

Welcome to Asbury University from the Center for Wholeness and Wellness!

Following guidelines from the Center for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) for the protection of our campus community, Asbury University requires that specific medical information be obtained and on file for each incoming student prior to his or her arrival on campus. The requirements below are due before classes begin:

- Completed Health History Form including the TB Risk Assessment
- Documentation of Required Immunizations or documented laboratory immunity
 - 2MMR (Measles, Mumps, Rubella)
 - Meningococcal Meningitis
 - Tdap within the last 10 years (Tetanus, Diphtheria, Pertussis)
- Copy of Health Insurance Card (Front and Back)
- TB Test Documentation if indicated after TB Risk Assessment

Your immunization records can be obtained from your personal physician, health department, or high school. You are encouraged to update missing immunizations before coming to campus as most health insurance plans cover preventative immunizations at 100% cost. Please also consider receiving the recommended vaccinations (Hepatitis A, Hepatitis B, Polio, Varicella and yearly Influenza) when updating required ones.

Asbury requires all students to have health insurance. Students whose insurance plans offer limited benefits outside their network area (i.e. State Medicaid and HMO plans) are encouraged to consider purchasing the approved [University Student Insurance Plan](#) because certain benefits such as prescriptions, labs, x-rays or referrals are not covered benefits out of network.

Please complete and submit the required forms and documentation to Health Services electronically through your Asbury Checklist before classes begin. You may also submit via fax (859-858-0003) or mail (Asbury University Health Services, 1 Macklem Drive, Wilmore, KY 40390).

Failure to supply the required information by the end of drop/add will result in a class registration hold placed on your student account. This will prevent you from registering for the next semester's classes.

We look forward to being your health and wellness partner during your time at Asbury! Health Services offers FREE* appointments with registered nurses on weekdays and with a physician or nurse practitioner twice a week to students carrying at least 9 credit hours.

Services available are similar to those offered by most general physician offices and include:

- Treatment of illnesses and injury
- Management of chronic conditions
- Preventative healthcare*
- Laboratory services*

* While tuition fees cover most doctor and nurse visits and services, there is a nominal charge for some tests, treatments, medications, supplies and physicals. We do not bill insurance for visits to Health Services.

Students must schedule appointments by emailing health.services@asbury.edu or calling (859) 858-5277.

If you have any questions or concerns, please contact Health Services at health.services@asbury.edu.

PATIENT INFORMATION		Expected Start Date: Fall/Spring 20_____	
Name (Last, First, M.I.):		Preferred Name:	DOB:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Circle One: Freshman / Transfer / other - _____	
Address: Street:		City:	Country:
State:	Zip:	Home Country:	SS#:
Student Cell Phone:		Email:	

IN CASE OF EMERGENCY NOTIFY		
Name:		Relationship to Student:
Address (if Different from Student):		
Cell Phone:	Home Phone:	Work Phone:

ALLERGIES TO MEDICATIONS
NONE: <input type="checkbox"/>

MEDICATIONS <small>Please list all prescribed, over the counter, vitamins and herbal supplements taken regularly.</small>
NONE: <input type="checkbox"/>

HEALTH HISTORY	Y	N		Y	N		Y	N
Acid Reflux			Chicken Pox (Date: _____)			Kidney Disease		
ADD/ADHD (Circle either or both)			Chronic Pain			Limited Sports Participation		
Anemia			Concussion			Mononucleosis		
Anxiety			Crohn's Disease/Ulcerative Colitis			Rheumatoid Disease		
Arthritis			Depression			Seasonal Allergies		
Asthma			Diabetes			Seizure Disorder		
Blood Sugar (Low)			Eating Disorder			Substance or Alcohol Abuse		
Blood Pressure (High or Low)			Headache (Recurrent or Migraine)			Thyroid Problem		
Cancer (Specify)			Heart Valve or Other Heart Problem			Other: Specify		
Celiac Disease			Hepatitis			Other: Specify		

SURGERIES OR HOSPITALIZATIONS	
Year	Reason

Student Name: _____

TUBERCULOSIS (TB) RISK ASSESSMENT & TEST DOCUMENTATION

SECTION 1: TUBERCULIN (TB) RISK ASSESSMENT Please answer all of the following questions.	YES	NO
1. Have you lived in or traveled to areas where tuberculosis is common within the last 5 years for 3 months or longer? (Eastern Europe, Asia, Central America, South America, or Africa)		
2. Were you born outside the United States in a country where tuberculosis is common? (Eastern Europe, Asia, Central America, South America, or Africa)		
3. Have you been diagnosed with active tuberculosis?		
4. Have you ever been told you had a positive or reactive TB test?		
5. Have you ever taken medication because of a positive TB test?		
6. Are you experiencing signs or symptoms of tuberculosis? (Productive cough for more than 3 weeks, unexplained weight loss, night sweats &/or persistent fatigue)		
7. Have you had close contact with someone with infectious TB?		
8. Have you lived, worked or volunteered in a long-term care facility? (e.g. hospital, prison, nursing home, homeless shelter, or care facility for those with HIV/AIDS)		
9. Have you ever been diagnosed with a chronic condition that may impair your immune system? (e.g. HIV, diabetes, renal failure, leukemia, chemotherapy, severe lung disease)		
10. Do you have HIV or inject drugs?		

