

East Texas Baptist University

Health Information and Treatment Authorization

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

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

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 _____

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 Student Affairs Office 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.

Student's Signature _____ Date _____

Parent or Guardian's signature (if student is under 18 years of age) _____ Date _____

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.

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.

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.**

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.

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.)

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

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.

HOW CAN I FIND OUT MORE INFORMATION?

- * Contact your own health care provider.
- * Contact websites: www.cdc.gov/ncidod/dbmd/diseaseinfo, www.acha.org

Detach and keep for your records