BIOLA UNIVERSITY

Student Health Center
13800 Biola Avenue | La Mirada, CA 90639
P: (562) 903-4841 | F: (562) 906-4512

MEDICAL HEALTH HISTORY FORM

(TO BE COMPLETED BY STUDENT)

Last Name _____ First Name _____ Middle Name _____
Street Address _____ Cell Phone # _____
City, State, Zip Code _____ Date of Birth _____ Age _____
Birthplace _____ Citizenship _____ Ethnicity (opt) _____
Emergency Contact _____ Relationship _____ Phone # _____

PERSONAL HISTORY *(Please provide approximate dates & details for all "Yes" responses)*

Yes	No		Yes	No	
☐	☐	ADD/ADHD _____	☐	☐	High Blood Pressure _____
☐	☐	Anemia _____	☐	☐	HIV/AIDS _____
☐	☐	Asthma _____	☐	☐	Malaria _____
☐	☐	Back Problem _____	☐	☐	Menstrual Problem _____
☐	☐	Bipolar Disorder _____	☐	☐	Mononucleosis _____
☐	☐	Bronchitis, Recurrent _____	☐	☐	Orthopedic _____
☐	☐	Cancer _____	☐	☐	Pregnancy/Live Birth _____
☐	☐	Celiac Disease _____	☐	☐	Pneumonia _____
☐	☐	Chickenpox _____	☐	☐	PTSD _____
☐	☐	Counseling _____	☐	☐	Seizures _____
☐	☐	Crohn's/Ulcerative Colitis _____	☐	☐	Stomach Disorder _____
☐	☐	Depression/Anxiety _____	☐	☐	Surgery _____
☐	☐	Diabetes _____			☐ Appendectomy _____
☐	☐	Disordered Eating _____			☐ Tonsillectomy _____
☐	☐	Eye Problem _____			☐ Other _____
☐	☐	Head Injury/Concussion _____	☐	☐	Thyroid Disorder _____
☐	☐	Headache, Recurrent _____	☐	☐	Tuberculosis _____
☐	☐	Heart Condition/Murmur _____	☐	☐	Other: _____

Allergies (Medications, Foods, Environmental, etc): _____ ☐ None
Current Medications: _____ ☐ None
Please list any medical conditions other than already noted: _____ ☐ None

FAMILY HISTORY *(Please check any that apply to close relatives (i.e. siblings, parents, etc…))*

☐ Blood or Clotting Disorders ☐ Depression/Psychiatric ☐ High Blood Pressure ☐ Heart Disease/Stroke ☐ Tuberculosis
☐ Cancer ☐ Diabetes ☐ High Cholesterol ☐ Other: _____

Please list any close relatives who have died:

	Relationship	*Age*	*Cause of Death*
1.			
2.			
3.			

AUTHORIZATION FOR TREATMENT OF MINORS (*This section is to be completed for students that are under 18)*

I give my consent for my student to receive treatment (for illness or injury), medication, or immunization deemed advisable through the Biola University Student Health Center (BUSHC). I also give consent for the BUSHC to make the necessary referrals to other facilities, if indicated.

_____ _____ _____
Parent/Guardian Printed Name | Parent/Guardian Signature | Date

IMMUNIZATION RECORDS

Biola University does not require students to be immunized in order to maintain enrollment.
If you have been immunized, we request you attach a copy of those records to this form in order to maintain an accurate health file.

MENINGITIS ADVISORY

Biola University Student Health Center ||| 13800 Biola Avenue La Mirada, CA 90639 ||| Ph 562.903.4841 Fax 562.906.4512

To Students and Parents- In accordance with California state law, Biola University is required to notify you about meningitis (meningococcal disease) and available vaccination. Please read carefully, sign below, and submit to the Student Health Center by the appropriate semester specific deadline. (FALL SEMESTER: AUGUST 1st ||| SPRING SEMESTER: JANUARY 15th)

What is Meningococcal Meningitis?

Meningococcal meningitis is a potentially fatal bacterial infection that causes inflammation of the membranes surrounding the brain and spinal cord.

How is the disease spread?

The infection is spread by direct contact with infected individuals, like sharing a drinking glass, eating utensils, or kissing. It is also spread through the exchange of respiratory secretions, like coughing or sneezing. Social aspects of college life, such as close living quarters, students from diverse geographical areas, crowds, and travel to foreign countries are risk factors.

What are the symptoms?

Early symptoms include 1) high fever 2) severe headache 3) stiff neck 4) rash 5) nausea, vomiting and lethargy 6) flu-like symptoms.

Can Meningitis be treated?

