

CONFIDENTIAL MEDICAL HISTORY QUESTIONNAIRE

FERRIS STATE UNIVERSITY BIRKAM HEALTH CENTER

1019 Campus Drive
Big Rapids, Michigan 49307-2280

Telephone (231) 591-2614

FAX (231) 591-5949 or 591-5970

WELCOME TO THE BIRKAM HEALTH CENTER. We would like to be able to assist you with your health care needs at FERRIS STATE UNIVERSITY. All information will be kept strictly confidential. We ask that you complete this entire form and return within 30 days. THIS MUST BE DONE PRIOR TO REGISTRATION TO AVOID A DELAY IN REGISTERING. Please be sure to SIGN AND DATE the form on the back. Parents' signature is required for students under 18.

When do you expect to enroll? _____ Have you attended Ferris before? _____ When? _____

Name _____

Birthdate _____ Soc. Sec. No. _____ Student # _____ Sex _____

Student Address _____ Telephone _____

Next of kin _____ Relationship _____ Home Telephone () _____

Address _____ Work Telephone () _____

Family doctor or personal physician _____

Address _____ Telephone () _____

Insurance Information

Please enclose a copy (front and back) of all insurance card(s).

Primary Health Insurance _____

Policy holder's name _____ Birthdate _____

Place of Employment _____ Insurance Company _____ Effective date _____

Policy or Contract # _____ Group _____ Service code _____ Plan Code _____

Secondary Health Insurance _____

Policy holder's name _____ Birthdate _____

Place of Employment _____ Insurance Company _____ Effective date _____

Policy or Contract # _____ Group _____ Service code _____ Plan Code _____

Family History

Please list here any close relatives who have had the following illnesses.

	Yes	No	Relationship		Yes	No	Relationship
Allergies/Asthma				High blood pressure			
Anemia				Kidney disease			
Arthritis				Nervous/Mental Disturbances			
Bleeding Tendencies				Stroke			
Cancer/Tumors				Tuberculosis			
Diabetes				Ulcers			
Heart Disease				Other (specify)			

Immunization Form for New Students at Ferris State University

Telephone (231) 591-2614

FAX (231) 591-5949 or 591-5970

Name _____
Last First Middle

Date of Birth _____ Student # _____

Ferris State University has developed a program to insure that the campus population will be immune to measles (rubeola) and rubella. Proper immunization is required. **ANY STUDENT WHO CANNOT SHOW PROOF OF IMMUNIZATION WILL BE DELAYED FROM REGISTERING FOR CLASSES UNTIL THEY ARE ABLE TO SHOW PROOF OF HAVING HAD THE MEASLES (Rubeola) AND RUBELLA, OR A BLOOD TEST SHOWING THEY ARE IMMUNE TO THESE DISEASES, OR OF HAVING HAD THE IMMUNIZATION.** Many Health Departments provide immunizations to college students at a low cost.

This proof of immunization may be at home or may be obtained from your doctor or high school records. A photo-copy of an official immunization record will be acceptable. However, if you do not have these records, your physician **must** complete the statement below. **Please make sure these immunization records are up-to-date.** Please do not send personal documents – we cannot be responsible for original records. Laboratory evidence of immunity is also acceptable documentation.

Measles (Rubeola) and Rubella Record

If copy of immunization record is not available, the following must be completed by authorized health care provider.

Measles, Mumps, Rubella (MMR)

Dose 1 _____
Date of Immunization

OR

Measles (Rubeola)

Had disease, diagnosed by clinician _____
Date

Has laboratory evidence of immunity _____
(Provide copy of lab report) Date

Measles (Rubeola) vaccine _____
Date

Dose 2 _____
Date of Immunization

Rubella

Had disease, diagnosed by clinician _____
Date

Has laboratory evidence of immunity _____
(Provide copy of lab report) Date

Rubella vaccine _____
Date

Requirements: Measles (Rubeola) and Rubella immunization requirements now include receiving a booster immunization after fifteen (15) months of age, except for students born before 1957. Please get your booster now, if you have only had one measles (rubeola) immunization.

Signature of Authorized Health Care Provider

Date

Print Name

Phone

VACCINE INFORMATION FROM BIRKAM HEALTH CENTER

Most students have received appropriate childhood immunizations, including measles (rubeola), mumps, rubella, polio, and tetanus. However, there often are questions about vaccines, particularly those that one may not have had, or had heard only limited information about.

The following is some information about vaccines. Contacting your family doctor or the health department for additional information is also suggested. Many vaccines are available at your family doctor's office, Health Department, or the Birkam Health Center.

Tetanus Vaccine (and combinations of tetanus with other vaccines – Td and Tdap): Tetanus may result from an infected wound or burn. A booster injection should be given at least every ten years, usually given in combination with diphtheria vaccine. Because of the recent increase in occurrence of pertussis (whooping cough), the booster may also contain pertussis vaccine for those who need that booster.

MMR Vaccine: These letters stand for measles (rubeola), mumps, and rubella. It is typically given as an initial shot followed later by a booster. Ferris State University has a requirement for appropriate immunization against measles (rubeola) and rubella for admitted students.

Hepatitis B Vaccine: Hepatitis B is a serious liver disease. Most infants are being vaccinated against this with a series of three shots, but most older children and young adults have not been. It is recommended for anyone in the medical or dental field and for others who would like protection against the disease.

Chickenpox Vaccine: Most people get this disease in childhood, but some do not and remain susceptible to it. There are cases of chickenpox every year among Ferris students. Those who haven't had the disease may want to discuss this with their doctor. This vaccine is a series of two shots.

Meningococcal Vaccine: (Commonly called "meningitis vaccine") Meningococcus is the name of the bacterium that can cause severe infections, including meningitis. (There are other types of bacteria and viruses that can also cause meningitis). This bacterium has a number of sub-types (or groups) and there are individuals who carry this bacterium in the nose and throat without problems or illness. There is a vaccine to protect against this bacterium. It is now recommended this be given routinely for protection. WE ADVISE YOU TO RECEIVE THIS VACCINE IF YOU HAVE NOT ALREADY DONE SO. It is widely available including here at the Birkam Health Center.

Gardasil (HPV vaccine): This is a vaccine to protect against human papilloma virus (HPV) strains that are associated with later development of cervical cancer in females. This vaccine is also available at the Birkam Health Center.

If you would like further information about these vaccines or other health related issues, you may call the Birkam Health Center and speak to a nurse at (231) 591-2614.