



## OWU Student Health Center Important Notice to Parents & Students

*Before students can begin classes at OWU,  
they must complete and submit the enclosed forms:*

- \*Medical History Form
- \*Insurance Information
- \*Immunization Forms

Ohio Wesleyan University  
Student Health Center  
Stuyvesant Hall  
Delaware, OH 43015

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### MISSION OF STUDENT HEALTH SERVICES

Student Health Services wishes to help each student make full and wise use of his/her physical, mental and emotional capacities. Although our major responsibility is medical service, the Health Service staff is interested in the total health of all students.

Emphasis is placed on preventive medicine, wellness, and the maintenance of good health. The health of the student is viewed as key to a successful college career. Every effort is directed towards making Health Services an integral part of the University's educational program and student life activities. Please read the back of this publication for more information about the OWU Student Health Center.

### NEW STUDENTS

1. All new students are required to complete a health form before enrollment in the University.

A physical examination is not required.

2. Included in this packet are three health forms for you to complete:

Medical History Form (both sides)  
Insurance Information (one side)  
Immunization Form (4 pages)

3. Please note that the blank immunization form must be **completed and signed by your PHYSICIAN OR HEALTHCARE PROVIDER.**

Additional information about immunization requirements and options are discussed on pages 2 & 3 of this publication.

4. For the safety of all students and employees, only students who have provided completed health care forms will be permitted to begin classes.

THE DEADLINE FOR RETURNING THE  
THREE HEALTH CARE FORMS IS  
**FRIDAY, JUNE 5, 2009.**

### YOUR CHECKLIST

#### *Report of medical history*

- Complete form
- Student signature and date

#### *Insurance Form*

- Complete Family Insurance Information
- Attach copy of front and back of family insurance card
- Complete Consent to Medical Treatment and Surgical Services
- Student Signature
- Parent Signature if student is under 18

#### *Immunization Record*

- Must be completed by your health care provider
- All information must be in English.
- Vaccines A-E are required before a student can begin classes at Ohio Wesleyan University.
- Vaccines F-K are optional but recommended
- Name and signature of your health care provider**

*Return the three forms in the enclosed envelope  
or mail to:*

Ohio Wesleyan University  
Student Health Center  
Stuyvesant Hall  
Delaware, OH 43015

## IMMUNIZATIONS

**HEPATITIS B**

**Hepatitis B is a serious disease.** Hepatitis B is a virus that affects the liver. It is one of several hepatitis diseases (for example, hepatitis A and hepatitis C) that are caused by different viruses but are similar in that they all attack the liver. The hepatitis B virus (HBV) can cause a short-term (acute) illness that leads to loss of appetite, stomach pain, tiredness, diarrhea, vomiting, jaundice (yellow skin or eyes) and pain in muscles and joints. These symptoms can last for several weeks. It can also cause a long-term (chronic) illness from which people never recover. A person might not look or feel sick, but he or she carries the hepatitis B virus in their blood for the rest of their lives and can infect other people with HBV. Chronic hepatitis B may cause liver damage (cirrhosis), liver cancer and even death. About 1.25 million people in the United States have chronic HBV infection. Each year 80,000 more people, **mostly young adults**, get infected with HBV and 4,000 to 5,000 people die from chronic hepatitis B.

**How do you catch hepatitis B?**

HBV virus is spread through contact with blood or other body fluids of an infected person. You can catch the virus by having unprotected sex, by sharing drug needles or by sharing personal items such as razors and toothbrushes with someone who is infected. Babies of chronic HBV mothers can become infected during birth. Children can be infected through exposure to blood and other body fluids from infected children or adults.

**Who is at risk?**

Anyone who participates in any of the behaviors listed above is at risk of acquiring hepatitis B.

**What can be done?**

There are hepatitis B vaccines available that can prevent infection with HBV. Many physicians offer the vaccine to patients seen in their offices. These are the first anti-cancer vaccines because they can prevent a form of liver cancer that can develop in a person who gets a chronic hepatitis B infection.

