



Spring 2014

Dear Student/Parent:

These health record forms are required from all incoming students (freshman, transfer students) by **August 1, 2014**. **Students who plan to reside in campus housing during summer 2014 must provide these completed forms prior to the summer move-in date.** The forms include:

- **Sections I – IV** (pages 2 & 3) which should be completed by the student.
- **Sections V- VII** (pages 4 – 9) which should each be completed, signed, and dated by the health care provider (physician, physician’s assistant, nurse practitioner). These sections include the results of a physical examination conducted within one year of the start date at Mercyhurst, a TB assessment, and immunization record.
- A **meningitis waiver** is available at the Health Center site on the Mercyhurst portal under “forms and documents,” and is to be completed **ONLY** by students who have chosen **not** to receive a meningitis vaccine due to religious, medical, or other reasons. Pennsylvania law requires a meningitis vaccine for students living in campus housing. A student cannot move into housing without evidence of a vaccine, or a signed waiver on file.

**Student athletes must submit this health record directly to the Cohen Student Health Center even though the Athletics program may ask for additional health information for its records.**

**Immunizations** are not provided on campus, so please be sure they are up to date prior to coming to Mercyhurst. The Advisory Council on Immunization Practices (ACIP) recommends Gardasil to prevent genital lesions and cervical cancer. Please talk with your health care provider about this three-inoculation series available for men and women.

**Allergy shots** can, in most case, be provided on campus. For information, go to the Cohen Student Health Center site on the Mercyhurst internet portal. Click on “Forms and documents’ for allergy shot information and forms.

**Meningitis.** Pennsylvania law requires that all students who will be living in campus housing and who are age 25 or younger must submit proof of one dose of meningococcal conjugate vaccine that covers serogroups A, C, Y and W-135. ACIP recommends that adolescents who receive their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.

**International Students.** The meningitis vaccine received in the home country sometimes does not include A, C, Y and W-135 which are the most common strains in the United States. Students should speak with their physician to assure that the correct strains are covered in order to avoid having to obtain additional immunization upon arrival to the U.S.

**Please fax these completed forms (FAX: 814-824-2242) or mail them to: Mercyhurst University/ Cohen Student Health Center/ 501 E. 38<sup>th</sup> Street/ Erie, PA 16546.** Our staff can be reached at 814-824-2431, Monday-Friday, 8:30 a.m. – 4 p.m. or at [health@mercyhurst.edu](mailto:health@mercyhurst.edu). Calls/emails are still returned within a few days during summer break.

Sincerely,

*Judy Smith, Ph.D.*

Judy Smith, Ph.D.  
Executive Director of Wellness  
Cohen Student Health Center







MERCYHURST UNIVERSITY PRE-ADMISSION HEALTH RECORD

SECTIONS V (Physical Examination), VI (TB Assessment), and VII (Immunization History) are to be completed by the physician (or NP/PA). Each section requires a signature and date.

Please return this completed packet to the student/family. If you are asked to return this directly to Mercyhurst, send it to:

Mercyhurst University  
Cohen Student Health Center  
501 East 38<sup>th</sup> Street  
Erie, PA 16546  
814-824-2037 or 814-824-2431  
FAX: 814-824-2242

**V. PHYSICAL EXAMINATION -THIS SECTION TO BE COMPLETED BY PHYSICIAN (or NP/PA)**

Name of Applicant: \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_

Systems Assessment:

- Eyes: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
- Ears: Canal: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ T.M.: Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_
- Throat: Tonsils: Present \_\_\_\_\_ Absent \_\_\_\_\_  
Have you ever had "Strep Throat"? Y / N If yes, Date: \_\_\_\_\_ Rx \_\_\_\_\_
- Mouth: Tongue: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Teeth: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
- Posture: Spine: Normal \_\_\_\_\_ Kyphosis \_\_\_\_\_ Lordosis \_\_\_\_\_ Scoliosis \_\_\_\_\_
- Skin: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Piercing sites \_\_\_\_\_ Tattoos \_\_\_\_\_
- Lungs: Clear to percussion and auscultation \_\_\_\_\_
- Lymphatics: Thyroid: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Lymph Nodes: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_
- Heart: Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_ PMI: \_\_\_\_\_ S1 & S2: \_\_\_\_\_

**Extra Sounds:** \_\_\_\_\_ **Murmurs:** \_\_\_\_\_

- Abdomen: Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_
- Inguinal Area: Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_ Hernia: \_\_\_\_\_
- C.N.S.: Normal: \_\_\_\_\_ Abnormal: \_\_\_\_\_
- Does this student have **any condition** which would interfere with activities? Y / N  
If yes, specify: \_\_\_\_\_  
Recommendation: \_\_\_\_\_

**Date of Examination:** \_\_\_\_\_ (Must be completed within 12 months of the start of upcoming college year)

**MD, DO, NP or PA Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

## PRE-ADMISSION HEALTH RECORD

*Continued from previous page...*

### VI. TUBERCULOSIS (TB) SCREENING/TESTING<sup>1</sup>

**HEALTHCARE PROVIDER: PLEASE ASK THE STUDENT THE SIX QUESTIONS BELOW TO DETERMINE IF TB TESTING IS INDICATED:**

1. **Have you ever had close contact with persons known or suspected to have active TB disease?**  Yes  No
2. **Were you born in one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)**  Yes  No