Meningococcal meningitis can be treated with a number of effective antibiotics. It is important however that treatment be started early in the course of the disease.

Is there a vaccine against Meningococcal disease?

There is a safe, effective, vaccine called Menactra that can provide long term protection against four out of five strains of the disease. If you received Menactra between the ages of 11-12 a booster is recommended at age 16. If you received Menactra between the ages of 13-15, a booster is recommended at age 16 – 18.

What are the side effects of the vaccine? How safe is it?

Menactra vaccine has an excellent safety profile. Side effects are mild and infrequent, consisting primarily of redness and swelling at the injection site, lasting up to two days. The immunization should be deferred during any acute illness. Menactra is preservative free. If you have any questions regarding the vaccine or disease, please see your doctor or call the Student Health Center at (562) 903-4841. More information can be found at the website for the Center for Disease Control, www.cdc.gov.

Is the Meningococcal vaccine required at Biola University?

No, Biola University does not require students to receive the meningitis vaccine. Since the incidence of bacterial meningitis rises in college freshmen, Menactra vaccine is offered at the Student Health Center for your convenience. Call the Student Health Center for current prices.

PLEASE CHECK APPLICABLE BOXES AND SIGN BELOW.

For students that have already received the vaccine, or plan to do so, we request that you submit documentation of your vaccination to the Student Health Center.

☐ I have already received this vaccination. Date: ____/____/_____

☐ I will receive this vaccine at ☐ Private M.D. ☐ Clinic ☐ Biola University SHC

☐ I am choosing to waive this vaccination. I take full responsibility in the event of any possible illness or injury resulting from waiving this immunization. I am aware that in the case of an outbreak of a disease in which I have waived immunization, it is plausible that the Public Health Department could mandate a quarantine, thereby preventing non-immunized students' access to campus.

By signing below, I acknowledge that I have received the above information from Biola University, and certify that the information provided by me is true and correct.

Name _____ Signature _____

Signature of Parent/Guardian (if under 18) _____ Date____/____/_____

Date of Birth____/____/_____ Student ID#_____ Date____/____/_____

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Student ID # _____ DOB _____
Name _____

TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

(to be completed by the student)

Were you born in one of the countries listed below that have a high incidence of active TB disease? □ Yes □ No
(If yes, please circle the country below.)

Have you ever lived in or had frequent or prolonged visits to one or more of the countries listed below? □ Yes □ No
(If yes, please circle the country below.)

Afghanistan
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bahrain
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Central African Republic
Chad
China
Colombia
Comoros
Congo
Côte d'Ivoire
Democratic People's Republic of Korea
Democratic Republic of the Congo
Djibouti
Dominican Republic
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Estonia
Ethiopia
Fiji
Gabon
Gambia
Georgia
Ghana
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran (Islamic Republic of)
Iraq
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lesotho
Liberia
Libya
Lithuania
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Mongolia
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Vincent and the Grenadines
Sao Tome and Principe
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Solomon Islands
Somalia
South Africa
South Sudan
Sri Lanka
Sudan
Suriname
Swaziland
Tajikistan
Thailand
Timor-Leste
Togo
Trinidad and Tobago
Tunisia
Turkey
Turkmenistan
Tuvalu
Uganda
Ukraine
United Republic of Tanzania
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian Republic of)
Vietnam
Yemen
Zambia
Zimbabwe

THREE OPTIONS FOR TB CLEARANCE:

To be completed by a licensed medical professional if you answered "YES" to any of the questions.
If the answer to all of the above questions is "NO", tuberculosis (TB) testing is not required.
Testing is required to have been completed within one year prior to entrance at Biola University.

1. TB Skin Test (PPD) – Must be a Mantoux Test, done in the United States. If results are positive, see #3 below.

   Date Applied _____Time Applied _____ Date Read _____Time Read _____
   Induration: _____mm Impression: _____

   Name of Provider or Testing Service: _____ Signature_____
   Address: _____ Telephone_____

2. TB Blood Test (QuantiFERON®-TB Gold or T-Spot® TB)
   - Submit a copy of the TB Blood Test results with this form. World-wide testing and results are accepted.
   - A chest x-ray within one year is required if the TB Blood Test is positive OR equivocal. Attach a copy of the chest x-ray report to this form, please do not send actual film.

3. If you have had a positive TB Skin or TB Blood Test:
   - Submit the TB Skin Test or TB Blood Test results.
   - If you have been treated for latent or active TB, submit documentation of medication, dose, duration of therapy, and completion date.
   - A chest x-ray within one year is required. Attach a copy of the chest x-ray report to this form, please do not send actual film.