**What about the vaccine?**

A vaccine, like any medicine, is capable of causing serious problems, such as allergic reactions. Most people who get hepatitis B vaccine do not have any problems with it. People who have ever had a life-threatening allergic reaction to baker's yeast (the kind used to make bread) or to a previous dose of hepatitis B vaccine should not get the vaccine. People who are moderately to severely ill at the time the shot is scheduled should usually wait until they recover before getting the vaccine. Hepatitis B vaccine is very safe and the risk of it causing serious harm is extremely small.

*Adapted from CDC publications.*

For more information about the hepatitis vaccine, access the Vaccine Information Sheet at the Centers for Disease Control and Prevention Web site:

<http://www.cdc.gov/nip/publications/VIS>.

**TUBERCULOSIS SCREENING**

The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit [www.acha.org](http://www.acha.org) or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following web site:

[www.cdc.gov/nchstp/tb/pubs/corecurr/](http://www.cdc.gov/nchstp/tb/pubs/corecurr/).

Screening and targeted testing for tuberculosis (TB) is a key strategy for controlling and preventing infection on college and university campuses. Early detection provides an opportunity to promote the health of affected individuals through prompt diagnosis and treatment while preventing potential spread to others. Implementation of a screening and targeted testing program not only addresses this public health concern in campus communities but also contributes to the larger public health goal of reducing the burden of TB in the United States.

**Tuberculosis screening for categories of high-risk students include those students who have arrived from or travelled within the past 5 years from countries where TB is endemic (list on page 2 of Immunization booklet).**

All incoming students should be screened for risk factors for TB through a screening questionnaire. The United States is primarily a low-incidence country, so most U.S.-born incoming students will not have risk factors for TB and will not need TB testing. However, international students arriving from countries with an increased incidence of TB should be tested.

As noted on the enclosed Immunization Form, Ohio Wesleyan University requires the following in regard to Hepatitis B and TB Screening:

**Hepatitis B:** Completion of at least two of three required doses prior to arrival on campus (may receive third dose at OWU Health Center), two doses of adult vaccine in adolescents 11-15 years of age, or a positive Hepatitis surface antibody meets the requirement (see item D on the Immunization Form for complete details).

**TB Screening** questions determine if students require TB skin tests, chest x-rays, and sputum evaluations (see item E on pages 1-2 on the Immunization Form for complete details).

<sup>1</sup> CDC, Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR November 2005; 54 (No. RR-12): 4-5.

## IMMUNIZATIONS: MENINGOCOCCAL DISEASE

### MENINGOCOCCAL DISEASE AND COLLEGE STUDENTS

Meningococcal disease is a serious illness caused by bacteria. It is the leading cause of bacterial meningitis in children 2-18 years of age in the United States. Meningococcal bacteria can cause meningitis (inflammation of the lining of the brain and spinal cord) or sepsis (an infection of the bloodstream). Symptoms of meningitis include stiff neck, headache, fever, nausea, vomiting, confusion and drowsiness. Symptoms of sepsis include fever, shock and coma. Death from sepsis can occur within 12 hours of the beginning of the illness – meningococcal disease can be a rapid and overwhelming infectious disease. For these reasons, meningococcal infections that occur in childcare centers, elementary schools, high schools and colleges often cause panic in the community. Every year about 2,600 people in the United States are infected with meningococcus. Ten to fifteen percent of these people die, in spite of treatment with antibiotics. Of those who live, another ten percent lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded or suffer seizures or strokes.

#### How do you catch a meningococcal infection?

Usually meningococcal infection is acquired after intimate contact with an infected person. Intimate contact includes kissing, sharing toothbrushes or eating utensils or frequently eating or sleeping in the same dwelling as an infected individual.

