

MERRIMACK COLLEGE REQUIRED HEALTH INFORMATION CHECK LIST

For your convenience below is a check list of the information that needs to be returned to the Hamel Health Center. Students must submit a complete health examination report by August 1st or January 10th for 2nd semester.

All information must be returned prior to the start of classes if we do not receive this information you will not be able to attend classes.

Health Examination Report

- The first two pages of the form with all your personal information.
- Complete Physical **within the past year** - If you are not due for your physical until after the deadline date of August 1, 2011, we will accept last year's physical until a new one can be submitted.
- Be sure all your Immunizations are up-to-date and complete.

Signed Meningococcal Waiver if not immunized

Tuberculosis Risk Questionnaire

If you are a Resident Student you must submit a copy of both sides of your Health Insurance card.

- If you carry your own health insurance please go on-line to www.gallagherkoster.com to waive the school insurance (which is provided automatically without waiver).
- Questions regarding student health insurance (Gallagher Koster) should be directed to the College Bursar at 978-837-5105

IMPORTANT STUDENT ATHLETE INFORMATION

The Athletic Department health forms and requirements are in addition to the College Health Examination Report. Therefore, if you are a Merrimack College student-athlete you are required to submit both forms for participation in College and in athletics. The Athletics sports physical form can be found on the [Merrimack College Athletic Website](#). Questions regarding this form should be directed to the Athletic Department at 978-837-5341.

MERRIMACK COLLEGE HEALTH EXAMINATION REPORT

Students must submit a complete health examination report by August 1st or January 10th for 2nd semester.

All information in this report is confidential (HIPPA compliant) and strictly for the use of Hamel Health services and will not be released to anyone without the student's written consent.

International Students must have this form completed with a physical and immunizations prior to arrival at Merrimack College

Name _____
Last First Middle Social Security #

Home Address _____
Street City State Zip Code

Date of Birth _____ Home Telephone _____ Student Cell Phone # _____

Male _____ **Female** _____ **Class of** _____ **Resident Student Yes** _____ **No** _____

Father's Name _____
(or Guardian) Age Occupation Health

Mother's Name _____
(or Guardian) Age Occupation Health

If either parent is not living, give age, date, and cause of death _____

Other children in family:

Brothers _____
Ages Health

Sisters _____
Ages Health

PERSONAL HISTORY - PLEASE ANSWER ALL QUESTIONS - GIVE AGE OR DATE ON ALL POSITIVE ANSWERS

Have you had	Yes	No	Have you had	Yes	No	Have you had	Yes	No
Alcoholism			Fractures			Mumps		
Anemia			Gallbladder Disease			Pneumonia		
Anorexia/Bulimia			German Measles			Rheumatic Fever		
Anxiety Attacks			Gum/Dental Disease			Scarlet Fever		
Asthma			Hayfever			Seizures/Epilepsy		
Attention Deficit Disorder			Eye Problems			Nose /Throat problem		
Back Problems			Head Injury/Unconscious			Sexually Transmitted Disease		
Bronchitis			Heart Disease			Sinus Infection		
Cancer			Hepatitis/Jaundice			Skin Disorders		
Chicken Pox			Hernia			Speech Disorders		
Colitis			High Blood Pressure			Strep Infection		
Concussion			Joint Problems			Thyroid Disease		
Cystitis			Intestinal/Stomach Problems			Tonsillitis		
Depression			Kidney Disease/Infection			Tuberculosis		
Diabetes			Learning Disorder			Ulcer		
Diarrhea Recurrent			Measles			Urinary Tract Infection		
Ear Trouble/Hearing Loss			Meningitis					
Eating Disorder			Migraines/Headaches					
Emotional Distress			Mononucleosis					

Please give dates or details of any:

Serious Illness _____

Hospitalizations _____

Operations _____

Injuries _____

Allergies to Medication; please list _____

Other Allergies _____

FAMILY HISTORY

Have any of your relatives ever had any of the following?	Yes	No	Relationship	Have any of your relatives ever had any of the following?	Yes	No	Relationship
Alcoholism				Gastrointestinal Disease			
Asthma				Heart Disease			
Bleeding Disorders				High Blood Pressure			
Cancer				Kidney Disease			
Diabetes				Rheumatoid Arthritis			
Epilepsy/Convulsion				Tuberculosis			
Emotional Disorder/ Mental Illness							

List all medications you are currently taking _____

Do you smoke? Yes ____ No ____ How many cigarettes a day? ____

Do you drink alcohol? Yes ____ No ____ How often? ____ Amount? ____

Do you exercise? Yes ____ No ____ What type? ____ How often? ____

Are you concerned about your eating patterns? Yes ____ No ____ Your weight? Yes ____ No ____

Will you require specific assistance or modifications at college due to a medical condition or disability?

