

THIS FORM IS REQUIRED!! FAILURE TO SUBMIT YOUR HEALTH AND IMMUNIZATION FORM BY THE DEADLINE WILL AFFECT YOUR ACCESS TO CLASS SCHEDULING. PLEASE SEE IMPORTANT INFORMATION ON PAGE 2.

Last Name	First Name	Middle Name	UMES ID#
Home Address	City	State	Zip
Home Phone	Cell phone	e-mail address	Date of Birth
Term Entered: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer of year _____		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Perm. Resident <input type="checkbox"/> International
Emergency contact's name and address	Relationship	Home Phone	Bus. Phone

Health Insurance Information

Yes, I have health insurance [attach a copy of the front and back of your insurance card] **No**, I am not currently covered

PERSONAL HISTORY: Please answer all questions. Explain any "yes" answers					FAMILY HISTORY: For any "yes" - indicate which relative				
Yes	No	Have you ever had:	Yes	No	Have you ever had:		Yes	No	Have any of your blood relatives had:
		ANEMIA			HIGH CHOLESTEROL				BLEEDING DISORDER
		ARTHRITIS			KIDNEY DISEASE				CANCER
		ASTHMA			LEUKEMIA / LYMPHOMA				DIABETES
		BACK / JOINT PROBLEMS			LUPUS				EPILEPSY
		BLOOD CLOTS/BLEEDING DISORDER			MAJOR SURGICAL PROCEDURES				HEART ATTACK / HEART DISEASE
		CANCER			MALARIA				HIGH BLOOD PRESSURE
		DIABETES			MENSTRUAL PROBLEMS				HIGH CHOLESTEROL
		EMOTIONAL PROBLEM / DEPRESSION			MIGRAINES				KIDNEY DISEASE
		EYE PROBLEMS			MONONUCLEOSIS				MENTAL ILLNESS
		FAINING			NEUROLOGICAL / NERVE CONDITIONS				STROKE
		GASTROINTESTINAL PROBLEMS			SEIZURES				THYROID PROBLEMS
		GYNECOLOGICAL PROBLEMS			SICKLE CELL DISEASE / TRAIT	MEDICATIONS: List any medications you take regularly:			
		HANDICAPS / DISABILITIES			SKIN DISORDER	_____			
		HEART PROBLEMS / HEART MURMUR			THYROID DISORDER	_____			
		HEPATITIS / LIVER DISEASE			TUBERCULOSIS				
		HERNIA			AIDS / HIV	ALLERGIES: List any medication, food you are allergic to:			
		HIGH BLOOD PRESSURE			OTHER SERIOUS ILLNESS	_____			
		DO YOU DRINK ALCOHOL? # DRINKS PER WEEK			DO YOU SMOKE? # PACKS PER WEEK # YEARS	_____			

COMMENTS: Explain any "yes" answers:

PARENTAL CONSENT (for students under age 18)

I give permission for such diagnostic and therapeutic procedures that may be deemed necessary for my son/daughter and also to present information concerning his/her medical condition to other responsible medical personnel when deemed necessary.

Signed _____

Relationship _____

Date _____

IMPORTANT!! INFORMATION ABOUT IMMUNIZATIONS

Please carefully review the UMES immunization requirements and health insurance information below and on the back page of this document. Documentation of immunizations and the health history form is **required** and must be submitted to the Student Health Center before students can register for and/or attend classes.

- ❖ **All students**, including graduate, transfer and international who are registered as UMES students, regardless of number of credit hours are required to provide a completed health history form and proof of up-to-date immunization status for measles, mumps, rubella (MMR) and tuberculosis (TB) prior to registering for classes. Students living in campus housing must also meet the **meningitis** requirement.
- ❖ **Athletes** must submit this health history and immunization form to Student Health. Additional forms may be required by the Athletic Department. Do not submit Student Health Center forms to Athletics.
- ❖ **Registration blocks** will be placed on students who have not submitted required immunization records and health history form to Student Health. This will prevent you from registering or attending classes until records are received and processed. To **avoid delays** in registration please be sure to submit your records as soon as possible.
- ❖ **To meet** the MMR requirement you must have **2 doses** of MMR vaccine **documented** with month, day and year given within the recommended guidelines **or** a blood test that shows proof of immunity. Students born before 1957 are considered immune and are exempt from this requirement.
- ❖ **To meet** the Tuberculosis requirement you may have either:
 - A. Mantoux **PPD** given within **12 months prior to enrollment** or
 - B. **Blood Test for TB** (*Quantiferon Gold ® or T-spot*) given within **12 months prior to enrollment**. A copy of the lab report for the TB blood test is required.
 - C. For a positive PPD or TB blood test, a chest x-ray and a copy of the x-ray report is required.
- ❖ Students living in campus housing must have the **meningitis vaccine** given within the last 5 years **or** a signed waiver.
- ❖ Other immunizations, although not required, are strongly recommended. These include tetanus, hepatitis B and varicella (chickenpox).
- ❖ The Health Center will accept the following **documentation**: completed immunization form signed by a health care provider, copy of high school immunization record, personal medical records from your physician, military immunization records or international certificate of vaccination. Attach copies to the health history form.
- ❖ Students **who cannot provide documentation** for MMR must be re-immunized or have a blood test to prove immunity. This may be arranged through your healthcare provider or UMES Student Health. Please contact the office regarding the cost and schedule for these services.
- ❖ Re-immunization may take 1 - 30 days to complete, results of blood tests for immunity can take up to 7 days and TB tests require 48 – 72 hours for results. This is important because you may have a **block** placed on your registration until your results are available.
- ❖ **DEADLINE FOR SUBMISSION OF HEALTH AND IMMUNIZATIONS RECORDS:**
 - **FALL SEMESTER: AUGUST 1**
 - **SPRING SEMESTER: JANUARY 1**
- ❖ Remember to maintain **copies** of all your records for your files
- ❖ Submit records **directly to Charles R. Drew Student Health Center by mail, fax or e-mail** (including your health information with other correspondence to the university may cause a delay in handling).