#### Who is at risk?

Anyone can get meningococcal disease, but it is most common in infants less than 1 year of age and in people with certain medical conditions. College freshmen, particularly those who live in residence halls, have a slightly increased risk of getting meningococcal disease. The risk for meningococcal disease among nonfreshman college students is similar to that for the general population; however, the vaccine is safe and effective and therefore can be provided to nonfreshmen undergraduates who want to reduce their risk for meningococcal disease.

#### What about the vaccine?

A vaccine, like any other medicine, is capable of causing serious problems, such as allergic reactions. People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine. Some people who get the vaccine may develop redness or pain where the shot was given, and a small percentage of people develop a fever. These symptoms usually last for one or two days.

The risk of the meningococcal vaccine causing serious harm is extremely small. Getting meningococcal vaccine is safer than getting the disease. People who are mildly ill at the time the shot is scheduled and women who are pregnant can still get the vaccine. Those with moderate or severe illnesses should usually wait until they recover. College students and their parents should discuss the timing, risks and benefits of vaccination with their health care providers.

For more information about the meningococcal vaccine access the Vaccine Information Sheet at the Centers for Disease Control and Prevention Web site <http://www.cdc.gov/nip/publications/VIS>.

If college students decide to be vaccinated against meningococcal meningitis, they (or their parents if they are less than 18 (years of age) should contact their health care provider or the university/college student health center where they will be attending to inquire about receiving the vaccine. Although the need for revaccination has not been determined, antibody levels rapidly decline in two to three years, and if indications still exist for vaccination, revaccination may be considered three to five years after receipt of the first dose.

As noted on the enclosed Immunization Form, Ohio Wesleyan University requires the following in regard to the Meningitis vaccine:

In order to obtain housing at Ohio Wesleyan University you need to provide documentation that you have received the meningitis vaccination or have signed a waiver (received in your housing information packet). The waiver indicates that you have received information about meningitis and that you are declining the meningitis vaccine.

Due to legislation enacted by the Ohio 125<sup>th</sup> General Assembly, a nonprofit institution of higher education shall NOT permit a student to reside in on-campus housing unless the student (or if the student is under the age of 18, the student's parent) discloses to the institution whether the student has been vaccinated against Meningococcal Meningitis (see item G on the Immunization Form for complete details).

UNIVERSITY HEALTH CENTER INFORMATION

**UNIVERSITY STUDENT HEALTH CENTER**

The University Health Center is located in Stuyvesant Hall. Primary health care for students is provided on an outpatient basis. The Student Health Center does not charge students the usual “office visit” fee however there are charges for medications, laboratory services, immunizations, and some procedures. Those charges are sent to the Student Accounts office and a monthly statement from the Accounting office is sent home to parents as a “Wellness Charge”. For those students who purchase the Student Health Insurance Plan, charges are submitted to this insurance company for payment accordingly to the benefit plan.

**Note – The OWU Student Health Center has no agreement/contract with any families’ private/personal insurance company(s) and does not submit charges to these private insurance company(s).**

Students whose illness necessitates hospitalization will be referred to Grady Memorial Hospital in Delaware. The age of majority in Ohio is age 18; therefore students are able to give consent for treatment of illness or injury as adults.

Parents will be notified of accident or illness only in the case that the student is unable to communicate with parents because of illness or injury.

All medical records are strictly confidential and no information is released without written authorization from the student.

**HEALTH CENTER HOURS**

The Health Center is open Monday through Friday 8:30 a.m. –noon and 1:00 p.m. to 5:00 p.m. Student Health Center staff are listed below:

Patricia A. Hubbell, M.D.	Heather Klumpp Registered Nurse
Douglas J. DiOrio, M.D.	Debbie Ames Patient Care Coordinator
Jason J. Diehl, M.D.	Jan Hiestand, Medical Lab. Technician
Marsha A. Tilden, C.N.P. Director Student Health Center	

Physicians are available by appointment on Monday, Tuesday, Thursday & Friday from 9:00 a.m. to 11:30 a.m. and Wednesday from 1:00 p.m. to 3:30 p.m.