- 1. If you answered NO to all questions 1-10, no further TB assessment is necessary. Skip SECTION 2: TB TEST DOCUMENTATION and proceed to page 3.**
- 2. If you answered YES to questions 3, 4 and/or 5, you must provide documentation of treatment.**
- 3. If you answered YES to any questions 1-10, you must take SECTION 2: TB TEST DOCUMENTATION to a health care provider to be completed.**

SECTION 2: TUBERCULIN (TB) TEST DOCUMENTATION

 If you answered YES to any question in Section 1: TB Risk Assessment, please take this form to your health care provider or local health department for completion. *Note: BCG vaccination does not preclude TB testing.*
Type of TB Test (Only ONE needed.)

TST (TB Skin Test) <input type="checkbox"/>	Quantiferon Gold (TB Blood Test) <input type="checkbox"/>	or	T-Spot (blood test) <input type="checkbox"/>
Date Administered: _____	Date Read: _____	Date Drawn: _____	
Reaction in Millimeters: _____ mm induration			

Interpretation (based on reaction and risk factors)	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
Please provide copy of report. If positive, please provide documentation of follow up care.		

Health Care Provider Information

Provider Name: _____	Phone Number: _____
Provider Signature: _____	Date: _____

Student Name: _____

HEALTH INSURANCE INFORMATION: Attach a copy of your insurance card, front and back.

I plan to purchase the Asbury Student Health Insurance <input type="checkbox"/>		I have state Medicaid coverage <input type="checkbox"/>		State: _____	I have private insurance <input type="checkbox"/>
Company Name: _____			Company Phone: _____		
Policy Holder's Name: _____		Group Number: _____		Policy Number: _____	

IMMUNIZATIONS

Attach a copy of your Immunization records. If you have not received all the required immunizations, you will be required to sign an Immunization Waiver form when you arrive on campus.

Required Immunizations: 2 MMR (Measles, Mumps, Rubella), Meningococcal Meningitis, Tdap (Tetanus Diphtheria, Pertussis) within last 10 years

Recommended Immunizations: Hepatitis A, Hepatitis B, Polio Series, Varicella, Yearly Influenza

MENINGOCOCCAL AND HEPATITIS B VACCINATION STATUS FORM

***** ALL STUDENTS RESIDING IN RESIDENCE HALLS MUST COMPLETE THE MENINGOCOCCAL AND HEPATITIS B VACCINATION STATUS FORM BELOW. WHETHER OR NOT YOU HAVE RECEIVED EITHER VACCINE, YOU MUST DISCLOSE YOUR VACCINATION STATUS.** If you would like to get the vaccinations or have questions about whether you should be vaccinated, please talk with your family doctor or call Asbury Health Services at (859) 858-5277 for local resources or email health.services@asbury.edu

The State of Kentucky requires us to provide vaccination information on meningococcal meningitis disease, including documentation of meningococcal vaccination status. The law does not require that students be vaccinated, although Asbury University does require this vaccination. The law also requires institutions to provide first time, full-time students with information about hepatitis B disease.

Meningococcal (Bacterial) Meningitis is a rare but very serious disease that can cause severe swelling of the brain and spinal cord, and can lead to a life threatening blood infection. The most common early symptoms of meningitis are similar to the flu—high fever, severe headache, stiff neck, nausea and vomiting, lethargy and a rash. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The bacteria is transmitted through close, direct contact with the oral secretions of an infected person, such as by sharing glasses or utensils, kissing, and coughing.

Vaccines are available that protect against the most common strains of the bacteria that cause meningitis. The National Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students receive the vaccine—especially those in dormitories, creating higher risk because of living in close proximity to each other. The vaccines are available through physician offices, clinics, and pharmacies. For more information on meningitis: www.cdc.gov/meningitis/ or www.nmaus.org

Hepatitis B is a viral infection of the liver that can cause jaundice, permanent liver damage, liver cancer and even death. Signs and symptoms vary, but can include fever, fatigue, nausea & vomiting, weight loss, abdominal pain, and dark urine. A person can be infected both directly through infected blood or body fluids and indirectly by coming in contact with surfaces or objects contaminated with the virus. The virus can be contracted through sexual contact, needle sticks, sharing of an infected person's toothbrush, razor or earrings, through cuts and scrapes during contact sports, piercing, or tattooing. Hepatitis B is 100 times more contagious than HIV (the virus that causes AIDS). It can stay alive on contaminated surfaces for as long as a month.

Fortunately, hepatitis B is preventable by a vaccine series consisting of three shots given over a 6-month period of time. The National Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) strongly recommend that all college students receive the vaccine. This vaccine is also available through physician offices, clinics, and pharmacies. For more information on hepatitis B: www.cdc.gov/hepatitis/HBV.htm

Meningococcal Vaccine	Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	Hepatitis B Vaccine	Received	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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I, the undersigned student (**PARENT, IF UNDER 18 YEARS OF AGE**), have read and understand the information provided to me about meningococcal meningitis and hepatitis B.

I understand the benefits and risks of being vaccinated against these diseases. The information above regarding my/my student's vaccination status is accurate and is being provided in compliance with **Kentucky Code Sections 164.282 and 164.2867.**

Print Name: _____

Signature: _____ Date: _____

Relationship to Student: _____