

STUDENT MEDICAL/HEALTH HISTORY

Personal Information

Student Name (please print)

Date of Birth

Cell Phone #

Person to notify in case of emergency

Name (please print)

Address

Relationship

Home phone #

Alternate phone #

The information below is confidential and kept on file as part of your health record at the Kansas City Art Institute. This information is intended solely as information for emergency situations that may occur during your time at KCAI.

1. List any illness or medical conditions for which you are currently being treated.

Condition

Treatment

Year diagnosed

Condition

Treatment

Year diagnosed

2. List any hospitalizations and/or operations you have had.

3. List any medications you are now taking and the condition for which it is being taken.

4. List any allergies (and reactions you may have, include food allergies in question #5).

5. List any dietary preferences and/or food allergies you may have (vegan, vegetarian, peanut allergy, etc.).

Medical History – check all conditions below you have or have had. Give details in the space below.

- | | | |
|---|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Drug/Alcohol problem | <input type="checkbox"/> Neck/Back problem |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Neurological Disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Bone/Joint pain | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Blood or clotting disorder | <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Sleeping Disorder |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Convulsions/ | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Thyroid Disorder |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mononucleosis/ Epstein-Barr virus | <input type="checkbox"/> Tumor |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Migraine | <input type="checkbox"/> Other |
| <input type="checkbox"/> Digestive disorder | | |

Explanation

List Primary Insurance information (or attach a copy of insurance card).

Policy Holder: _____

Name of Insurance Company: _____

Toll free phone number: _____

Policy number: _____

The information completed on this form is accurate to the best of my knowledge.

Student Signature: _____ Date: _____

If under the age of 18, a parent or guardian must also sign.

Signature of parent or guardian: _____ Date: _____

Printed name of parent or guardian: _____ Date: _____

ALL STUDENTS MUST SUBMIT DOCUMENTATION OF IMMUNIZATIONS.

Examples of acceptable documents include:

- Copies of personal immunization records or baby book records
- Copies of high school or previous college immunization records
- Copies of physician office or Health Department immunization records
- Copies of medical records from personal health provider or hospital
- Copy of Rubeola titer (measles)

Required Immunizations

MMR – Students born on or after January 1, 1957 must comply with the MMR immunization policy, which requires two (2) vaccines against measles and one against mumps and rubella. The first measles vaccine or combination measles/mumps/rubella vaccine (MMR) must have been given at age 12 months or later. A second vaccine for measles or MMR must have been administered at least one month after the first one.

MUMPS – The Centers for Disease Control and Prevention (CDC) now recommends a second dose of mumps-containing vaccine for students attending colleges, or other post high-school educational institutions, who lack other evidence of immunity.

Updated recommendations for the control and elimination of mumps

Students attending colleges are considered at high risk for infection. It is now recommended:

- Receive a second dose of mumps-containing vaccine, for a total of 2 doses, if vaccinated once before; or
- Receive 2 doses of mumps-containing vaccine, separated by a minimum interval of 28 days, if never vaccinated. Additional information on mumps prevention and control can be found at www.cdc.gov and by checking with your local public health agency

Recommended Immunizations

- Update tetanus booster (every 10 years)
- Varicella vaccination (if there is no childhood history of chicken pox)
- Hepatitis B
- Annual influenza vaccine
- Meningitis vaccination (all students who will reside in the Barbara Marshall Residence Hall.)

IF YOU ARE RESIDING IN THE BARBARA MARSHALL RESIDENCE HALL, YOU MUST PROVIDE DOCUMENTATION OF RECEIVING THE MENINGOCOCCAL VACCINATION OR SIGN THE WAIVER BELOW THAT YOU HAVE RECEIVED EDUCATIONAL MATERIALS, BUT HAVE CHOSEN NOT TO RECEIVE THE VACCINATION. *You will not be allowed to move into the Barbara Marshall Residence Hall without this waiver or a copy of your meningitis immunization.*

Exemptions

- Students born prior to January 1, 1957 are exempt from providing proof of vaccination to measles, mumps and rubella only. We require proof of tetanus/diphtheria.
- Religious or Personal belief: Students must submit the Religious Exemption Form (Google Form)
- Medical: If there is a medical condition that contraindicates the vaccine(s), student must submit the Medical Exemption Form (PDF) from their personal healthcare provider.

