UNIVERSITY OF RIO GRANDE AND RIO GRANDE COMMUNITY COLLEGE

Health Services
Medical History/Vaccination Form

Both sides/pages of this form must be submitted

Please return form to: University of Rio Grande Attn: Health Services • P.O. Box 500-Rio Grande, Ohio 45674 Phone: 740-245-7350 or 1-800-282-7201

Last Name _____ First _____ Date of Birth _____

Student ID# _____ Student Mobile _____ Student Dorm/Rm _____

Permanent Home Information

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Notify in Case of Medical Emergency

Name _____ Relationship _____

Home Phone _____

Mobile/Work Phone _____

Street Address _____

City _____ State _____ Zip _____

Personal Physician/Healthcare Provider

Name _____ Address _____

Office Phone _____ City _____ State _____ Zip _____

Office Fax _____

Personal Medical History/Disorder/Problem - Please check all that apply

☐ Check if none apply to you

- ☐ ADHD
- ☐ Alcohol/drug abuse
- ☐ Anxiety/Depression
- ☐ Asthma
- ☐ Blood disorders
- ☐ Cancer
- ☐ Cardiac condition
- ☐ COVID-19
- ☐ Dental
- ☐ Diabetes
- ☐ Depression
- ☐ Eating Disorder
- ☐ Gastrointestinal
- ☐ GYN
- ☐ Heart Murmur
- ☐ Hepatitis B or C
- ☐ High blood pressure
- ☐ HIV/AIDS
- ☐ Mental Health
- ☐ Migraine
- ☐ Mononucleosis
- ☐ Rheumatic Fever
- ☐ Seizures
- ☐ Sickle cell anemia
- ☐ Skin
- ☐ Staph Infections (MRSA)
- ☐ Strep Throat
- ☐ Thyroid
- ☐ Other please explain _____

Allergies: Drugs & Other Severe Adverse Reactions - List allergy(s) and explain reaction.

☐ Check if you have no allergies

Medication _____ Food _____

Insect _____ Environmental _____

Seasonal _____ X-ray Contrast _____

Are any of these life threatening? ☐ Yes ☐ No **Do you carry an Epi Pen?** ☐ Yes ☐ No

Prior Hospitalizations, Surgeries or Orthopedic Procedures - Please list dates and reasons

_____

_____

Medications - Frequent or regular please list all prescriptions, natural and over the counter medications

_____

_____

Covid-19 Vaccinations

☐ Moderna First Dose_____ Second Dose_____ ☐ Pfizer First Dose_____ Second Dose_____

☐ Janssen First Dose_____ Second Dose_____ ☐ Booster Date_____ Date _____

Required Immunizations

Tetanus-Diphtheria-Pertussis:

☐ Completed primary series of tetanus-diphtheria-pertussis immunizations ..... Date: _____/_____/_____

☐ Td or ☐ Tdap Booster within the last 10 years ..... Date: _____/_____/_____

Polio (Poliomyelitis):

☐ Completed primary series of polio immunization ..... Date: _____/_____/_____ Last Booster: _____/_____/_____

MMR (Measles/Mumps/Rubella):

Dates of 2 doses: MMR #1 _____/_____/_____ MMR #2 _____/_____/_____

☐ I was born before 01/01/1957. Therefore this vaccination requirement does not apply to me

Hepatitis B: Dates: #1 _____/_____/_____/ #2 _____/_____/_____ #3 _____/_____/_____

Hepatitis B: surface antibody Result: ☐ Reactive ☐ Non Reactive Date: _____/_____/_____

If no, it is recommended that you start the series as soon as possible, as this requires the three doses over a six month period, or a positive Hepatitis B surface antibody meeting the requirements.

Varicella (Chicken Pox): #1 _____/_____/_____ #2 _____/_____/_____ or Disease Date: _____/_____/_____

Antibody Date Titer: _____/_____/_____ Result: ☐ Reactive ☐ Non Reactive

Other _____ Date: _____/_____/_____ **Other** _____ Date: _____/_____/_____

Meningitis:

The University of Rio Grande and Rio Grande Community College requires two types of vaccines for meningitis. These vaccines are required for residential freshmen or any student who is residing in a college dorm at the University of Rio Grande and Rio Grande Community College. These vaccines are given for prevention of bacterial meningitis, which is highly contagious and can be fatal if exposed.

CDC recommends residential students to have both the meningococcal conjugate (A,CW,Y) vaccine (Menactra or Menveo) and the meningitis B vaccine (Bexsero or Trumenba). Of note, if there is an outbreak on campus, and a conflict of interest in getting these vaccines, the student will have to leave campus in the event of an outbreak.

Required vaccines at University of Rio Grande and Rio Grande Community College:

☐ I have already received the vaccines _____/_____/_____/ Date of vaccinations

☐ No, I have never been vaccinated. I take responsibility for obtaining the vaccines since it is required for all residential students.

☐ No, I have never been vaccinated. I chose to opt out of the mandatory vaccines for personal reasons.

SIGNATURE REQUIRED

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18), 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 the Ohio Revised Code, Section 3701.133,(B).

My signature below signifies the medical history in-formation provided is true and complete to the best of my knowledge. I further acknowledge receipt and understanding of the immunization information provided by Health Services.

Student Signature _____Date_____

Parent or Guardian Signature (if student is under 18) _____ Date _____