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AU Health Services
864.622.6078

HEALTH AND IMMUNIZATION FORM *INSTRUCTIONS*

Welcome to Anderson University! We are glad you have chosen AU to meet your higher education goals. According to University policy, a completed Health & Immunization Form is required of all students. We look forward to serving your health care needs while you are a student at AU.

The **Health and Immunization Form** contains valuable information including medical history, allergies and immunizations. This information enables us to provide you with the best possible care. Information provided will not affect admission but must be completed and on file in Health Services before classes begin. **Failure to meet this requirement may result in a hold on your account and a delay in your ability to register for classes.**

Information is strictly for use by Health Services and will not be released without the student's consent. Health records will be maintained for 3 years after a student has graduated or left the university. After that time the record will be destroyed in an approved manner.

CHECKLIST FOR COMPLETING THIS FORM:

- Page 1 - Medical History Form. Complete and sign consent for Emergency Notification.
- Page 2 - Medical History Form. Complete and attach a copy of the front and back of your health insurance card.
- Page 3 - Provide a copy of an *Official Immunization Record to include:
 - 2 dates MMR
 - Tetanus (Tdap) given within 10 years
 - Meningitis section: Either provide a date of immunization or sign declination
- Page 4 - Tuberculosis screening questions.

MAIL, FAX, OR EMAIL COMPLETED FORMS PRIOR TO DEADLINE.

FALL ADMISSION: AUGUST 1st SPRING ADMISSION: DECEMBER 1ST

MAIL TO: Anderson University Health Center
316 Boulevard, Box 984
Anderson, S.C. 29621

FAX TO: 864-622-6013

EMAIL TO: auhealthforms@andersonuniversity.edu

IMPORTANT DETAILS:

- This form is required for all undergraduate students
- **ATHLETES:** This form is required IN **ADDITION** to the forms required by the Athletic Department

REVIEW YOUR HEALTH FORM TO ENSURE YOU HAVE COMPLETED ALL PAGES AS INSTRUCTED (refer to the Checklist above). NOW THAT YOUR FORM IS COMPLETE PLEASE MAKE A COPY OF ALL RECORDS PRIOR TO SUBMITTING TO AU HEALTH SERVICES.

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For clinic use only:

P.C.: _____

Hold Removed: _____

Completed: _____

MEDICAL HISTORY FORM

1. (PLEASE PRINT OR TYPE)

Last name	First name	Middle name	Student ID#		
Date of Birth	Male/Female		Country of Birth		
Permanent Address	City	State	Zip Code	Telephone	
Local Address (Commuter)	City	State	Zip Code	Telephone	
Student Cell Phone					

2. ATHLETE: Yes ___ No ___ Sport _____

(DOES NOT INCLUDE HIGH SCHOOL OR INTRAMURAL SPORTS)

***IF YOU ARE AN ATHLETE YOU ARE REQUIRED TO FILL OUT THIS FORM
IN ADDITION TO THE FORMS REQUIRED BY THE ATHLETIC DEPARTMENT.**

3. SEMESTER YOU PLAN TO ENTER: Fall Spring Year _____ Resident Commuter
CLASS: Freshman Sophomore Junior Senior Graduate Adult Studies

4. IN CASE OF EMERGENCY, NOTIFY

Last name	First Name	Relationship		
Work Phone	Cell Phone	Home Phone		
Address	City	State	Zip Code	

5. CONSENT FOR EMERGENCY NOTIFICATION [Read, sign and date]

I consent to Anderson University's disclosure to my parents or guardian the fact that I have been transported to an emergency room, hospitalized or deemed by the University Health Center nurses to have a serious physical or mental illness.

This consent to provide this information shall remain in full force during my enrollment at the University unless I revoke it in writing and deliver to the University's Health Center.

Consent GIVEN: SIGNATURE OF STUDENT _____ DATE _____

Consent DENIED: SIGNATURE OF STUDENT _____ DATE _____

NAME _____

DOB ____/____/____

**ANDERSON**
UNIVERSITY**HEALTH SERVICE CENTER**
316 Boulevard • Anderson, SC 29621**MEDICAL HISTORY FORM****PERSONAL HISTORY****ALLERGIC TO:**

YES NO

Medication:		
Peanuts		
Bees/Wasps		
Other:		
Explain reaction:		

List Current Medical Conditions	Medication Prescribed	Dosage

HEALTH INSURANCE COVERAGE IS HIGHLY RECOMMENDED**MEDICAL FINANCIAL RESPONSIBILITY**

In the event of serious illness or accident, you may require urgent medical care. Fee for services for, but not limited to, transportation (ambulance) to the Emergency Department or treatment at a medical facility will be the responsibility of the guarantor (parent, guardian, or student).

MEDICAL INSURANCE INFORMATION

Do you have **HEALTH INSURANCE**? Yes No If **YES**, please complete the following.

