MILLSAPS COLLEGE

WESSON HEALTH CENTER

Health History Form

Name						
(Last)		(First)	(Middle)			
MILLSAPS STUDENT ID #						
Freshman year		Junior year				
Sophomore year		senior year				
Trad Grad	Spec					
TO THE APPLICANT AND TH	IE PHYSICIAN:	:				
History Form. In order to render n must have an accurate and compre condition which might affect the str Effort will be made to facilitate con instructions are furnished by the portange of the Mississippi State Board of Hea Learning require that all new and to (measles, mumps, rubella) vaccine. Please note that documentation mu	hensive record of audent's academic partinuation of a planersonal physician. Alth in conjunction transfer students of the contraction of the contr	each student's prese progress or require s n of treatment for th with the Board of T nust show proof of d ORTANT that you o	ent and past medical special attention shall be welfare of the stuber of the stuber of the Institute of the	al experience. Any nould be reported. Indent if specific itutions of Higher of two doses of MMR nunization information.		
This form is used as a permanent ryou have any questions please call t				strictly confidential. If		
THIS FORM MUST BE COMPLE address: health@millsaps.edu or m 39210, or faxed to 601-974-1768. D	ailed to Millsaps (o not turn in or fa MEDIC	College, Wesson Hea	alth Center, 1701 N or department.			
Student's Name			Age	Sex		
(Last)	(First)	(Middle)				
Date of Birth		Marital	l Status			
Parents' or Spouse's Name						
Home Address			Telephone			
City		State	Zip			
Parents' Business Address (Mot	her)	Telephone				
Parents' Business Address (Father)		Telephone				

Measles (Red) German Measles _____ Mumps ____ Chicken Pox ____ Hay Fever _____ Asthma ____ Rheumatic Fever ____ Diabetes ____ Hepatitis (A, B, C or other) Epilepsy Tuberculosis Recurrent Tonsillitis_____Blood Disorder/Anemia_____ Digestive Disorder_____Bone/joint Problems_____Psychological Condition____ Other (specify) REMARKS concerning the above _____ OPERATIONS/SERIOUS INJURIES – give dates______ Do you wear glasses or contact lenses? (check) _____ No ____ All the time ____ Reading only ____ Outside only Do you take any medicine or drugs? ______ If so, what and why?_____ Do you use tobacco products? (check) Yes Are you allergic to any medicine or drug? ______ If so, give details. _____ Are you now covered by hospitalization insurance? If so, what company? Give the subscribers name. Insurance Number Do you know of any reason why you will not be able to participate in all college activities, including athletics? If so, give reason. EMERGENCY CONSENT FOR MINORS - Signatures Required Students under 18 years of age cannot give legal consent to be treated in case a medical or psychological emergency arises. In such cases, are you willing to give permission for emergency treatment to be administered? No Signature of parent or guardian Date Signature of student ______Date _____

PAST MEDICAL HISTORY (Circle those which you have had and note date)

Certificate of Immunization Compliance

Tuberculosis Screening

Screening for Tuberculosis is required for all international students entering Millsaps College for the first time. A blood test (interferon gamma release assay, i.e. IGRA) is required during the week of orientation and must be done in the Mississippi State Department of Health Clinic at the Jackson Medical Mall. Directions will be given and transportation arranged once you have arrived on campus. Cost of the test is \$50.00 and will be charged to your student account. Chest x-rays and/or reports from outside the USA will be not accepted. International students entering Millsaps College for the first time are also required to meet the same immunization requirements as domestic students. See Certificate of Compliance below.

2 MMR (Measles, Mumps, and Rubella) vaccines -1^{st} after 12 months of age, 2^{nd} at 5 years old or later are required for admission to Millsaps College. **A Meningitis vaccine and a Tetanus booster are strongly recommended.** The Wesson Health Center staff **will** follow up on this to ensure documentation is provided.

Name of Student		Birthdate							
Millsaps College Studen	t ID #								
AddressStreet		C	City		Zip				
	Date Each Dose Was Given								
Vaccine	1 st	2 nd	3 rd	4 th	5 th				
DTP/DTaP/DT/Td									
Polio (OPV or IPV)									
Нер В									
MMR									
Varicella									
Other									
Other									
Health Dent or Clinic S	Sionature								

Date Form Completed