

# East Texas Baptist University

## Health Information

IMPORTANT NOTICE: This form must be completed before the registration process.  
This information will be used solely as an aid in providing necessary health care while you are a student.

### PERSONAL INFORMATION

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

In case of serious accident or illness, notify:

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### PERSONAL HISTORY

	Yes	No		Yes	No		Yes	No		Yes	No
Have you ever had?			Frequent Anxiety	_____	_____	Malaria	_____	_____	Rubella (German		
AIDS or HIV			Frequent Depression	_____	_____	Measles	_____	_____	Measles)		
Positive	_____	_____	Frequent Urination	_____	_____	Menstrual Difficulties	_____	_____	Scarlet fever		
Albumen/Sugar in			Hay Fever/Asthma	_____	_____	Mental Illness	_____	_____	Shortness of Breath		
Urine	_____	_____	Head Injury with			Migraine Headaches	_____	_____	Tuberculosis		
Bacterial Meningitis			Unconsciousness	_____	_____	Mumps	_____	_____	Tumor, Cancer Cyst		
Cancer	_____	_____	Heart Disease	_____	_____	Pain/Pressure			Venereal Disease		
Chicken Pox	_____	_____	High/Low Blood			in Chest	_____	_____	Weakness/Paralysis		
Chronic Cough	_____	_____	Pressure	_____	_____	Palpitations (Heart)	_____	_____	Worry or		
Currently Pregnant	_____	_____	Heart Murmur	_____	_____	Recurrent Colds	_____	_____	Nervousness		
Diabetes	_____	_____	Infectious Hepatitis	_____	_____	Rheumatic Fever	_____	_____			
Dizziness/Fainting	_____	_____	Insomnia	_____	_____						
Epilepsy/Convulsions	_____	_____									

1. How would you describe your general health? \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor If not good, explain. \_\_\_\_\_

2. List any physical or emotional problems about which the school might need to know in providing for your personal or medical needs. \_\_\_\_\_

3. Has your physical activity been restricted during the past five years? (Give reasons and durations) \_\_\_\_\_

4. Have you received treatment or counseling for a nervous condition, personality disorder or emotional problem? If so, please explain. \_\_\_\_\_

5. Have you had any illness or injury or been hospitalized other than already noted? (Give details) \_\_\_\_\_

6. Do you need or take any medicine by prescription? (Please list) \_\_\_\_\_

7. Are you allergic to any drug, medication, serum, etc.? (Please explain) \_\_\_\_\_

8. I am able to participate in Physical Activity classes. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

(Student's Signature)

9. Personal Physician: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## REQUIRED IMMUNIZATIONS FOR ALL STUDENTS

(Must be signed and completed OR Shot Record Attached)

IMMUNIZATION	LAST DATE RECEIVED	OR	DATE OF DIAGNOSED CASE/TITER
Diphtheria	_____		_____
Polio	_____		_____
Measles	_____		_____
	(Required if applicant was born after Jan. 1, 1957, or if immunization was received before 1980)		
Rubella/Proof of Immunity	_____		_____
	(Required if applicant was born after 1965 or if immunization was received before 1980)		
Mumps	_____		_____
Tetanus	_____		_____
Bacterial Meningitis	_____		_____

Signature of Physician or Nurse \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT TREATMENT CONSENT FORM

In case of serious illness or accident, I give East Texas Baptist University or its representative(s) permission to secure medical care to include transportation to a doctor or hospital of their choice, injections, examinations, and medication that is considered necessary for my good health. I agree to pay all off-campus medical costs. In the event of a less serious condition requiring minor care, I approve of care under the physician's standing order of East Texas Baptist University. Permission is valid during his/her/my matriculation at East Texas Baptist University unless revoked in writing. Notification will be made to the Office of Student Affairs of any major change in medical status during his/her/my tenure at ETBU. I give ETBU permission to use insurance information and verification should I receive treatment.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**A COPY OF YOUR PERSONAL MEDICAL INSURANCE CARD MUST BE SUBMITTED IN PERSON TO THE OFFICE OF STUDENT AFFAIRS TO RECEIVE YOUR ETBU ID CARD. IF YOU ARE LISTED ON AN INTERCOLLEGIATE ATHLETIC ROSTER OR HAVE NO MEDICAL COVERAGE, YOU ARE REQUIRED TO PURCHASE THE STUDENT INSURANCE POLICY.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent /Guardian Signature(s) (if student is under 18 years of age)

### Acknowledgement & Release

Courses involving physical activity, intercollegiate athletics and intramural sports involve vigorous physical exertion and bodily contact. Participants are required to certify that they are in sufficient physical condition for these events and the signature below shall serve as such certification. The student assumes full responsibility for this certification of good health and assumes all risks associated with any participation in any physical activity, intercollegiate athletics or intramural sport. Participation in any of these activities is elective and failure to participate due to physical limitations, health deficiencies or hazards involved will not prevent student from obtaining a degree at ETBU.

Students are permitted to register for laboratory classes in which they will be using and be exposed to laboratory chemicals. The classes are not required for obtaining a degree or financial aid at ETBU. However, participants are required to certify that they are in sufficient physical condition for these events and the signature below shall serve as such certification. The student assumes full responsibility for this certification of good health and assumes all risks associated with any participation. The student assumes full responsibility for any risks involved with any participation in laboratory classes.

