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 <u>within the past year</u> - If you are not due for your physical until after the deadline date, 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

| Home Address Street | | | | | | | | |
|--|---|--|-----------|--|-----|----|--|--|
| Street | First | | Middle | Social Security # | | | | |
| | City | | State | Zip Code | | | | |
| | City | | State | Zip Code | | | | |
| Date of Birth Home Telephone_ | | one | Student C | ell Phone # | | | | |
| | | Class of | | | | | | |
| Maie Female | - | Class 01 | Resident | Student YesNo | | | | |
| Father's Name | | | | | | | | |
| (or Guardian) | | Age | Occup | ation Health | | | | |
| Mother's Name | | | | | | | | |
| (or Guardian) | | Age | Occup | ation Health | | | | |
| If either parent is not living, give age Other children in family: | , date, and | cause of death | | | | | | |
| Brothers | | Ages | | Health | | | | |
| Sisters | | Ages | | Health | | | | |
| DEDSONAI HISTODV DI FASE AN | ERSONAL HISTORY - PLEASE ANSWER ALL QUESTIONS - GIV | | | | | | | |
| Have you had | Yes No | | 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 | | | | |
| | | Hayfever | | Seizures/Epilepsy | | | | |
| Asthma | | | | | | _ | | |
| | | Eve Problems | | · · · · · · · · · · · · · · · · · · · | | | | |
| Attention Deficit Disorder | | Eye Problems Head Injury/Unconscious | | Nose /Throat problem | | | | |
| Attention Deficit Disorder Back Problems | | Head Injury/Unconscious | | Nose /Throat problem Sexually Transmitted Disease | | | | |
| Attention Deficit Disorder Back Problems Bronchitis | | Head Injury/Unconscious Heart Disease | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis Concussion | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure Joint Problems | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection Thyroid Disease | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis Concussion Cystitis | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure Joint Problems Intestinal/Stomach Problems | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection Thyroid Disease Tonsillitis | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis Concussion Cystitis Depression | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure Joint Problems Intestinal/Stomach Problems Kidney Disease/Infection | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection Thyroid Disease Tonsillitis Tuberculosis | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis Concussion Cystitis Depression Diabetes | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure Joint Problems Intestinal/Stomach Problems Kidney Disease/Infection Learning Disorder | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection Thyroid Disease Tonsillitis Tuberculosis Ulcer | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis Concussion Cystitis Depression Diabetes Diarrhea Recurrent | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure Joint Problems Intestinal/Stomach Problems Kidney Disease/Infection Learning Disorder Measles | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection Thyroid Disease Tonsillitis Tuberculosis | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis Concussion Cystitis Depression Diabetes Diarrhea Recurrent Ear Trouble/Hearing Loss | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure Joint Problems Intestinal/Stomach Problems Kidney Disease/Infection Learning Disorder Measles Meningitis | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection Thyroid Disease Tonsillitis Tuberculosis Ulcer | | | | |
| Attention Deficit Disorder Back Problems Bronchitis Cancer Chicken Pox Colitis Concussion Cystitis Depression Diabetes Diarrhea Recurrent | | Head Injury/Unconscious Heart Disease Hepatitis/Jaundice Hernia High Blood Pressure Joint Problems Intestinal/Stomach Problems Kidney Disease/Infection Learning Disorder Measles | | Nose /Throat problem Sexually Transmitted Disease Sinus Infection Skin Disorders Speech Disorders Strep Infection Thyroid Disease Tonsillitis Tuberculosis Ulcer | | | | |

FAMILY HISTORY

| Have any of your relatives ever had any of | | | | Have any of your relatives ever had | | | |
|--|-----|----|--------------|-------------------------------------|-----|----|--------------|
| the following? | Yes | No | Relationship | 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 | | | | | | | |