MENINGOCOCCAL VACCINATION COMPLIANCE FORM DISEASE AND VACCINATION INFORMATION

_____/_____/_____/_____
Student Last Name Student First Name MI Date of Birth

To make an informed decision about receiving the vaccine, it is important to read the information provided:

1. The information listed below in this document from the Centers for Disease Control and Prevention and the American College Health Association.
2. The Centers for Disease Control and Prevention (CDC)
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf>

The Kansas City Art Institute has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. I understand that Missouri Revised Statutes, Chapter 174, Section 174.335 requires “all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student’s parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine.”

Student Signature

Date

Section 1: For Students who have received the vaccine

I have received the meningococcal vaccine. A copy of the **REQUIRED** documentation is attached.

Student Signature

Date

Section 2: Waiver for student who have NOT received the vaccine

- A. Students 18 years of age or older:
I do not choose to receive the meningococcal vaccine at this time.**

Signature of Student: _____ Date: _____

- B. Students under the age of 18:
I am the parent or legal guardian. I do not want my son/daughter to get the meningococcal vaccine at this time.**

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

**STUDENTS WHO DO NOT RETURN THIS SIGNED WAIVER OR DO NOT PROVIDE A COPY OF THEIR
VACCINATION FOR MENINGITIS WILL NOT BE ALLOWED TO MOVE IN TO THE BARBARA
MARSHALL RESIDENCE HALL.**

Meningococcal Disease and Vaccination Information

Don't let your life be interrupted by meningococcal disease. Certain college students – particularly those living on campus – are at increased risk compared with other college students for a serious and potentially life-threatening bacterial infection. The information below is provided by the American College Health Association and Centers for Disease Control and Prevention. Please visit <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf> for more information.

Overview of Meningococcal Disease

Meningococcal disease is a potentially life-threatening bacterial infection that can lead to meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococcal septicemia, an infection of the blood.

Meningococcal disease, caused by bacteria called *Neisseria meningitidis*, is the leading cause of bacterial meningitis in older children and young adults in the United States. It strikes 1,400 to 3,000 Americans each year and is responsible for approximately 150 to 300 deaths.

Adolescents and young adults account for nearly 30 percent of all cases of meningitis in the United States. In addition, approximately 100 to 125 cases of meningococcal disease occur on college campuses each year, and five to 15 students will die as a result. Evidence shows approximately 70 to 80 percent of cases in the college age group are caused by serogroup C, Y, or W-135, which are potentially vaccine-preventable.

Vaccination Recommendations for College Students

On February 10, 2005, the Advisory Committee on Immunization Practices (ACIP) for the Centers for Disease Control and Prevention (CDC) voted to recommend that all incoming college freshmen living in dormitories be vaccinated against meningococcal disease. The ACIP also recommended vaccination for all adolescents at high school entry and during pre-adolescent health care visits (11 to 12 years old).

The American College Health Association (ACHA) issued similar immunization recommendations for all first-year students living in residence halls. The ACIP and ACHA recommendations further state that other college students under 25 years of age may choose to receive meningococcal vaccination to reduce their risk for the disease.

ACHA and ACIP recommendations, coupled with the availability of a new vaccine that may provide longer duration of protection, will help increase rates of immunization against meningococcal disease and will give college health professionals the guidance needed to help protect college students against meningococcal disease.

Meningococcal Disease Caused by Five Strains/Serogroups

Five predominant strains or serogroups of *N. meningitidis* account for most cases of meningococcal disease. These are A, B, C, Y, and W-135. The currently available vaccine protects against four of the five strains (A, C, Y, and W-135), and evidence shows approximately 70 to 80 percent of cases in the college age group are caused by serogroup C, Y or W-135, which are potentially vaccine-preventable. No vaccine is available for widespread vaccination against serogroup B.