Yes ____ No ____ Please specify: _____

Have you ever been treated for depression or other emotional problems? Yes ____ No ____

Do you follow any special diet? Yes ____ No ____

Are you presently under treatment for any medical or psychological problem? Yes ____ No ____

Describe _____

(If you indicated a Serious Illness on this form please read and sign Medical Release Form below.)

MEDICAL RELEASE FORM:

Standard procedure is that we notify Campus Police as well as Residence Life of any potentially serious health condition. This is necessary in case of an emergency or exacerbation of your condition. Since our records are completely confidential, we need your permission to notify these departments. This enables us to provide you with the best possible medical services.

I give the Hamel Health Center permission to provide basic medical information to the above named departments so that they may be aware of it in the event of an emergency.

Student's Signature _____ Date _____

IN CASE OF EMERGENCY, CALL

Father _____ Work # _____ Home # _____ Cell # _____

Mother _____ Work # _____ Home # _____ Cell # _____

Name of alternate person _____ Work # _____ Home # _____ Cell # _____

A copy of both sides of your insurance card is required if you will be living on campus. Please attach it to this form

Primary insurance carrier _____ Certificate Number _____ Subscriber _____

(THIS AUTHORIZATION MUST BE COMPLETED BY THE PARENT, GUARDIAN OR THE STUDENT)

Permission for emergency surgery, when parent or guardian cannot be reached.

(N.B. Reasonable effort to contact parents or guardian will always be made.)

This is to certify that I, _____ give permission for emergency surgery and for necessary medical treatment of illnesses or injuries for (Student's Full Name) _____

REQUIRED: _____ DATE: _____

SIGNATURE PARENT () GUARDIAN ()

_____ DATE: _____

SIGNATURE STUDENT (Over 18)

**MASSACHUSETTS STATE LAW REQUIRES ALL FULL TIME STUDENTS
TO HAVE THE FOLLOWING IMMUNIZATIONS BEFORE ENTERING COLLEGE.
DATES MUST INCLUDE MONTH AND YEAR.**

Student Name _____

Month/Year

Tetanus-Diphtheria

1. Completed primary series of tetanus-diphtheria immunizations.
2. Received tetanus-diphtheria booster within the last 5 years.
3. A single dose of Tdap is required unless contraindicated.

_____/_____
_____/_____
_____/_____

MMR (Measles, Mumps, Rubella) (two doses required)

1. Dose 1 given at 12 months after birth or later
2. Dose 2
 - or documentation of antibody titer attached _____

_____/_____
_____/_____

Polio

1. Completed primary series of polio immunization. Yes _____ No _____

Date of last booster _____/_____

Hepatitis B Vaccine

_____ Completed vaccination series #1. _____/_____
#2. _____/_____
#3. _____/_____

- or report of positive immune titer (include copy) _____

**Meningococcal vaccine mandatory One dose of MCV (Meningococcal Conjugate Vaccine) age 16 or above
or second dose required**

#1 _____/_____
#2 _____/_____

or signed waiver declining the vaccine enclosed _____

Varicella (Chicken Pox) Proof of history attached Yes _____ No _____

Vaccinated #1 _____/_____ #2 _____/_____

=====
HPV Vaccine (Recommended for Women and Men)

_____ Completed vaccination series #1. _____/_____
#2. _____/_____
#3. _____/_____

Tuberculosis (Tine or monovac not acceptable.) If high risk mandatory.

1. PPD (Mantoux) test within the last 12 months. Result: Negative _____ Positive _____

_____/_____

2. Positive PPD, or received BCG vaccine in the past. Chest X-ray required.

Result of chest X-ray: Negative _____ Positive _____ Give date of chest X-ray.

