NEWBERRY
COLLEGE

HEALTH SERVICES CHECKLIST

IMPORTANT: Legal safeguards make it necessary for each student to have a medical form and immunization record on file in the Health Services Office. **It is mandatory that all students provide this information prior to attending New Student Orientation (Wolf Pack Welcome).**

DOCUMENTATION REQUIREMENTS

____ Complete all the information and obtain signatures on the Medical History Form.

____ Attach a copy of your immunization record, **OR provide lab results indicating immunity to childhood vaccines and make sure it is signed by your heath care provider. See Section II for requirements.**

WAYS TO SUBMIT COMPLETED FORMS

1) **Bring all completed and signed form to New Student Orientation (Wolf Pack Welcome). See Wolf Den for more information about these events.**
2) **SCAN completed forms (page 2 and 3 with copy of immunizations) or email to:**
   penny.howard@newberry.edu

3) **FAX completed forms (page 2 and 3 with copy of immunizations) to:**
   PENNY J. HOWARD CMA, AAMA
   FAX # 1-803-321-5239

4) **Mail completed forms (page 2 and 3 with copy of immunizations) to:**
   NEWBERRY COLLEGE HEALTH SERVICES CENTER
   2100 COLLEGE STREET
   NEWBERRY, SOUTH CAROLINA 29108

Please Contact Penny Howard with question:
Penny.howard@newberry.edu or 803-321-3316

NEWBERRY
COLLEGE

HEALTH SERVICES MEDICAL HISTORY FORM

Section I: PERSONAL INFORMATION

Name:_____Student ID #_____ DOB___ _/____/____ M__ or F___
Last First Middle

Home Address: _____
City State Zip Code

Home Phone: ( ) _____ Student Cell Phone; ( )_____

Current e-mail address_____

What phone number do you give permission for voicemails to be left? (_____)

IN CASE OF EMERGENCY, notify: _____Phone Number: ( ) _____

Name of Personal Physician:_____ _____Phone Number: ( )_____

Address_____

Entering Year: ____FR ____ SO ____ JR ____ SR

Please list any medical conditions:_____

Please list any PRESCRIPTION medications:_____

Please list any allergies: _____

DRUGS_____

FOOD:_____

OTHER:_____

Section II: MANDATORYIMMUNIZATIONS

As a Newberry College student, you are required to attach a copy of your immunization record to this form. All students are required to provide proof of immunity to measles, (Rubeola and Rubella), mumps, DTAP, IPV-3 doses, Hepatitis B, Meningitis for ages 23 and under, PPD (TB) skin test within 1 year prior to admission. It is **strongly recommended** if you had the meningitis vaccine prior to age 16, that you receive a booster prior to entering college.

Section IV: NOTICE OF PRIVACY PRACTICES:

Newberry College Health Services complies with HIPAA Privacy Practices. Federal law requires that we inform you of the privacy statement regarding your protected health information. The Medical Privacy statement regarding Protected Health Information is available and provided at the Health Service office to students prior to the rendering of services. It is also available for print on the Health Services page of Wolf Den.

Section V: PERMISSION FOR DIAGNOSTIC AND TREATMENT PROCEDURES

I hereby authorize permission for Newberry College Health Services staff or consultants to perform diagnostic and treatment procedures. I authorize permission for emergency medical or surgical procedures in the event that I am need of medical attention.

Student Signature (18 or older): _____ Date:_____

PARENTS OF STUDENTS UNDER THE AGE OF 18: I hereby authorize medical treatment for my son/daughter which may be advised or recommended by the staff of Newberry College Health Services.

Parent Signature: _____Date:_____

INTERNATIONAL STUDENTS ONLY (Students who are NOT US citizens)

In addition to your immunization record, your physician must complete the following:

1. **Mandatory Tuberculosis Requirement:** All international students must have an updated Tuberculosis skin test (PPD) regardless of prior BCG inoculation.
2. **MUMPS:** Immunity is shown by meeting Vaccine requirement, positive immune titer, or disease confirmed by your physician's records. List below type of immunity and date:
3. **Type Of Immunity**:_____ **Date:**_____
4. **TETANUS/DIPTHERIA:** The basic series or the last booster must have been within the last ten years. Please provide the date of the last booster: **Date**:_____
5. **POLIO:** Have you completed the Primary Series? Please circle your answer: **Yes or No**
6. **I certify that the above information is accurate and true:**

Physician Signature:_____Date:_____

Office Stamp:_____ Phone:_____