, sharing a cigarette or lipstick, and coughing are examples of how it spreads.

What are the symptoms of meningitis?

Symptoms of meningococcal meningitis can include a high fever, headache, a very stiff neck, confusion, nausea, sensitivity to light, vomiting, and exhaustion. A rash may also develop.

You may become seriously ill very quickly, so contact your student health service or health care provider immediately if you have 2 or more of these symptoms.

How can I protect myself from getting meningococcal disease?

Wash your hands often and avoid sharing silverware, drinking containers, lip stick/gloss and smoking materials. There is a vaccine that can prevent meningococcal disease.

What should I know about the meningococcal vaccine?

The vaccine is highly effective (85-100%) at preventing 4 of the 5 major strains of bacteria that cause meningococcal meningitis.

Only one dose of the vaccine is needed.

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine causing serious harm is extremely small. Getting the vaccine is much safer than getting the disease.

The vaccine is recommended by the American College Health Association, the Center for Disease Control and the American Academy of Pediatrics.

How can I learn more about meningococcal disease and the vaccine?

Ask your student health service or your health care provider.

Call your local health department's immunization program or the Centers for Disease Control and Prevention (CDC): 1-800-232-2522.

Visit the following sites:

Minnesota Department of Health

www.health.state.mn.us/divs/idepc/diseases/meningococcal

National Center for Infectious Disease

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm

American College Health Association

www.acha.org/projects_programs/meningitis/index.cfm

National Meningitis Association

www.nmaus.org

Anyone can get meningococcal disease, but college freshmen living in dorms are at increased risk. Please discuss this with your health care provider and consider getting immunized.

HEPATITIS FACTS

Hepatitis A

Transmitted by:

- Having close personal or sexual contact with an infected person
- Contaminated food or water

Infection Complications:

- Severe liver infection and sickness for up to 6 months

There is a vaccination to protect you.

Hepatitis B

Transmitted by:

- Infected blood or body fluids (semen, vaginal secretions)
- Tattoos and/or body piercings
- Passing from mother to child in birth
- Sharing toothbrushes, razors, tweezers (objects with blood)
- Unsafe sex
- Sharing needles and/or syringes
- Snorting cocaine

Infection Complications:

- Severe liver infection (long term)
- Cirrhosis (liver damage)
- Liver cancer

There is a vaccine (series of 3) available and **recommended for College students.**

Hepatitis C

Transmitted by:

- Sharing needles and/or syringes
- Contact with infected blood

Infection complications:

- Long-term liver infection
- Cirrhosis (liver damage)/liver failure
- Liver cancer

There is no available vaccine for Hepatitis C

Protect Yourself from Infection

Practice good personal hygiene-wash hands after using bathroom, before eating or preparing food.

Don't inject street drugs or anabolic steroids.

Don't use needles, razors, toothbrushes, tweezers, earrings, etc. that aren't yours.

Practice abstinence, monogamous relationship, safer sex.

When traveling to developing country, drink boiled or bottled water, no ice or unpeeled fruit or vegetables. Get Hepatitis A immunizations before travel to these places.

Get immunizations for Hepatitis B before arriving at college.

3/08