_____/_____

Is patient presently on medication? _____

Health Care Provider

Name _____ Signature _____

PHYSICIAN'S REPORT

Must be fully completed by a physician within 6 months prior to arrival at college

Student's Name _____ Date _____

How long have you know the applicant? _____

System	Conditon of	Comments
Skin	_____	_____
Head	_____	_____
Eyes	_____	_____
Ears	_____	_____
Nose/Sinuses	_____	_____
Throat/Tonsils	_____	_____
Neck/Thyroid	_____	_____
Teeth/Gums	_____	_____
Lymph Nodes	_____	_____
Breasts	_____	_____
Lungs/Chest	_____	_____
Heart Rate/Rhythm	_____	_____
Abdomen	_____	_____
Hernia	_____	_____
Spine	_____	_____
Extremities/Joints	_____	_____
Neurological	_____	_____
Psychological	_____	_____

Menstrual History
 _____ Frequency
 _____ Difficulties
 _____ Do you take medication
 _____ If yes please state name
 of medication
 _____ Do you take birth control pills

Eyes
 Glasses Yes _____ No _____
 Contacts Yes _____ No _____
 Eye Glass Prescription _____

Lab Work Recommended
 Hemoglobin or Hematocrit
 _____ gm%
 Urinalysis
 _____ Albumin
 _____ Sugar
 _____ Microscopic

_____ Height _____ Weight _____ Pulse _____ Blood Pressure

The applicant may participate in:

____ routine college activities, including intramural sports WITHOUT restriction

____ routine college activities, including intramural sports, WITH the following restrictions: _____

____ Intercollegiate sports regulated by the NCAA WITHOUT restriction*

____ Intercolleagiante sports regulated by the NCAA WITH the following restrictions*: _____

- Athletes are required to complete an additional sports form available through the Merrimack College Athletic Website

Please list all allergies to medication _____

Please list all medications currently being taken and dosage _____

Do you have any recommendations regarding the care of this student while at college. _____

PHYSICIAN'S SIGNATURE _____

ADDRESS _____

TELEPHONE NUMBER _____

FAX NUMBER _____

PRINT LAST NAME _____ DATE _____

RETURN ALL INFORMATION TO

HAMEL HEALTH CENTER
 MERRIMACK COLLEGE
 315 TURNPIKE STREET
 NORTH ANDOVER, MA 01845-5800
 FAX: 978-837-5209
 PHONE: 978-837-5441

Tuberculosis Risk Questionnaire

A person who has been infected with Tuberculosis (T) may show no outward symptoms. However, infection can later lead to severe illness. To detect the problem before a person becomes ill, we perform a tuberculosis skin test. Instead of testing all people, as we have in the past, we recommend that only some people should have a skin test. If a test is warranted, a person will be tested with the intermediate PPD (Mantoux) skin test, because it is the most accurate available. We no longer recommend the use of the less accurate multiple puncture skin tests such as the Tine or Monovac.

To help your health care provider determine if you need to be skin tested
Please answer the following questions:

Name: _____	YES	NO
Are you non-U.S. born from a high prevalence country* (especially, but not limited to those who arrived in the last five years)? <small>*Africa, Asia except Japan, Central/South America, Mexico, Eastern Europe, Caribbean, Middle East</small>	<input type="checkbox"/>	<input type="checkbox"/>
Have you lived with or spent time with anyone who possibly or definitely had Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone living in your household have a positive skin test for Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lived or had extensive travel outside the USA within the past five years to countries with high prevalence of TB?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household have AIDS or HIV infection?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or anyone in your household use intravenous drugs or other street drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked or lived in a potentially high-risk congregate setting such as prison/jail, long-term care facility, homeless shelter, residential facility for persons with HIV/AIDS, drug treatment center, etc.?	<input type="checkbox"/>	<input type="checkbox"/>

If you have had a “positive” skin test for tuberculosis in the past, inform your health care provider.
You will not need another test.

HEALTH CARE PROVIDER PLEASE NOTE:
LOW RISK IS ANSWERING “NO” TO ALL OF THE ABOVE QUESTIONS.
HIGH RISK IS ANSWERING “YES” TO ONE OR MORE OF THE ABOVE QUESTIONS.

Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Revised legislation in Massachusetts now requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the “meninges” and cause meningitis, or they can infect the blood or other body organs. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called “terminal complement component deficiency” are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older and meningococcal conjugate vaccine is approved for use in those 2-55 years of age. Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in either vaccine. Protection with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection. **(See reverse side)**

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women.

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided elected to decline the vaccine.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and <http://www.mass.gov/epi>
- Your local health department (listed in the phone book under government)

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____

(Student or parent/legal guardian, if student is under 18 years of age)

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization /

617-983-6800

MDPH Meningococcal Information and Waiver Form