



Date rec'd by Office _____

Student ID # _____

Health Record Report Form

The Health Record Report Form is to be completed by all students living in the residence hall, as well as all student athletes, and international students. Mount Mary University requires all full-time undergraduate students in a baccalaureate degree program, full-time graduate students in a master's degree program, international students, student athletes, and students living in the residence hall to have health insurance coverage. If you do not have medical insurance, the college can provide you with information on obtaining insurance. Learn more about the insurance policy online at : <http://www.mtmary.edu/health.htm>.

Name _____

☐ Commuter ☐ Resident Date of Birth _____

Medical Insurance

Company	Group Number	Policy Number
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Emergency Contact Information

In case of illness or injury to the above-named student, Mount Mary University is hereby directed to contact any one of the people listed below in order to make arrangements for his/her medical care and/or treatment:

Name	Relationship	Phone (home)	(work)	(cell)
Name	Relationship	Phone (home)	(work)	(cell)
Name	Relationship	Phone (home)	(work)	(cell)

In the event that none of the above named persons can be contacted in the case of illness or injury, I hereby authorize representatives of Mount Mary University to act as my agent to secure emergency medical treatment at an appropriate health care center. This will happen when it is the opinion of the college's representatives that such emergency medical treatment is necessary during the time I am attending Mount Mary University. Said representatives are specifically authorized to sign any and all required hospital/medical treatment forms on my behalf.

Student Signature (or parent, if under 18 years of age) _____ Date _____

Health Status

List medical or surgical conditions for which you have received medical treatment (e.g. hepatitis, appendectomy, etc.):

List medical conditions you are **presently** being treated for (e.g. diabetes, convulsive disorders, asthma, etc.):

List allergies: _____

List prescription medications you are presently taking: _____

(continued on reverse side)

IF YOU ARE CURRENTLY UNDER MEDICAL CARE, HAVE YOUR PHYSICIAN ADVISE MOUNT MARY UNIVERSITY OF RECOMMENDATIONS AND RESTRICTIONS ON AN ATTACHED PIECE OF PAPER.

Will you need disability accommodations while at Mount Mary University? ☐ Yes ☐ No

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Physician's Signature _____ Date _____

Mount Mary University Required Immunizations

MMR First dose at 15 months of age, second dose at school entry or later.
Measles-Mumps-Rubella All college students born after 1956 must have two doses of measles vaccine.
Combined Vaccine Vaccines may have been received as individual vaccines or combined MMR.

Residents of Caroline Hall **must** provide the dates of **two doses** of measles vaccine or provide evidence of measles immunity by a titer (blood test) from your physician.

Titer results (if indicated) _____

Immunizations recommended by the American College Health Association

Polio Primary series in childhood.
Tetanus Diphtheria (TD) Primary series in childhood — booster every 10 years.
Tuberculin Skin Test Recommended within six months prior to entering school.
or Chest X-ray Strongly recommend — three injections in a series.
Hepatitis B Follow the advice of your health care provider.
Meningococcal (Meningitis) Vaccine Follow the advice of your health care provider.
Chickenpox Vaccine

Immunizations (In this chart please list dates of immunizations - shaded box indicates required vaccines) (immunization history can be found through student's high school, physician, or your state may have records available online)

MMR	Measles	Mumps	Rubella	Polio	Tetanus Diphtheria	TB Skin Test	Hepatitis B	Meningitis	Chickenpox

Return form to the Admission Office at Mount Mary University two weeks prior to the first day of classes for the semester.