OFFICE USE: ☐ Form signed ☐ HB/M ☐ MMRx2 ☐ TB test/Xray ☐ Doctor signature

HEALTH AND IMMUNIZATION RECORD

Every section of this form – BOTH SIDES – must be thoroughly completed and returned to the Milligan College Admissions Office PRIOR to a student being allowed to attend classes, per federal law. New students will not be assigned housing until the completed form is submitted.

PART I: STUDENT INFORMATION

Full Name: ____ Date of Birth: _____ / _____ / _____

Address: ______________________________ City, State, Zip: _______________________________

Home Phone: _______________ Cell Phone: ________________ Email: _________________________

Entering Semester and Year: ________________ Status: ☐ Part-time ☐ Full-time ☐ Undergraduate ☐ Graduate

PART II: STUDENT HEALTH INSURANCE

Name of Insurance Company: ____

Name of Policy Holder: __________________________ Policy or Group Number: ____________________

☐ I will be securing health insurance but do not have it at this time. (Visit www.ejsmith.com to view the Sentry Student Security Plan for your consideration and application. This insurance is not provided through Milligan College but offered as a courtesy.)

PART III: Meningococcal Meningitis and Hepatitis B Immunization Health History Form

Student and Parent or Guardian please read carefully the information below; complete the correct responses and sign.

The General Assembly of the state of Tennessee mandates that each private or public postsecondary institution in the state provide information concerning hepatitis B infection to all students entering the institution for the first time. Those students who will be living in on-campus housing must also be informed about the risk of meningococcal meningitis infection. The required information below includes the risk factors and dangers of each disease as well as availability and effectiveness of the respective vaccines for persons who are at risk for the diseases. The information concerning these diseases is from the Centers for Disease Control (CDC) and the American College Health Association. The law does not require that students receive the Hepatitis B and Meningococcal vaccinations for enrollment: however, it is strongly recommended by the American College Health Association and the Centers for Disease Control. For more information contact your healthcare provider or visit the CDC website at www.cdc.gov/health/default.htm.

Hepatitis B is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids, and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injection drug use. This disease is completely preventable with the Hepatitis B vaccine which is available to all age groups. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two doses have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

☐ I hereby certify that I have read this information and **have received the initial dose of Hepatitis B vaccine.**
Date of initial dose of vaccine: ___/___/___

☐ I hereby certify that I have read this information and **have elected not to receive the Hepatitis B vaccine.**

Meningococcal Disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by air borne transmission primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and/or death. There are five different subtypes (sereogroups) of the bacterium that cause Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease including serogroups A, C, Y and W-135. The duration of protection is approximately three to five years. The vaccination is very safe. Adverse reactions are mild and infrequent consisting of primarily redness at the injection site lasting up to two days. The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshman(particularly those who live in dormitories or residence halls) be informed about Meningococcal disease and the benefits of vaccination and that those students who wish to reduce their risk for disease be immunized. Any undergraduate students who wish to reduce their risk for disease may also choose to be vaccinated.

☐ I hereby certify that I have read this information and **have received the Meningococcal Meningitis vaccine.**
Date of Meningococcal Meningitis vaccine: ___/___/___

☐ I hereby certify that I have read this information and **have elected not to receive the Meningococcal Meningitis vaccine.**

Signature of Student (or Parent/Guardian if student is under 18): ____________________________ Date: ____/____/____

OVER to complete Immunization Information

This page is to be completed and signed by your healthcare provider. It must be thoroughly completed or it will not be accepted and you will not be permitted to attend classes.

Student Name: ____ Date of Birth: _____/_____/_____

Part IV: *REQUIRED* IMMUNIZATIONS

A. MEASLES, MUMPS, RUBELLA: Dose #1 _____ / _____ / _____ Dose #2 _____ / _____ / _____
Students born on or after January 1, 1957, are required to provide proof of 2 doses of MMR vaccine on or after the first birthday or proof of immunity.

B. TUBERCULOSIS TEST required for all international students within the last 12 months.
TB skin test placed intradermally into the volar surface of forearm (Mantoux only: injecting 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU]). A history or BCG vaccination should not preclude testing of a member of a high-risk group.

Skin Test: Date given: _____/_____/_____ Date read: _____/_____/_____ Result: _____mm. ☐ Positive ☐ Negative
Chest X-ray (required for positive TB test): ☐ Positive ☐ Negative Date and Duration of Treatment: _________________

Part V: *RECOMMENDED* IMMUNIZATIONS

	Dose 1	*Dose 2*	*Dose 3*	*Dose 4*
	mm/yy	*mm/yy*	*mm/yy*	*mm/yy*
DTAP / DTP (4 doses)				
TD Booster (within last 10 years)				
POLIO: OPV (3 doses) or IPV (4 doses) or IPV/OPV (4 doses)				
INFLUENZA				
MENINGOCOCCAL				
VARICELLA (2 doses)				
OR history of disease: ☐ Yes (mm/yy) ☐ No OR Varicella Antibody ______ / ______ (mm/yy) Result: ☐ Reactive ☐ Non-reactive				
HEPATITIS B (3 doses)				
OR Hepatitis B Surface Antibody ______ / ______ (mm/yy) Result: ☐ Reactive ☐ Non-reactive				
TB Test Date: ___/___/___ ☐ Positive ☐ Negative Results: ___mm. Chest X-ray: ☐ Positive ☐ Negative				

Part VI: ALLERGIES

Medications: ____ Other: ___________________________________

Part VII: HEALTHCARE PROVIDER INFORMATION:

Healthcare Provider Name: ____ Phone: _____________________

Address: _______________________________________ City/State/Zip ____

→ Healthcare Provider Signature: ____ Date: ______/______/______

Return to: Milligan College Admissions, PO Box 210, Milligan, TN 37682. Fax: 423.461.8982