Marsha Tilden, a Certified Adult Nurse Practitioner is available to see students by appointment during morning and afternoon hours. The University strongly encourages all students who are ill to call the Student Health Center to schedule an appointment for medical care. The University Student Health Center is not responsible for the care of students during vacation periods.

The Emergency Room at Grady Memorial Hospital (740-369-8711) is available to students when the Health Center is closed.

**ABSENCE DUE TO ILLNESS**

If a student misses a class because of illness, he/she is responsible for informing the instructor of the reason for missing a class (or classes). In cases of major illnesses or hospitalization, a reliable source other than the student (such as a parent, Residential Life Coordinator, or the student’s academic advisor) may notify the Student Health Center office at (740) 368-3160, so that an out-of-class notice can be sent to instructors. The decision to excuse or not excuse the student’s absence is at the *discretion of each instructor*.

**MENTAL HEALTH SERVICES**

The Student Health Center has limitations on the number of students able to be evaluated and treated for mental health issues such as depression, anxiety, bi-polar disorder, personality disorder, attention deficit disorder (ADD) etc. If a student is able to continue treatment/therapy at home for any of these issues, please have them do so.

Individual and group counseling is available on campus at no charge for students through Counseling Services, located a short walk from the Health Center in Hamilton-Williams Campus Center, Room 324. Personal, social, academic or career related issues could be addressed in counseling.

Students who request help with emotional or psychological problems at the Student Health Center can be referred to Counseling Services. Counseling Services provides brief therapy (10 to 12 sessions) and many prevention and education programs on a wide variety of mental health, wellness, or college student development topics.

Referrals and all counseling services are strictly confidential. Counseling Services is staffed by three full-time doctoral level professionals during the academic year and is on-call for emergencies. Appropriate referrals can also be made to off campus mental health services.

**ABOUT MEDICAL INSURANCE**

Ohio Wesleyan University requires that all students have medical insurance to cover any medical illness or injury that could involve extensive hospital confinement, major surgical treatment or other specialty medical care. For those students who do not have access to medical insurance or wish to supplement their insurance, the University offers a Student Health Insurance Plan (to be mailed in July 09), at a reasonable cost for LIMITED coverage. This insurance plan is not designed to be the only source of medical insurance.

**INTERCOLLEGIATE ATHLETES**

The University provides certain health insurance coverage for student athletes actively participating in varsity intercollegiate athletics. This coverage is limited to injuries, which occur while at practice or during scheduled athletic events. The coverage carries a deductible, which is the responsibility of the student athlete or their family and may be covered by the student’s own health insurance. If unsure whether the student has adequate coverage, you may wish to purchase coverage through the separate Student Health Insurance Plan.

## REPORT OF MEDICAL HISTORY

*Return all information to:*

Ohio Wesleyan University  
Student Health Center  
Stuyvesant Hall  
Delaware, Ohio 43015

740-368-3160 (office)  
740-368-3166 (fax)

This information is strictly for the use of the OWU Health Center and will not be released to anyone without knowledge and written consent of the student.

Destroy Policy: I understand that my Student Health Medical Record will be destroyed 7 years after my last date of attendance at Ohio Wesleyan University: X \_\_\_\_\_

Student's Signature

### Student Information: Please Print

Last Name:	First Name:	Middle Name:	Sex (check): <input type="checkbox"/> Female <input type="checkbox"/> Male
Address (number & street):	City:	State/Province:	Zip or Postal code:
Social Security Number:	Date of Birth (mm/dd/yyyy):	Student's E-mail address:	Student's Cell Phone:
Parent/Guardian Last Name:	Parent/Guardian First Name:	Home/Cell Phone Number:	Business Phone Number:

### FAMILY HISTORY

	Age	State of Health	If deceased, list Age & Cause	Have any of your relatives ever had any of the following?			Relationship
				No	Yes		
Father				Alcohol/Drug Problem			
Mother				Asthma, Allergies			
Brother				Cancer			
Brother				Depression			
Sister				Diabetes			
Sister				Heart Disease/Stroke			
				Stomach Disease, Ulcer			
				Tuberculosis			