Participants will hold harmless and indemnify East Texas Baptist University, its trustees, employees, agents or designated representatives, for medical expenses accruing from any activity at ETBU. Such release does not affect student's enrollment in or coverage by the regular student insurance plan(s), if any.

By the signature below, the student authorizes ETBU to obtain any medical information deemed necessary for the student's health or protection while a student at ETBU. Students are to provide other relevant information as requested. ETBU may withdraw an offer of admission if a student's health will pose a threat to other members of the ETBU community.

I have read, understand, and agree with the above. I have also read the Bacterial Meningitis Information Sheet on the facing page.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18 years of age)

**NOTE: The above is a binding, legal document. Please read carefully!**

# East Texas Baptist University

## Important Information about Bacterial Meningitis

This information is being provided to all new college students in the state of Texas. Bacterial Meningitis is a serious, potentially deadly disease that can progress extremely fast – so take utmost caution. It is an inflammation of the membranes that surround the brain and spinal cord. The bacteria that causes meningitis can also infect the blood. This disease strikes about 3,000 Americans each year, including 100-125 on college campuses, leading to 5-15 deaths among college students every year. There is a treatment, but those who survive may develop severe health problems or disabilities.

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### WHAT ARE THE SYMPTOMS?

- \* High Fever
- \* Rash Or Purple Patches On Skin
- \* Light Sensitivity
- \* Confusion And Sleepiness
- \* Lethargy
- \* Severe Headache
- \* Vomiting
- \* Stiff Neck
- \* Nausea
- \* Seizures

There may be a rash of tiny, red-purple spots caused by bleeding under the skin. These can occur anywhere on the body.

**The more symptoms, the higher the risk, so when these symptoms appear seek immediate medical attention.**

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### HOW IS BACTERIAL MENINGITIS DIAGNOSED?

- \* Diagnosis is made by a medical provider and is usually based on a combination of clinical symptoms and laboratory results from spinal fluid and blood tests.
- \* **Early diagnosis and treatment can greatly improve the likelihood of recovery.**

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### HOW IS THE DISEASE TRANSMITTED?

- \* The disease is transmitted when people exchange saliva (such as by kissing, or by sharing drinking containers, utensils, cigarettes, toothbrushes, etc.) or come in contact with respiratory or throat secretions.

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### HOW DO YOU INCREASE YOUR RISK OF GETTING BACTERIAL MENINGITIS?

- \* Exposure to saliva by sharing cigarettes, water bottles, eating utensils, food, kissing, etc.
- \* Living in close conditions (such as sharing a room/suite in a dorm or group home.)

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### WHAT ARE THE POSSIBLE CONSEQUENCES OF THE DISEASE?

- \* Death (in 8 to 24 hours from perfectly well to dead)
- \* Limb damage (fingers, toes, legs) that require amputation
- \* Permanent brain damage
- \* Gangrene
- \* Kidney failure
- \* Coma
- \* Learning disability
- \* Convulsions
- \* Hearing loss, blindness

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### CAN THIS DISEASE BE TREATED?

- \* Antibiotic treatment, if received early, can save lives and chances of recovery are increased. However, permanent disability or death can still occur.
- \* Vaccinations are required for all ETBU students.
- \* Vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis).
- \* Vaccinations take 7-10 days to become effective, with protection lasting 3-5 years.
- \* The cost of vaccine varies, so check with your health care provider.
- \* Vaccination is very safe – most common side effects are redness and minor pain at injection site for up to two days.

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### HOW CAN I FIND OUT MORE INFORMATION?

- \* Contact your own health care provider.
- \* Contact websites: [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), [www.acha.org](http://www.acha.org)

Detach and keep for your records

## GENERAL INFORMATION

### Parking Permits

All students bringing a vehicle to campus are required to obtain a free parking permit. A permit must be displayed on the vehicle no later than the first University business day the vehicle is on campus. Permits are available at the Security office in the Herrington Service Center.

### Microfridge Rental

Students living in residence halls without kitchens may rent a microfridge unit. This unit is comprised of a refrigerator, freezer, and microwave. Students may bring their own refrigerator to campus as long as it is no more than 2.5 cubic feet and pulls no more than 1.5 amps. Students may have a small coffee pot, but no other type of cooking appliance is allowed in the residence halls.

### Candles

Candles, open flames, incense, lighters, and matches are prohibited in the residence halls due to potential fire hazards.

### Health Insurance

All full time students are required to have health insurance. **Proof of medical insurance must be provided to the Office of Student Affairs when obtaining your ETBU ID card.** If you have no personal health policy or are a student athlete, you must purchase the minimal sickness/accident policy which ETBU has available.

### Personal Items

Students are encouraged to obtain insurance on any personal items they value, such as computers, iPods, game consoles, etc. Please record the serial numbers from all valuables for your protection.

### Pet Policy

No pets are allowed in or around the residence halls, campus houses, or apartments.

### Events and Activities

[www.etbu.edu/Student\\_Life/calendar.htm](http://www.etbu.edu/Student_Life/calendar.htm)

**East Texas Baptist University is a tobacco, drug, alcohol, and weapon-free campus.**