1. INFORMATION FOR **PERSON WHO CARRIES THE INSURANCE**

NAME _____

DATE OF BIRTH ____ / ____ / ____

* 2. **IN THE SPACE BELOW "TAPE" (DO NOT STAPLE) A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD.**

3. CHECK WITH YOUR INSURANCE COMPANY TO BE CERTAIN YOUR STUDENT HAS COVERAGE WHILE RESIDING AT ANDERSON UNIVERSITY.

4. STUDENT SHOULD KEEP A COPY OF THE CARD WHILE AT ANDERSON UNIVERSITY.

FRONT OF CARD**BACK OF CARD**



IMMUNIZATION RECORD

Anderson University follows the recommendations of the American College Health Association, the South Carolina Department of Health and the US Centers for Disease Control for the immunizations below.

THE IMMUNIZATION RECORD MUST BE A COPY OF THE OFFICIAL DOCUMENT OR BE SIGNED OR STAMPED BY A MEDICAL PROFESSIONAL.

You may be able to obtain a copy of your immunization records from any of the following:

- High School records
- Personal shot record
- Military records
- Previous College or University

REQUIRED IMMUNIZATIONS

1. **MMR (Measles, Mumps, Rubella): Proof of TWO DOSES or attach a copy of titer (serologic evidence of immunity) and date.**

Dose 1 - given at age 12 months of age or later

Dose 2 - given at age 4-6 years or later, and at least one month after the first dose

2. **Tetanus-Diphtheria: BOOSTER WITH TDAP IN THE LAST 10 YEARS**

3. **Meningococcal Vaccine**

Meningococcal Vaccine HIGHLY Recommended but not required; however, you are REQUIRED to sign the waiver below if you choose not to receive the vaccine. This pertains to all entering students age 21 years or younger.

Initial Dose (given @ age 11-12 years)

Booster Dose (given if initial vaccine is given prior to age 16)

MENINGOCOCCAL VACCINE WAIVER:

I have read the CDC.gov recommendations and understand the risk of the Meningococcal disease and I am declining to receive the vaccine.

Declined Meningococcal Vaccinations

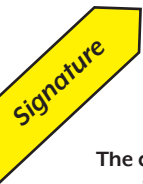
Signature _____ Date ____/____/____

Printed Name _____ Date ____/____/____

Parent/Legal Guardian Signature _____ Date ____/____/____

*A parent/legal guardian's signature is required if students under the age of 18 decline this vaccination.

The above vaccines are REQUIRED OR RECOMMENDED as part of Anderson University's mandatory Health Form; however, there are additional vaccines that are recommended by the CDC. We encourage you to discuss these vaccines with your health care professional.



**Tuberculosis (TB) Screening Questionnaire****PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
2. Were you born in, lived in, or had frequent or prolonged visits to one or more of the countries or territories listed below? Yes No
(If yes, **CIRCLE** the country)
3. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No
4. Have you ever been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No

If the answer is **NO** to all the questions  No further action is required.

If the answer is **YES** to any of the questions  get a TB skin test and provide documentation.

IF YOU HAVE EVER HAD A POSITIVE TB SKIN TEST, YOU MUST PROVIDE A LETTER OF CLEARANCE FROM YOUR PHYSICIAN.

HIGH RISK COUNTRIES*

Afghanistan	Congo DR	Kenya	New Caledonia	Sudan
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Suriname
Angola	Croatia	Korea-DPR	Niger	Syrian Arab Republic
Anguilla	Djibouti	Korea-Republic	Nigeria	Swaziland
Argentina	Dominican Republic	Kuwait	Niue	Tajikistan
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tanzania - UR
Azerbaijan	Egypt	Lao PDR	Pakistan	Thailand
Bahamas	El Salvador	Latvia	Palau	Timor-Leste
Bahrain	Equatorial Guinea	Lesotho	Panama	Togo
Bangladesh	Eritrea	Liberia	Papua New Guinea	Tokelau
Belarus	Estonia	Lithuania	Paraguay	Tonga
Belize	Ethiopia	Macedonia-TFYR	Peru	Tunisia
Benin	Fiji	Madagascar	Philippines	Turkey
Bhutan	French Polynesia	Malawi	Poland	Turkmenistan
Bolivia	Gabon	Malaysia	Portugal	Tuvalu
Bosnia and Herzegovina	Gambia	Maldives	Qatar	Uganda
Botswana	Georgia	Mali	Romania	Ukraine
Brazil	Ghana	Marshall Islands	Russian Federation	Uruguay
Brunei Daryssakan	Guam	Mauritania	Rwanda	Uzbekistan
Bulgaria	Guatemala	Mauritius	St. Vincent and The Grenadines	Vanuatu
Burkina Faso	Guinea	Mexico	Sao Tome and Principe	Venezuela
Barundi	Guinea-Bissau	Micronesia	Saudi Arabia	Vietnam
Cambodia	Guyana	Moldova-Rep.	Senegal	Wallis and Futuna Islands
Cameroon	Haiti	Mongolia	Seychelles	W. Bank and Gaza Strip
Cape Verde	Honduras	Montenegro	Sierra Leone	Yemen
Central African Rep.	India	Morocco	Singapore	Zambia
Chad	Indonesia	Mozambique	Solomon Islands	Zimbabwe
China	Iran	Myanmar	Somalia	
Colombia	Iraq	Namibia	South Africa	
Comoros	Japan	Nauru	Spain	
Congo	Kazakhstan	Nepal	Sri Lanka	