

BELOIT COLLEGE CONFIDENTIAL STUDENT HEALTH HISTORY

All Beloit College students are **REQUIRED** to have health insurance. Go to: <https://portal.beloit.edu/ics> and document your health insurance (complete insurance waiver form) or sign up for the Wellfleet insurance (complete insurance selection). Failure to do so by July 15, 2021 (for fall semester 2021) will result in your being enrolled in the Wellfleet insurance. (2021-2022 cost is \$1690).

IMPORTANT: PRIOR to attending classes at Beloit College you **MUST**:

- 1. Provide dates of required Measles, Mumps, and Rubella vaccinations (MMR)**
- 2. COMPLETE this form and send to the Health and Wellness Center by July 15th, 2021 for fall semester.**
- 3. Go to: <https://portal.beloit.edu/ics> and complete required health insurance documentation by July 15, 2021, to avoid being enrolled and charged for Wellfleet student insurance.**

Full Legal Name _____ Birthdate _____

Preferred Name _____ Personal Pronouns _____ Cellphone _____

Parent(s)/Guardian Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Expected Varsity/Intercollegiate Sports Participation _____

(MUST provide dates of TWO MMRs, as shown below).

VACCINE	FIRST DOSE (MM/DD/YYYY)	SECOND DOSE (MM/DD/YYYY)
MMR (MEASLES, MUMPS, RUBELLA)		
MR (MEASLES, RUBELLA)		
MEASLES		

Having had the above diseases confers lifelong immunity. It is not necessary to have the measles vaccine if you have had the disease.

MEASLES DIAGNOSED BY: _____ DATE: _____

RUBELLA: MUST SHOW PROOF FROM LAB REPORT. PHYSICIAN DIAGNOSED RUBELLA IS **NOT** ACCEPTED.

IMMUNIZATION	1 st DOSE	2 nd DOSE	3 rd DOSE	BOOSTER
DPT (or DTaP)				
MOST RECENT Td OR Tdap (designate which)				
GARDASIL				
HEPATITIS A				
HEPATITIS B				
MENINGOCOCCAL				
POLIOMYELITIS				
VARICELLA				
MOST RECENT TB TEST (not required)				

STUDENT'S NAME _____

HEALTH HISTORY

Height _____ Weight _____

Please indicate any conditions the student had or currently has.

CONDITION	HAD YES/NO	DATE MM/YYYY	HAS NOW	HOW LONG	HOSPITAL STAY? Y/N	HOW LONG?
ARTHRITIS						
ASTHMA						
AUTOIMMUNE DISORDERS						
BRONCHITIS						
CHICKEN POX						
DIABETES						
EATING DISORDERS						
EPILEPSY						
FAINTING						
FREQUENT INFECTIONS						
HEARING PROBLEMS						
HEART DISEASE/HEART MURMUR						
HERNIA						
HIGH BLOOD PRESSURE						
INFECTIOUS MONO						
KIDNEY INFECTION						
MENTAL HEALTH ISSUES						
MIGRAINES						
MUSCULOSKELETAL ISSUES						
PNEUMONIA						
RHEUMATIC FEVER						
SEIZURES						
SKIN PROBLEMS						
STREP THROAT						
ULCERS/GASTROINTESTINAL ISSUES						
OTHER						

PLEASE CIRCLE ANY SYMPTOMS THE STUDENT HAS REGULARLY OR FREQUENTLY:

- | | | | |
|--------------------|---------------------|---------------------|----------------------|
| Abdominal Pain | Diarrhea | Nosebleeds | Other/details: _____ |
| Back Pain | Dizziness | Numbness/Tingling | _____ |
| Chest pain | Headaches | Pain (specify) | _____ |
| Constipation | Menstrual Problems | Shortness of Breath | _____ |
| Cough | Muscle cramps/spasm | Urinary Issues | _____ |
| Decreased Appetite | Nausea | Vomiting | _____ |

ALLERGIES (Please list all allergies (include food, medication, environmental, etc.) :

Allergies _____

Sensitivities _____

STUDENT'S NAME _____

CURRENT MEDICATIONS (include name of drug or insulin, dosage, & frequency, attach additional page if necessary):

Medication _____	Taken for _____
_____	_____
_____	_____
_____	_____

ANTICIPATED MEDICAL NEEDS WHILE AT BELOIT COLLEGE:

Chronic Medical Condition Support: _____

Occupational/Physical Therapy: _____

Psychological &/or Counseling Services: _____

Medication Monitoring: _____

Laboratory Services: _____

Other: _____

SURGERIES

SERIOUS INJURIES: (fractures, ligament damage, organ damage, etc.) :

PLEASE USE THIS SPACE TO INCLUDE ADDITIONAL DETAILS, ATTACH ADDITIONAL PAGES AS NECESSARY.

FAMILY HISTORY (Please note relatives with any of the following conditions) :

Arthritis	Heart Disease
Bleeding tendencies	High Blood Pressure
Cancer	Kidney Disease
Diabetes	Mental Health Issues
Epilepsy	Ulcers

PERMISSION FOR TREATMENT

Medical Treatment/Medication:

Permission is hereby granted to attending medical personnel to dispense medication and provide needed medical or surgical treatment, x-ray examinations, and immunizations for:

Student Name _____

In the event of serious illness or injury, or the need for major surgery, I understand that an attempt will be made by a physician or the college to contact the parent, guardian or other designated contact. If said physician or college is unable to communicate with the contact, the necessary treatment for the above student may be given. (A parent or guardian **MUST** sign if student is under 18 in order for medical treatment to be given. If statement is not signed, the hospital/doctor **MUST** first get permission from the parent/guardian before medical treatment can be given.)