Afghanistan	Côte d'Ivoire	Kenya	Nicaragua	South Africa
Algeria	Democratic People's Republic of	Kiribati	Niger	Sri Lanka
Angola	Korea	Kuwait	Nigeria	South Sudan
Argentina	Democratic Republic of the	Kyrgyzstan	Niue	Sudan
Armenia	Congo	Lao People's Democratic	Pakistan	Suriname
Azerbaijan	Djibouti	Republic	Palau	Swaziland
Bahrain	Dominican Republic	Latvia	Panama	Tajikistan
Bangladesh	Ecuador	Lesotho	Papua New Guinea	Thailand
Belarus	El Salvador	Liberia	Paraguay	Timor-Leste
Belize	Equatorial Guinea	Libya	Peru	Togo
Benin	Eritrea	Lithuania	Philippines	Trinidad & Tobago
Bhutan	Estonia	Madagascar	Poland	Tunisia
Bolivia (Plurinational State of)	Ethiopia	Malawi	Portugal	Turkey
Bosnia and Herzegovina	Fiji	Malaysia	Qatar	Turkmenistan
Botswana	Gabon	Maldives	Republic of Korea	Tuvalu
Brazil	Gambia	Mali	Republic of Moldova	Uganda
Brunei Darussalam	Georgia	Marshall Islands	Romania	Ukraine
Bulgaria	Ghana	Mauritania	Russian Federation	United Republic of
Burkina Faso	Guatemala	Mauritius	Rwanda	Tanzania
Burundi	Guinea	Mexico	Saint Vincent and the	Uruguay
Cambodia	Guinea-Bissau	Micronesia (Federated States	Grenadines	Uzbekistan
Cameroon	Guyana	of)	Sao Tome and Principe	Vanuatu
Cape Verde	Haiti	Mongolia	Senegal	Venezuela (Bolivarian
Central African Republic	Honduras	Morocco	Serbia	Republic of)
Chad	India	Mozambique	Seychelles	Viet Nam
China	Indonesia	Myanmar	Sierra Leone	Yemen
Colombia	Iraq	Namibia	Singapore	Zambia
Comoros	Iran	Nepal	Solomon Islands	Zimbabwe
Congo	Kazakhstan	Nauru	Somalia	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

3. **Have you had frequent or prolonged visits\* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)**  Yes  No
4. **Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?**  Yes  No
5. **Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?**  Yes  No
6. **Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?**  Yes  No

**If the answer is YES to any of the above questions**, Mercyhurst University requires TB testing prior to starting at the University (*turn to next page*).

**If the answer to all of the above questions is NO**, no testing or further action is required (*sign TB form on page 7, and then proceed to Immunization History form on page 8*).

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



## PRE-ADMISSION HEALTH RECORD

*Continued from previous page...*

**Student Name:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

**>15 mm is positive:**

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

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

### 3. Interferon Gamma Release Assay (IGRA)

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-GIT T-Spot other \_\_\_  
M D Y

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_ (T-Spot only)

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-GIT T-Spot other \_\_\_  
M D Y

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_ (T-Spot only)

### 4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: \_\_\_/\_\_\_/\_\_\_ Result: normal\_\_\_ abnormal\_\_\_  
M D Y

### Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunoileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

\_\_\_\_\_ Student agrees to receive treatment

\_\_\_\_\_ Student declines treatment at this time

### HEALTH CARE PROVIDER

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

*Immunization and TB Screening Prepared by ACHA's Vaccine-Preventable Diseases Advisory Committee*



## PRE-ADMISSION HEALTH RECORD

*Continued from previous page...*

### VII. IMMUNIZATION RECORD

**This section is to be completed and signed by your Health Care Provider. All information must be in English.**

Name \_\_\_\_\_  
First Name Middle Name

\_\_\_\_\_ Date of Birth  
Last Name

#### A. MMR (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health care professional students.)

1. Dose 1 given at age 12 months or later .....#1     /    /      
M D Y

2. Dose 2 given at least 28 days after first dose .....#2     /    /      
M D Y

#### B. POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): #1     /    /     #2     /    /     #3     /    /      
M D Y M D Y M D Y

2. IPV/OPV sequential: IPV #1     /    /     IPV #2     /    /     OPV #3     /    /     OPV #4     /    /      
M D Y M D Y M D Y M D Y

3. IPV alone (injected Salk four doses): #1     /    /     #2     /    /     #3     /    /     #4     /    /      
M D Y M D Y M D Y M D Y

#### C. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes \_\_\_ No \_\_\_ or Birth in U.S. before 1980 Yes \_\_\_ No \_\_\_

2. Varicella antibody     /    /     Result: Reactive \_\_\_\_\_ Non-reactive \_\_\_\_\_  
M D Y

3. Immunization  
 a. Dose #1 .....#1     /    /      
M D Y

b. Dose #2 given at least 12 weeks after first dose ages 1-12 years.....#2     /    /      
 and at least 4 weeks after first dose if age 13 years or older. M D Y

#### D. TETANUS, DIPHTHERIA, PERTUSSIS

1. Primary series completed? Yes \_\_\_ No \_\_\_  
 Date of last dose in series:     /    /      
M D Y

2. Date of most recent booster dose:     /    /      
M D Y

Type of booster: Td \_\_\_ Tdap \_\_\_ **\*Tdap booster recommended for ages 11-64 unless contraindicated.**

#### E. HUMAN PAPILLOMAVIRUS VACCINE (HPV2 or HPV4) (females and males, ages 9-26, three doses at 0, 1-2, and 6 month intervals.)

**Immunization (indicate which preparation)** Quadrivalent (HPV4) \_\_\_ or Bivalent (HPV2) \_\_\_

a. Dose #1     /    /     b. Dose #2     /    /     c. Dose #3     /    /      
M D Y M D Y M D Y



