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: bradley/healthservices@fsmail.bradley.edu

| SEMESTER ENTERING YEAR | FA | \$PFR. | S O. | JR. 55 | . GRAD. | BRADLEY ID#_ | | |
|------------------------------|-------------|--------|-------------|----------|------------|-----------------|--------------|---|
| PLEASE PRINT: NAME | | | | | | | | |
| (LAST, FAMILY SURNAME) | | | | , GIVEN) | | (MIDDLE, OTHER) | | |
| BIRTH DATE://// | GENDER_ | | | 800 | CIAL SECUF | RITY NUMBER | - | |
| HOME ADDRESS | | | | | | | | _ |
| | | | STREE | Т | | | | |
| | | | | | | | | |
| PHONE () | | | STATE | | ELL PHONE | = () | ZIP | |
| PAST MEDICAL HISTORY | | | | | | | | |
| DRUG ALLERGIES | | | | | | | | _ |
| CURRENT MEDICATIONS | | | | | | | | |
| HOSPITALIZATIONSOR SURGERIES | | | | | | | | |
| MEDICAL CONDITIONS | | | | | | | | |

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| STUDENT'S NAME: |
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| |

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

| SECTION 1: | TUBERCULC | SIS (TB) SCRE | EENING | | REQU | IRED BY E | BRADLEY | UNIVERSITY |
|------------|------------------|----------------|---------------|--------------|------------|-------------|--------------------|----------------|
| CHECK | (ANY THAT APPL) | / : | | | | | | |
| | FROM OR HAVE | LIVED FOR TWO | O MONTHSOF | R MORE IN AS | SIA, AFRIC | CA, CENTRAL | _, OR S OUT | TH AMERICA OR |
| | EASTERN EURO | Æ | | | | | | |
| | IFYES, WHICH (| XOUNTRY: | | | | | | |
| | HAVE BEEN DIA | GNOSED WITH A | CHRONIC ME | EDICAL CONI | DITION TI | HAT MAY IM | PAIR YOU | RIMMUNE SYSTEM |
| | IFYES, WHAT O | ONDITION: | | | | | | |
| | A HEALTH CARE | WORKER | | | | | | |
| | A VOLUNTEER (| OR EMPLOYEE O | FA NURSNG | HOME, PRISC | ON, OR O | THER RESIDI | ENTIAL INS | NOITUTE |
| | CONTACT WITH | I A PERSON KNC | WN TO HAVE | ACTIVETUE | BERCULOS | SE | | |
| | NONE OF THE A | BOVE APPLY | | | | | | |
| | | | | | | | | |
| IFANY | OFTHEABOVED | O APPLY, TBSCF | REENING ISRE | QUIRED. OF | TIONSAF | RE ASFOLLO | WS | |
| 1.) SC | HEDULE AN APPO | INTMENT AT ST | UDENT HEALT | TH FOR PPD S | SCREENIN | IG TEST | | |
| 2.) PR | ROVIDE DOCUMEN | ITATION OF NEC | SATIVE TBSKII | N TEST DONE | EINTHEU | JNITED STAT | reswithii | N THE LAST 12 |
| MC | ONTHS | PPD TEST | DATE | _// | _ | DATE READ |)/ | _/ |
| | | MILLIMETERSII | NDURATED | MM | POS | NEG | | |

SECTION 2: REQUIRED VACCINATIONS

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

1) DIPHTHERIA, TETANUS, AND PERTUSSIS

3.) PROVIDE DOCUMENTATION OF PRIOR TREATMENT OF ACTIVE TB DISEASE

STUDENTS HALL PROVIDE DATESOF ANY COMBINATION OF THREE OR MORE DOSESOF DIPHTHERIA, TETANUS, AND PERTUSSISCONTAINING 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 HALL PROVIDE DOCUMENTATION OF RECEIPT OF TWO DOSESOF MEASLES, MUMPS, AND