Signature of Student

Date

Signature of Parent/Guardian

Date

CONFIDENTIALITY STATEMENT:

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

At the Beloit College Health and Wellness Center your personal health information is kept confidential. You must give written permission for it to be shared with any medical provider outside of the Health Center and Beloit Health System (BHS). The BHS provides campus a campus nurse practitioner, registered nurse and laboratory services. You will need to sign a release of medical information if your records or personal health identification are to be shared outside of the providers as stated above. When you use billable services, you will be asked to sign a release for billing purposes.

Your health center file will be marked with a red confidential sticker.

You will be asked to read the preceding statement and sign that you have read the information. This form will be placed in your chart.

I, _____, have read and understand the above statement.

Signature

Date

We advise all students to be aware of their health insurance coverage in the Beloit community before arriving on campus.

All Beloit College students are REQUIRED to have health insurance.

Go to: <https://portal.beloit.edu/ics> and document your personal health insurance (complete insurance waiver form) or sign up for the Wellfleet insurance (complete insurance selection form). Failure to do so by July 15, 2021 (for fall semester 2021) will result in your being enrolled in the Wellfleet insurance. (2021-2022 cost is \$1690)

For more information about Wellfleet, visit their website at: <https://www.studentinsurance.com/Client/807>

If you complete the insurance waiver please be sure to bring your insurance card to campus with you.

Please Beloit College Health and Wellness Center with questions:

website: <https://www.beloit.edu/wellness/>

email : healthcenter@beloit.edu

phone: (608) 363-2331

If you see a provider on campus your insurance will be billed for that visit. You are responsible for any remaining balance that your insurance does not pay.

Dear Students,

The State of Wisconsin has passed legislation requiring all college students to be informed about the diseases meningococcal meningitis and hepatitis B. This legislation also requires all colleges to maintain certain records about the vaccination status of students.

We are now required to annually provide you detailed information on the risks associated with meningococcal meningitis and hepatitis B, the availability and effectiveness of vaccines against the diseases. The College must also ensure that each student who resides in on-campus housing affirms that he or she has received this information and, if they have been vaccinated against either disease, provide the date of the vaccination. Finally we must maintain a confidential record of the affirmations and dates of the vaccinations. If you are under the age of 18 this information must be provided to your parent or guardian. This information must be obtained prior to the beginning of this semester and on an annual basis while you are enrolled in college.

Failure to provide and return this information will result in a hold on your registration.

1. Please read the attached information concerning meningococcal meningitis and hepatitis B.
2. Please sign and date the attached form and if you have received the vaccines, please indicate the dates. This information will be added to your confidential health file that is kept in the health center.

I, _____ have read the attached information on _____
(please print) (date)

Signature required _____

Please fill in the required information and return this form to the Health Center — Porter Hall or Box 139 campus mail.

I have not received vaccination against Hepatitis B _____
I have received the three vaccinations against Hepatitis B _____
The dates of my vaccinations are 1. _____ 2. _____ 3. _____

I have not received vaccination against Meningococcal Meningitis. _____
I have received the vaccination for Meningococcal Meningitis. _____
The date of the vaccination is _____

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 2, 3, or 4 shots over 1 to 6 months.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All **children and adolescents** younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



3

Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.

- **If the person getting the vaccine is not feeling well.**

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4

Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

Minor problems following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5

What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7

How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
Hepatitis B Vaccine



Office use only

Meningococcal ACWY Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

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1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Meningococcal ACWY vaccine can help prevent meningococcal disease caused by serogroups A, C, W, and Y. A different meningococcal vaccine is available to help protect against serogroup B.

2 Meningococcal ACWY Vaccine

Meningococcal conjugate vaccine (**MenACWY**) is licensed by the Food and Drug Administration (FDA) for protection against serogroups A, C, W, and Y.

Two doses of MenACWY are routinely recommended for adolescents 11 through 18 years old: the first dose at 11 or 12 years old, with a booster dose at age 16. Some adolescents, including those with HIV, should get additional doses. Ask your health care provider for more information.

In addition to routine vaccination for adolescents, MenACWY vaccine is also recommended for certain groups of people:

- People at risk because of a serogroup A, C, W, or Y meningococcal disease outbreak
- People with HIV
- Anyone whose spleen is damaged or has been removed, including people with sickle cell disease
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa
- College freshmen living in dormitories
- U.S. military recruits

Some people need multiple doses for adequate protection. Ask your health care provider about the number and timing of doses, and the need for booster doses.



3

Some people should not get this vaccine

Tell the person who is giving you the vaccine **if you have any severe, life-threatening allergies**. If you have ever had a life-threatening allergic reaction after a previous dose of meningococcal ACWY vaccine, or if you have a severe allergy to any part of this vaccine, you should not get this vaccine. Your provider can tell you about the vaccine's ingredients.

Not much is known about the risks of this vaccine for a pregnant woman or breastfeeding mother. However, pregnancy or breastfeeding are not reasons to avoid MenACWY vaccination. A pregnant or breastfeeding woman should be vaccinated if she is at increased risk of meningococcal disease.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4

Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

As many as half of the people who get meningococcal ACWY vaccine have **mild problems** following vaccination, such as redness or soreness where the shot was given. If these problems occur, they usually last for 1 or 2 days.

A small percentage of people who receive the vaccine experience muscle or joint pains.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy or lightheaded, or have vision changes.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

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Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness—usually within a few minutes to a few hours after the vaccination.

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Afterward, the reaction should be reported to the "Vaccine Adverse Event Reporting System" (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

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Vaccine Information Statement (Interim)
**Meningococcal ACWY
Vaccines**



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