Transmission and Symptoms of the Disease

Meningococcal disease is contagious and progresses very rapidly. The bacteria are spread person-to-person through the air by respiratory droplets (e.g., coughing, sneezing). The bacteria also can be transmitted through direct contact with an infected person, such as oral contact with shared items like cigarettes or drinking glasses, and through kissing.

Meningococcal bacteria attach to the mucosal lining of the nose and throat, where they can multiply. When the bacteria penetrate the mucosal lining and enter the bloodstream, they move quickly throughout the body and can cause damage to various organs.

Many people in a population can be a carrier of meningococcal bacteria (up to 11 percent) in the nose and back of the throat, and usually nothing happens to a person other than acquiring natural antibodies.

Symptoms of meningococcal disease often resemble those of the flu or other minor febrile illness, making it sometimes difficult to diagnose, and may include high fever, severe headache, stiff neck, rash, nausea, vomiting, fatigue, and confusion. Students who notice these symptoms - in themselves, friends, or others - especially if the symptoms are unusually sudden or severe, should contact their college health center or local hospital.

If not treated early, meningitis can lead to death or permanent disabilities. One in five of those who survive will suffer from long-term side effects, such as brain damage, hearing loss, seizures, or limb amputation.

Persons at Risk for the Disease, Including College Students

Meningococcal disease can affect people at any age. Infants are at the highest risk for getting the disease. Disease rates fall through later childhood but begin to rise again in early adolescence, peaking between the ages of 15 and 20 years.

Due to lifestyle factors, such as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing of personal items, college students living in residence halls are more likely to acquire meningococcal disease than the general college population.

In addition to increased risk because of crowded living situations, proximity to a person diagnosed with disease (e.g., being a household contact) also increases one's risk of disease. Other factors also increase risk, such as a compromised immune system (which might be caused by HIV/AIDS or taking certain chemotherapy or immuno-suppressants) or having no spleen. Even something as simple as a respiratory tract infection may increase the risk of getting the disease. Certain genetic risk factors also may increase susceptibility to infection.

Vaccination to Prevent Meningococcal Disease

Meningococcal vaccination is recommended for all first-year students living in residence halls to protect against four of the five most common strains (or types) of *N. meningitidis* (A, C, Y, and W-135). In persons 15 to 24 years of age, 70 to 80 percent of cases are caused by potentially vaccine-preventable strains. All other college students younger than 25 who wish to reduce their risk of infection may choose to be vaccinated.

Because disease rates begin to climb earlier in adolescence and peak between the ages of 15 and 20 years, the vaccine also is recommended for adolescents at high school entry and young adolescents at the pre-adolescent health care visit (11 and 12 year-olds).

Diagnosis

Early diagnosis and treatment are very important. If meningococcal disease is suspected, samples of blood or cerebrospinal fluid (fluid near the spinal cord; see image below) are collected and sent to the laboratory for testing. It is important to know if it is meningococcal disease because the severity of illness and the treatment will change depending on the cause. In the case of meningococcal disease, antibiotics can help prevent severe illness and reduce the chances a close contact will also develop disease.

If *Neisseria meningitidis* bacteria are present, they can be grown (cultured). Growing the bacteria in the laboratory is important for confirming the presence of bacteria, identifying the specific type of bacteria that is causing the infection, and deciding which antibiotic will work best. Other tests can sometimes detect and identify the bacteria if the cultures do not.

Treatment

Meningococcal disease can be treated with a number of effective antibiotics. It is important that treatment be started as soon as possible. If meningococcal disease is suspected, antibiotics are given right away. Antibiotic treatment should reduce the risk of dying, but sometimes the infection has caused too much damage to the body for antibiotics to prevent death or serious long-term problems. Even with antibiotic treatment, people die in about 10-15% of cases. About 11-19% of survivors will have long-term disabilities, such as loss of limb(s), deafness, nervous system problems, or brain damage.