### STUDENT'S PERSONAL HEALTH HISTORY

Please check any of the following that apply to your health.  
Comment on all checked health problems in the space provided on the back of this form

<input type="checkbox"/> Acne	<input type="checkbox"/> Depression	<input type="checkbox"/> Hernia	<input type="checkbox"/> Murmur
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Pain in Chest
<input type="checkbox"/> Allergy, Food/Drug	<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Palpitations
<input type="checkbox"/> Allergy to Penicillin	<input type="checkbox"/> Ear/ Nose/Throat Problems	<input type="checkbox"/> Joints, disease or injury	<input type="checkbox"/> Psoriasis
<input type="checkbox"/> Allergy to Sulfa	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Sinusitis (frequent)
<input type="checkbox"/> Allergy, other:	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Liver or Kidney problems	<input type="checkbox"/> Stomach Problems/GERD/Ulcer
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Measles	<input type="checkbox"/> Thyroid Disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Gallbladder Problems	<input type="checkbox"/> Measles, German	<input type="checkbox"/> Tumor, Cancer or cyst
<input type="checkbox"/> Back Problems	<input type="checkbox"/> Headaches	<input type="checkbox"/> Menstrual problems, female	<input type="checkbox"/> Weight, Recent Gain or Loss (>10 lbs.)
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Headaches, Migraines	<input type="checkbox"/> Mononucleosis	
<input type="checkbox"/> Dental Problems	<input type="checkbox"/> Head injury/or concussion	<input type="checkbox"/> Mumps	

**MEDICAL HISTORY is continued on the BACK of this form.  
PLEASE COMPLETE AND SIGN.**

**REPORT OF MEDICAL HISTORY, continued**

<b>STUDENT'S SURGERY/HOSPITALIZATION HISTORY</b> If applicable, please list all medical, surgical and/or psychiatric hospitalizations including dates and diagnosis		
Dates		Diagnosis

<b>Additional Health Information</b>	<b>Yes</b>	<b>No</b>	<b>Please Provide details or list</b>
A. Has your physical activity been restricted during the past five years?			
B. Have you received treatment or counseling for alcohol or drug abuse, an eating disorder, depression or any other emotional problem?			
C. Have you had any significant illness or injury other than already noted? (list)			
D. Do you take any medications routinely?			

Remarks or additional information about Student's Personal Health History (use separate sheet if necessary):

I certify that the medical history information provided is true to the best of my knowledge.

X \_\_\_\_\_  
Student's Signature:

\_\_\_\_\_  
Date: mm/dd/yyyy

*Be sure you have also completed the front side of this form.*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last First Middle M D Year

**MUST BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER:** All information must be in English.

*Vaccines A-E are required before a student can begin classes at Ohio Wesleyan University. Please note that your student's High School may have immunizations on record and available to you if requested.*

