

# BRADLEY UNIVERSITY

# REQUIRED STUDENT HEALTH FORM

809 N. Tobias Ln., Markin Center – Bradley University, Peoria, IL 61625 Ph:(309)677-2700 Fax:(309)677-3534

E-mail: bradleyhealthservices@fsmail.bradley.edu

SEMESTER ENTERING YEAR \_\_\_\_\_ FA \_\_\_ SP \_\_\_ FR. SO. JR. SR. GRAD. BRADLEY ID# \_\_\_\_\_

PLEASE PRINT:

NAME \_\_\_\_\_  
(LAST, FAMILY SURNAME) (FIRST, GIVEN) (MIDDLE, OTHER)

BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ GENDER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_-\_\_\_-\_\_\_  
MO DAY YR

HOME ADDRESS \_\_\_\_\_  
STREET

CITY STATE ZIP  
PHONE (\_\_\_\_) \_\_\_\_\_ STUDENT CELL PHONE (\_\_\_\_) \_\_\_\_\_

## PAST MEDICAL HISTORY

DRUG ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

HOSPITALIZATIONS OR SURGERIES \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

MENTAL HEALTH ILLNESSES \_\_\_\_\_

**PLEASE INCLUDE A COPY OF YOUR HEALTH INSURANCE CARD  
OR SUMMARY INSURANCE POLICY**

IN THE EVENT I WOULD NEED OUTPATIENT LABS, DIAGNOSTIC STUDIES, OR EMERGENCY SERVICES DONE AT ONE OF THE  
LOCAL AREA HOSPITALS, I AUTHORIZE BRADLEY HEALTH SERVICES TO UTILIZE:

**OSF ST. FRANCIS**

**UNITY POINT – METHODIST AND PROCTOR**

PLEASE CHECK WITH YOUR INSURANCE COMPANY REGARDING COVERAGE IN THE PEORIA AREA

IN CASE OF MEDICAL OR PSYCHIATRIC EMERGENCY OR HOSPITALIZATION, I AUTHORIZE BRADLEY STUDENT HEALTH SERVICES  
TO NOTIFY: \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS: MOTHER \_\_\_\_\_ HOME PH (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

FATHER \_\_\_\_\_ HOME PH (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PH (\_\_\_\_) \_\_\_\_\_

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**STUDENT SIGNATURE**

ATTENTION PARENT/GUARDIAN OF MINOR STUDENTS (students under the age of 18):

I give my permission for the medical staff of Bradley University Student Health Center to diagnose and treat medical conditions that may arise while my child is attending Bradley University.

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_

## IMMUNIZATION HISTORY

STUDENT'S NAME: \_\_\_\_\_

IF YOUR BIRTH DATE IS BEFORE JANUARY 1, 1957, PLEASE CONTACT HEALTH SERVICES AT 309-677-2700.

### SECTION 1: TUBERCULOSIS (TB) SCREENING

### REQUIRED BY BRADLEY UNIVERSITY

CHECK ANY THAT APPLY:

\_\_\_\_\_ FROM OR HAVE LIVED FOR TWO MONTHS OR MORE IN ASIA, AFRICA, CENTRAL, OR SOUTH AMERICA OR EASTERN EUROPE

IF YES, WHICH COUNTRY: \_\_\_\_\_

\_\_\_\_\_ HAVE BEEN DIAGNOSED WITH A CHRONIC MEDICAL CONDITION THAT MAY IMPAIR YOUR IMMUNE SYSTEM

IF YES, WHAT CONDITION: \_\_\_\_\_

\_\_\_\_\_ A HEALTH CARE WORKER

\_\_\_\_\_ A VOLUNTEER OR EMPLOYEE OF A NURSING HOME, PRISON, OR OTHER RESIDENTIAL INSITUATION

\_\_\_\_\_ CONTACT WITH A PERSON KNOWN TO HAVE ACTIVE TUBERCULOSIS

\_\_\_\_\_ NONE OF THE ABOVE APPLY

IF ANY OF THE ABOVE DO APPLY, TB SCREENING IS REQUIRED. OPTIONS ARE AS FOLLOWS:

- 1.) SCHEDULE AN APPOINTMENT AT STUDENT HEALTH FOR PPD SCREENING TEST
- 2.) PROVIDE DOCUMENTATION OF NEGATIVE TB SKIN TEST DONE IN THE UNITED STATES WITHIN THE LAST 12 MONTHS  
PPD TEST            DATE    \_\_\_/\_\_\_/\_\_\_            DATE READ \_\_\_/\_\_\_/\_\_\_  
MILLIMETERS INDURATED \_\_\_MM            POS \_\_\_ NEG \_\_\_
- 3.) PROVIDE DOCUMENTATION OF PRIOR TREATMENT OF ACTIVE TB DISEASE

### SECTION 2: REQUIRED VACCINATIONS

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS VERIFIED BY A PHYSICIAN. THE STATE OF ILLINOIS REQUIRES THE FOLLOWING IMMUNIZATIONS FOR STUDENTS AT HIGHER EDUCATION INSTITUTIONS:

#### 1) DIPHTHERIA, TETANUS, AND PERTUSSIS

STUDENTS SHALL PROVIDE DATES OF ANY COMBINATION OF THREE OR MORE DOSES OF DIPHTHERIA, TETANUS, AND PERTUSSIS CONTAINING VACCINE. ABBREVIATIONS FOR THESE VACCINES INCLUDE DTP, DTAP, DT, TD, OR TDAP. ONE DOSE MUST BE A TDAP. THE LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARS PRIOR TO ENROLLMENT.

#### 2) MEASLES, MUMPS, AND RUBELLA

STUDENTS SHALL PROVIDE DOCUMENTATION OF RECEIPT OF TWO DOSES OF MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE. THE FIRST DOSE MUST HAVE BEEN RECEIVED ON OR AFTER THEIR FIRST BIRTHDAY.

#### 3) MENINGITIS

ALL NEW ADMISSIONS UNDER THE AGE OF 22 SHALL PROVIDE DOCUMENTATION OF HAVING AT LEAST ONE DOSE OF MENINGOCOCCAL VACCINE ON OR AFTER 16 YEARS OF AGE. THE NEW MENINGITIS B VACCINE DOES NOT FULFILL THIS REQUIREMENT.

A STUDENT MAY BE EXEMPTED BY THE HEALTH CENTER IF A WRITTEN STATEMENT FROM THE STUDENT (OR GUARDIAN, IF THE STUDENT IS A MINOR) DETAILING OBJECTION TO IMMUNIZATION ON GROUNDS THAT THEY CONFLICT WITH TENETS OR PRACTICES. GENERAL PHILOSOPHICAL OR MORAL OBJECTION TO IMMUNIZATION SHALL NOT BE SUFFICIENT FOR AN EXEMPTION ON RELIGIOUS GROUNDS.