| Emotional Disorder/ Mental Illness | | | | | | | |
|---|-----------------------------|----------------------------------|-----------------------------------|---|------------------|--------------|----------------------|
| T :st all mandications are as as assumed to | . 4 . 1 | | | | | | |
| List all medications you are currently | | oignra | ttes a day? | | | | |
| 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 | | | | | No | | |
| Will you require specific assistance of | | | | | | | |
| Yes No Please specif | | | | | - · · y · | | |
| Have you ever been treated for depre | | emotic | nal problems? Y | es No | | | |
| Do you follow any special diet? Yes | | | _ | | | | |
| Are you presently under treatment fo | r any medical | or psy | chological proble | m? Yes No | | | |
| Describe | | | | | | | |
| MEDICAL RELEASE FORM: Standard procedure is that we not in case of an emergency or exacerbat these departments. This enables us to I give the Hamel Health Center per of it in the event of an emergency. | ify Campus Poion of your co | olice as ondition with the | well as Residence. Since our reco | ree Life of any potential rds are completely consedical services. | ly serious hea | need your p | permission to notify |
| Ç ş | | | | | | | |
| Student's Signature | | | | | Date _ | | |
| | | | | | | | |
| | | IN C | ASE OF EMER | GENCY, CALL | | | |
| Father | Work # _ | | | _ Home # | | Cell # | |
| Mother | Work # | | | Home # | | Cell # | |
| Name of alternate person | | | | | | | |
| Traine of alternate person | | ,,,, | K 11 | 1101110 # | | | |
| A source of heath of deep of a | | | : a: a :e | | Dl | .44 | . 4l.: fo |
| A copy of both sides of y | our msuranc | e caru | is required if yo | u will be living on car | npus. Piease | attach it to |) this form |
| Primary insurance carrier | | _ Cert | ificate Number_ | | Subscribe | er | |
| (THIS AUTHORIZA | TION MUST | BE C | OMPLETED BY | THE PARENT, GU | ARDIAN O | R THE STU | UDENT) |
| | | | | | | | <u></u> |
| Permission for emergency surgery, w | - | _ | | | | | |
| (N.B. Reasonable effort to contact p | arents or guar | dian wi | ll always be mad | e.) | | | |
| This is to certify that I, | | | | give permission fo | or emergency | surgery an | d for |
| necessary medical treatment of illnes | ses or injuries | for (St | udent's Full Nan | ne) | | | |
| REQUIRED: | - | | | | | | |
| SIGNATURE F | PARENT () | GU | ARDIAN () | | | | |

_____ DATE:____

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 | #1/// |
| or second dose required | #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. / |
| Completed vaccination series | |
| | #2// #3. / |
| Tuberculosis (Tine or monovac not acceptable.) If high risk mandatory. | #3/ |
| · · · · · · · · · · · · · · · · · · · | 1 |
| 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. Positive PPD, or received BCG vaccine in the past. Chest X-ray required. | 1 |
| Result of chest X-ray: Negative Positive Give date of chest X-ray. Is patient presently on medication? | / |
| Health Care Provider | |
| NameSignature | |

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 | v the applicant? | | |
| System Skin Head Eyes Ears Nose/Sinuses Throat/Tonsils Neck/Thyroid Teeth/Gums Lymph Nodes Breasts Lungs/Chest Heart Rate/Rhythm Abdomen | Conditon of | Comments | 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 |
| Hernia Spine Extremities/Joints Neurological Psychological | | | Hemoglobin or Hematocrit gm% Urinalysis Albumin Sugar Microscopic |
| Height | Weight | Pulse | Blood Pressure |
| routine college acti | ts regulated by the NCAA | l sports, <u>WITH</u> the follow <u>WITHOU</u> T restriction* | strictions*: |
| | Athletes are r | required to complete : | an additional sports form available |
| | | 1 | College Athletic Website |
| Please list all allergies to | | • | |
| Please list all medication | | | |
| | | | at college. |
| PHYSICIAN'S SIGNAT | TURE | | RETURN ALL INFORMATION TO |
| | | | |
| | | | HAMEL HEALTH CENTER MERRIMACK COLLEGE |
| | ₹ | | MERRIMACK COLLEGE 315 TURNPIKE STREET |
| | | | NORTH ANDOVER, MA 01845-5800 |
| PRINT LAST NAME |] | DATE | 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)? *Africa, Asia except Japan, Central/South America, Mexico, Eastern Europe, Caribbean, Middle East | | |
| Have you lived with or spent time with anyone who possibly or definitely had Tuberculosis? | | |
| Does anyone living in your household have a positive skin test for Tuberculosis? | | |
| Have you lived or had extensive travel outside the USA within the past five years to countries with high prevalence of TB? | | |
| Do you or anyone in your household have AIDS or HIV infection? | | |
| Do you or anyone in your household use intravenous drugs or other street drugs? | | |
| 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.? | | |

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 quardian, 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 meningococcal vaccine. | he dangers of meningococcal disease, I choose to waive receipt of |
| 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 Pu | ublic Health / Division of Epidemiology and Immunization / |

617-983-6800