<b>A. Tetanus-Diphtheria-Pertussis (Primary series with DTP, DTaP, DT, or Td, and booster with Td or Tdap in the last ten years. Note: health sciences students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details).</b>	Date of Dose 1	Date of Dose 2	Date of Dose 3	Date of Dose 4
1. Primary series of four doses with DTP, DTaP,DT, or Td:	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year
2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible)	____/____/____ M D Year Booster Tdap			
3. Booster: Td within the last ten years	____/____/____ M D Year Booster Td			
<b>B. M.M.R. Measles, Mumps, Rubella (Two doses required at least 28 days apart for students born after 1956)</b>	Date of Dose 1			
1. Dose 1 given at age 12-15 months or later	____/____/____ M D Year	Date of Dose 2		
2. Dose 2 given at age 4-6 years or later, and at least 28 days after the first dose		____/____/____ M D Year		
<b>C. Polio (Primary series in childhood meets requirements; three primary schedules are acceptable. Refer to ACIP for details.)</b>	Date of Dose 1	Date of Dose 2	Date of Dose 3	Date of Dose 4
1. OPV alone (oral Sabin three doses):	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year Last Booster
2. IPV alone (injected Salk four doses):	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year
3. IPV/OPV sequential:	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year
<b>D. Hepatitis B (Completion of at least two of three required doses prior to arrival on campus (may receive third dose at OWU Health Center), two doses of adult vaccine in adolescents 11-15 years of age, or a positive Hepatitis surface antibody meets the requirement). For more information, please read page 2 of brochure.</b>	Date of Dose 1	Date of Dose 2	Date of Dose 3	
1. Immunization: (Hepatitis B series of three)	____/____/____ M D Year	____/____/____ M D Year	____/____/____ M D Year	
2. Hepatitis B surface antibody:	____/____/____ M D Year	Result: Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/>		
<b>E. Tuberculosis Screening / Testing Instructions</b>				
<p>1. All Incoming Students must complete page 2 of this immunization record.</p> <p>2. If the answer is YES to any of the questions on page 2, Ohio Wesleyan University requires that a <i>health care provider complete page 3</i> of this immunization record.</p> <p>This assessment must be completed within 6 months prior to the start of classes.</p> <p>3. If the answer is NO to ALL of the questions on page 2, no further testing or action is required. You may proceed directly to page 4.</p>				

**E. TUBERCULOSIS (TB) SCREENING/TESTING<sup>1</sup> (To be completed by incoming student.)**

**Please answer the following questions:**

Have you ever had a positive TB skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had close contact with anyone who was sick with TB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? *	<input type="checkbox"/> Yes (If yes, please circle O the country)	<input type="checkbox"/> No
Have you ever traveled** to/in one or more of the countries listed below?	<input type="checkbox"/> Yes (If yes, please check <input checked="" type="checkbox"/> the country/ies)	<input type="checkbox"/> No
Have you ever been vaccinated with BCG?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*Future CDC updates may eliminate the 5 year time frame

\*\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Afghanistan	Congo DR	Kenya	New Caledonia	Sri Lanka
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Angola	Croatia	Korea-DPR	Niger	Suriname
Anguilla	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Argentina	Dominican Republic	Kuwait	Niue	Swaziland
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Azerbaijan	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahamas	El Salvador	Latvia	Palau	Thailand
Bahrain	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Bangladesh	Eritrea	Liberia	Papua New Guinea	Togo
Belarus	Estonia	Lithuania	Paraguay	Tokelau
Belize	Ethiopia	Macedonia-TFYR	Peru	Tonga
Benin	Fiji	Madagascar	Philippines	Tunisia
Bhutan	French Polynesia	Malawi	Poland	Turkey
Bolivia	Gabon	Malaysia	Portugal	Turkmenistan
Bosnia & Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent &	Uzbekistan
Burkina Faso	Guinea	Mexico	The Grenadines	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Venezuela
Cambodia	Guyana	Moldova-Rep.	Saudi Arabia	Viet Nam
Cameroon	Haiti	Mongolia	Senegal	Wallis & Futuna Islands
Cape Verde	Honduras	Montenegro	Seychelles	W. Bank & Gaza Strip
Central African Rep.	India	Morocco	Sierra Leone	Yemen
Chad	Indonesia	Mozambique	Singapore	Zambia
China	Iran	Myanmar	Solomon Islands	Zimbabwe
Colombia	Iraq	Namibia	Somalia	
Comoros	Japan	Nauru	South Africa	
Congo	Kazakhstan	Nepal	Spain	

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population. For future updates, refer to [www.who.int/globalatlas/dataQuery/default.asp](http://www.who.int/globalatlas/dataQuery/default.asp)

➔ **If the answer is YES to any of the above questions Ohio Wesleyan University requires that a health care provider complete a tuberculosis risk assessment (page 3).**

**Assessment must be completed within 6 months prior to the start of classes.**

If the answer to all of the above questions is **NO**, no further testing or further action is required. Proceed to page 4.

