SOUTHERN WESLEYAN UNIVERSITY
Health Center
907 Wesleyan Drive, Central, SC 29630
MEDICAL HISTORY FORM

Last name **First Name** **Middle Name** **SS#**

Address **City** **State** **Zip Code**

Date of birth **Cell phone #** **Current Email**

€ Resident € Commuter
ATHLETE: Yes ___ No ____ Sport _____

*IF YOU ARE AN ATHLETE YOU ARE REQUIRED TO COMPLETE THIS FORM IN ADDITION TO THE FORMS REQUIRED BY THE ATHLETIC DEPARTMENT.

EMERGENCY CONTACT INFORMATION

Name Relationship

Home Phone Work Phone Cell phone

CHRONIC MEDICAL CONDITIONS:

(INCLUDING DEPRESSION, ANXIETY, AND OTHER PSYCHIATRIC HISTORY)
LIST BELOW:

ALLERGIES:

_____
_____
_____

CURRENT MEDICATIONS (LIST PRESCRIPTION, VITAMINS, HERBS, SUPPLEMENTS, ETC)

MEDICAL INSURANCE INFORMATION

Insurance Information: (Copy of medical insurance card required)
Name of Health Insurance Company_____
Personal Coverage? Yes No (Circle One) Coverage under Parents? Yes No

NAME: _____ DOB ___/____/____

Immunization Information

Must be completed by a Medical Professional or attach a copy of an official Immunization record.

You may obtain your immunizations from any of the following:

- High School Records
- Personal Shot record
- Local Health Department
- Military Records
- Previous College or University

Required Immunizations:

1. **MMR (Measles, Mumps, Rubella):** Proof of TWO DOSES, unless you were born before 1957.

€ **Dose 1** – given at age 12 months of age or later ……#1 ___/___/___

€ **Dose 2** – given at age 4-6 or later, and at least one month after the first dose……..#2___/___/___

OR

€ **Laboratory/serologic evidence of Immunity** (attach copy of titer and date).

2. **Tetanus-Diphtheria**: Booster with Td or Tdap in the last 10 years……___/___/___

3. **Meningitis Vaccine** – **Highly RECOMMENDED for all students; however ALL STUDENTS MUST READ INFORMATION BELOW. THE VACCINE IS REQUIRED FOR RESIDENT STUDENTS.**

CHECK ONE OF THE THREE BOXES, THEN SIGN AND DATE!

Meningococcal meningitis is an infection of the brain and it's covering layers. It may cause death or permanent disability. College freshman, especially those who live in residence halls are at moderately great risk for this infection. This form of meningitis is passes from person to person by close contact. There is an immunization available that affords substantial protection against this disease. The vaccines available protect for a minimum of 3-5 years. Additional information is available at http:www.cdc.gov

€ Menactra……Date of administration ___/___/___ OR

€ Menomune……Date of administration ___/___/___ OR

€ I decline receipt of the vaccine for meningococcal meningitis because I will be a commuter student. If at any time I decide to move in to the residence hall I understand I am required to have the Meningitis Vaccine.

Student signature: _____

RECOMMENDED Immunizations

1. **Hepatitis B** (If you have had series please complete dates below.)
   1. ___/___/___ 2. ___/___/___ 3. ___/___/___

2. **Varivax** (Varicella Vaccine)
   € Had disease or vaccine 1. ___/___/___ 2. ___/___/___

3. **Gardasil HPV** (Human Papillomavirus)
   1. ___/___/___ 2. ___/___/___ 3. ___/___/___

4. **Hepatitis A**
   1. ___/___/___

HEALTH CARE PROVIDER SIGNATURE or copies of official immunization records. Verification of immunization dates.

Print Name: _____ **Signature:** _____

Date ___/___/___

Please mail completed form to Southern Wesleyan University, Attn: Health Center, PO Box 1020, 907 Wesleyan Drive, Central, SC 29630.