

UNIVERSITY OF MARY HARDIN-BAYLOR

UMHB Health Center • UMHB Box 8437 • 900 College Street • Belton, TX 76513
 (800) 727-UMHB • (254) 295-4623 • Fax (254) 295-4196 • healthservices@umhb.edu

Student Medical History and Immunization Record

Student's ID # _____

Personal Information:

Student's Name _____
 Student's Email _____
 Student's Cell Phone (____) _____ Male Female
 Address _____
 City/State/Zip _____
 Country of Citizenship _____
 Date of Birth _____ Country of Birth _____

Emergency Information:

Person to notify in an emergency _____
 Relationship _____
 Home Phone (____) _____
 Work Phone (____) _____
 Cell Phone (____) _____
 Emergency Email Contact _____
 Date of initial UMHB enrollment: Semester _____ Year _____

Medical Insurance Information:

UMHB assumes no responsibility for medical expenses incurred by students and strongly encourages all students to maintain individual medical insurance.

Check with your insurance to see which doctors you may use in this area and bring a copy of your insurance card to campus.

Company _____ Phone (____) _____
 Policy Number _____ Group Number _____
 Primary Cardholder's Name _____ Primary Cardholder's ID Number _____

Student Medical History:

Allergies to Medications: No Yes, Explain _____
Do you carry an Epipen? No Yes, Explain _____

Have you had?	Yes	No	Have you had?	Yes	No	Have you had?	Yes	No
Allergies, Seasonal			Eye / Visual Impairment			Cancer		
Seizures			Ear / Hearing Impairment			Malaria		
ADD/ADHD			Thyroid Problems			Disease or Injury of Joints		
Weakness / Paralysis			Recent Weight Change			Arm / Shoulder / Hand Injuries		
Eating Disorder			Diabetes			Leg / Knee / Foot Injuries		
Insomnia / Sleep Disorder			Lung / Respiratory Problems			Fractures / Broken Bones		
Depression			Asthma			Back Problem / Injuries		
Panic Attacks / Anxiety			Cardiovascular Problems			Surgeries:		
Nervous Breakdown			Elevated Blood Pressure			Appendectomy		
Schizophrenia			Bleeding Disorder / Sickle Cell			Tonsillectomy		
Bipolar Disorder			Stomach / Intestinal Problems			Hernia Repair		
Suicidal Thoughts / Attempts			Kidney / Bladder Problems			Other:		
Alcohol / Chemical Dependency			Liver Problems			Women: Menstrual Problems		
Other Mental Health Condition			Hepatitis					

Comment on "YES" answers: _____

Have you had an illness, injury or hospitalization not listed above? No Yes, explain _____

List all prescription medications taken on a regular basis: *attach extra sheet if necessary*

Name of Medication	Dosage	How Often Taken	Reason for Taking

Student Name: _____

Immunization Records:

Meningococcal Vaccine is REQUIRED by Texas State law for incoming first-time &/or transfer students who are **21 years or younger** (effective January 2014 regarding age requirement). A student must receive vaccination or booster at least 10 days prior to the first day of class or moving into campus housing, whichever occurs first. This vaccine must be obtained within the last five years preceding enrollment or a booster is required. For additional information www.collegevaccinerequirements.com

Vaccine records must be submitted to admissiondocs@umhb.edu or fax (254) 295-5049.

Tuberculosis Test:

Submission of a negative TB test is required for any student who answers yes to any of the following questions and/or all international students from countries identified as "TB high-risk" (source: World Health Organization). The test results must be dated no more than 6 months prior to the student's initial enrollment date at UMHB. Either a negative TB skin test or a negative (normal) chest x-ray report will be accepted. Results from tests completed from a licensed medical professional within the United States may be included on the UMHB medical history form or scanned and emailed separately to UMHB health services. Results from tests completed outside the United States recorded on government-issued documents will generally be accepted by UMHB if original documents are presented by the student upon arrival. UMHB reserves the right to review the source of test results to determine if they will be accepted.

Alternatively, students may visit the UMHB health center upon arrival at the university to receive the TB test for a nominal cash fee. Results will be available within 72 hours and must be on record for student to register and enroll in university classes.

Are you a U.S. citizen who has lived outside the United States for more than 8 weeks continuously? Yes No

Do you have a medical condition that suppresses the immune system? Yes No

Have you had a known exposure to someone with active tuberculosis? Yes No

If ANY answers to the above questions are Yes, the following MUST be filled out and signed by a health care provider.

TB skin test within last 6 months Date given ___/___/___ Date read ___/___/___ induration ___ mm Result: Pos. / Neg.

OR

TB blood test Date given ___/___/___ Type: Tspot / Quantiferon Gold Result: Pos. / Neg.

Treated with INH? Yes No If yes, how long? _____

If either TB skin or blood test result is positive, a chest x-ray is required. Chest x-ray not required if skin test positive and subsequent blood test is negative.

Chest x-ray date ___/___/___ Result: Pos. / Neg. (if positive, please remit copy of chest x-ray report with health form)

Validated by: _____ (MD, RN, LVN, or PA) Date ___/___/___

Place U.S. health care provider address or stamp in space at right.

Student's Signature:

Privacy Notice: The information you have furnished will be used, stored and released to others (which may include public health agencies, law enforcement, emergency responders, and/or university staff and administrators) only on a need-to-know basis and in compliance with applicable state and federal laws. Questions or concerns regarding the university's disclosure of health information should be directed to the Director of Counseling, Testing and Health Center at (254) 295-4696.

For Minor Students: A parent or legal guardian must sign this form authorizing UMHB to provide healthcare and/or medical referral as deemed necessary by healthcare personnel or university staff and administration. Check with local health providers for their requirements for minors.

I understand that the medical information contained in this form does not obligate UMHB to provide healthcare. I accept the responsibility to obtain my own (or my minor child's) healthcare services. I certify that the information I have provided is accurate and complete to the best of my knowledge.

I have read and understood the privacy notice included on this form and I give authorization for release/disclosure of my (or my minor child's) health information on a need-to-know basis to UMHB administration and staff.

Student

Date

Parent or Guardian Signature if student is under 18 years of age

Date

RETURN TO:

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