For any questions or additional information, contact
Charles R. Drew Student Health Center
1 Backbone Road
Princess Anne, MD 21853

Monday – Friday 8:00 am to 4:30 pm

Phone: 410-651-6597

fax: 410-651-6702

studenthealth@umes.edu

UMES IMMUNIZATION RECORD

PART I

Student's Name: _____ Date of Birth ____/____/____ UMES ID#: _____

PART II – TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER

A.M.M.R. (Measles, Mumps, Rubella) (Two doses required unless born before 1957 or titer provided)

- ☐ Dose 1 given at age 12-15 months or later.....#1 ____/____/____
M D Y
☐ Dose 2 given at age 4-6 years or later, and at least one month after first dose#2 ____/____/____
M D Y
☐ Copy of blood test (titer) showing immunity Form Attached

B. TUBERCULOSIS SCREENING (TB skin test or TB blood test required within the past 12 months – History of BCG vaccination should not preclude testing)

- ☐ TB blood test (Quantiferon Gold or T-spot) – recommended for foreign born or foreign travel students

Date drawn ____/____/____ Result: _____ (attach copy of lab report)

OR

- ☐ Tuberculin Skin Test: (Mantoux only)

Date given: ____/____/____ Result: _____ (Record actual mm of induration)
M D Y

Date read: ____/____/____ Positive____ Negative____
M D Y

- ☐ Chest x-ray (required if tuberculin skin test or TB blood test is positive)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y (attach copy of report- do not send actual x-ray)

- ☐ Documentation of completion of INH / Rifampin regimen should be provided if applicable

C. TETANUS-DIPHTHERIA (Td booster within the last ten years)

- ☐ Tetanus-Diphtheria..... ____/____/____
M D Y
☐ TDAP..... ____/____/____
M D Y

D. MENINGOCOCCAL (one dose of MCV4 vaccine given on or after 16 years of age)

- ☐ Meningitis vaccineDate ____/____/____
M D Y
☐ Declined – sign the enclosed waiver and attach

HEALTH CARE PROVIDER

Name (Printed)_____ Address _____

Signature _____ Phone _____

*** REQUIRED ***

MENINGITIS ON CAMPUS

KNOW YOUR RISK

LEARN ABOUT VACCINATION

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in dorms are found to have a six fold increased risk for the disease. A U.S. health advisory panel recommends that college students, particularly freshmen living in dorms, learn more about meningitis and vaccination.

What is meningococcal meningitis?

Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

How is it spread?

Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

What are the symptoms?

Symptoms of meningococcal meningitis, often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.

Who is at risk?

Certain college students, particularly freshmen who live in dormitories or residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease.

Can meningitis be prevented?

Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

For more information: To learn more about meningitis and the vaccine visit or call *UMES Charles R. Drew Student Health Center* (410-651-6597). You may also visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo, and the American College Health Association, www.acha.org.

MENINGITIS VACCINE WAIVER

I understand that under Maryland law students enrolled in a Maryland institution of higher education and who reside in on-campus student housing are required to be vaccinated against meningococcal disease, or may seek exemption from this law. I have read the meningitis information available on the reverse of this page where the risks are detailed. In addition, I acknowledge the detrimental health effects of the disease. Lastly, I have read and understand the availability and effectiveness of the vaccine.

I do not wish the vaccine and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, the University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the law.

To be filled out by student and parent/guardian, if applicable.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Student Signature _____ Date _____

If the student is under age 18, a parent/guardian must sign this waiver.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (please print) _____