<sup>1</sup>The American College Health Association has published guidelines on "Tuberculosis Screening and Targeted Testing of College and University Students." To obtain the guidelines, visit [www.acha.org](http://www.acha.org).



Name: \_\_\_\_\_  
 Last First Middle

**MUST BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER: Vaccines F-K are optional.**  
 All information must be in English.

<b>F. Varicella</b> (Birth in the U.S. before 1980, a history of chicken pox, a positive Varicella antibody, or two doses of vaccine given at least one month apart if immunized at the age of 13 or older meets the requirement.)		<b>Date of Dose 1</b>	<b>Date of Dose 2</b>			
1. History of disease: Yes <input type="checkbox"/> No <input type="checkbox"/>		___/___/___ M D Year	___/___/___ M D Year (Given at least 12 weeks after first dose ages 1-12 years and at least 4 weeks after first dose if age 13 years or older)			
2. Varicella antibody Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/>		___/___/___ M D Year				
<b>G. Meningitis Vaccine</b> (A,C, Y, W-135 / One dose –for college freshmen living in residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.)		<b>Date of Dose</b>				
1. <i>Tetavalent conjugate</i> (preferred; data for revaccination pending; administer simultaneously with Tdap if possible)		___/___/___ M D Year				
2. <i>Tetavalent polysaccharide</i> (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues)		___/___/___ M D Year				
***In order to obtain housing at Ohio Wesleyan University you need to provide documentation that you have received the Hepatitis B series and that you have received the Meningitis vaccine or have signed a waiver (received in your housing information packet) stating that you have received information about meningitis and that you are declining the meningitis vaccine. Due to legislation enacted by the Ohio 125 <sup>th</sup> General Assembly, a nonprofit institution of higher education shall NOT permit a student to reside in on-campus housing unless the student, or, if the student is under the age of 18, the student's parent, discloses to the institution whether the student has been vaccinated against Hepatitis B and Meningococcal Meningitis.						
<b>H. Hepatitis A</b>		<b>Date of Dose 1</b>	<b>Date of Dose 2</b>			
1. If student anticipates study abroad or any travel overseas		___/___/___ M D Year	___/___/___ M D Year			
<b>I. Influenza</b> (Trivalent inactivated vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. Annual immunization recommended to avoid complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)						
<b>Dates of Annual Shots:</b>	___/___/___ M D Year TIV <input type="checkbox"/> LAIV <input type="checkbox"/>	___/___/___ M D Year TIV <input type="checkbox"/> LAIV <input type="checkbox"/>	___/___/___ M D Year TIV <input type="checkbox"/> LAIV <input type="checkbox"/>	___/___/___ M D Year TIV <input type="checkbox"/> LAIV <input type="checkbox"/>	___/___/___ M D Year TIV <input type="checkbox"/> LAIV <input type="checkbox"/>	___/___/___ M D Year TIV <input type="checkbox"/> LAIV <input type="checkbox"/>
<b>J. Pneumococcal Polysaccharide Vaccine</b>		<b>Date of Dose 1</b>				
1. One dose for members of high-risk groups.		___/___/___ M D Year				
<b>K. Quadrivalent Human Papillomavirus (HPV).</b>		<b>Date of Dose 1</b>	<b>Date of Dose 2</b>	<b>Date of Dose 3</b>		
1. Three doses of vaccine for female college students 11-26 year of age at 0, 2, and 6 month intervals.		___/___/___ M D Year	___/___/___ M D Year	___/___/___ M D Year		
Are there any special medical problems you would like to bring to the attention of the Student Health Center? If so, please describe below:						

<b>Health Care Provider: I certify that the information provided on pages 1-4 is correct to the best of my knowledge.</b> Name _____ Date _____ Address _____ City: _____ State ____ Zip: _____ Signature _____ Phone (____) _____		Please return to: Ohio Wesleyan University Student Health Center Stuyvesant Hall Delaware, Ohio 43015 Phone (740) 368-3160 Fax (740) 368-3166
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