
Last Name

First Name, MI

Date of Birth

JUNIATA COLLEGE STUDENT HEALTH INFORMATION SHEET

(To be completed by student — we suggest you make a copy of this form for your records)

As you visit Health Services our goal is to treat you respectfully, understand your needs, and treat you appropriately. Providing the information listed below will aid us in serving you better. Thank you!

Last Name

First Name

MI

Date of Birth

Preferred Name

Pronouns Used

Gender Identity

Sex Assigned at Birth

Street Address

City/Town/Country

State/Zip

Student Cell Phone

Parent/Guardian

Address

Home Phone

Work Phone

Cell Phone

Emergency Contact

Home Phone

Work/Cell

INSURANCE INFORMATION - **Attach a copy of your insurance card (front and back) for our records.****** The student should also carry their own insurance card with them while they are at school.

Subscriber's name _____ Relationship to student _____

***If prior approval is needed for lab work, referrals or hospitalizations please provide the student with the necessary information so they can get approvals. Health Services is not responsible for obtaining prior authorizations and approvals.*

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HEALTH INFORMATION:

Chronic health problems (i.e. asthma, diabetes, etc.), disabilities, special needs:

Current Medications:

Do you have any allergies to medication? Yes ____ No ____

List: _____

Do you have any other allergies? Yes ____ No ____

List: _____

Have you ever had surgery? If so, when and what?

CONSENT FOR MEDICAL CARE: for parents/guardians of applicants under 18 years of age only

I, _____ as parent/guardian of _____
(print your full name) (print student's full name)

do hereby authorize the staff at the Juniata College Health Services to provide routine medical care to my child. This may include ordering lab tests, performing physical exams, treatment of minor illnesses and injuries, and administering immunizations. I also authorize the Center staff to seek emergency medical care if necessary. I understand that this authorization may be revoked, in writing, at any time.

Signed: _____ Date: _____

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PHYSICIAN'S REPORT OF HEALTH EVALUATION

To the examining physician: Please review the student's history and complete the physician's report and immunization record.

		Normal	Abnormal	Explain:
1	HEENT			
2	Respiratory			
3	Cardiovascular			Murmur: Y N
4	Skin			
5	Spine			
6	Lymphatics			
7	Thyroid			
8	Abdomen			
9	Extremities			
10	Psychiatric			
11	Neurologic			

General Health - please attach a separate sheet for the following questions if necessary:

Is the student under treatment for any medical/emotional conditions?

Does the student have any significant medical history of which we should be aware?

Has the student ever had surgery? If yes, when and what?

Please furnish as much information as possible so that we may help you care for your patient while they are on campus. Also please note that the Health Center is closed during the summer and over school breaks.

Date of physical exam: _____

Physician's Name (printed): _____

Physician's signature: _____

Address: _____

Phone (_____) _____ FAX (_____) _____

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JUNIATA COLLEGE IMMUNIZATION VERIFICATION FORM

Required Vaccines	MM/DD/YYYY Format			
<p>Measles, Mumps, Rubella: REQUIRED for ALL students</p> <p>Dose 1 MUST be given on or after 1st birthday</p> <p>Dose 2 must have been given at least 4 weeks after Dose 1</p> <p>2 doses of MMR vaccine OR Individual vaccines - 2 doses of Measles, 2 doses of Mumps, 1 dose of Rubella OR Blood test titer results confirming immunity- (equivocal and negative results are NOT accepted)</p>	MMR Dose 1	Measles Dose 1	Mumps Dose 1	Rubella Dose 1
	MMR Dose 2	Measles Dose 2	Mumps Dose 2	
	Measles Titer Attach copy of lab results	Mumps Titer Attach copy of lab results	Rubella Titer Attach copy of lab results	
<p>Meningococcal Conjugate (MCV4): REQUIRED for students living in College Housing (If first dose is given prior to age 16 a booster is indicated)</p>	Meningitis Dose 1	Meningitis Dose 2	Specify vaccine type such as Menactra or Menveo:	
<p>Tdap (tetanus, diphtheria, pertussis): [this is not the same as DTap] REQUIRED and Must be within the last ten years.</p>	Tdap	Specify vaccine type such as Boostrix or Adacel:		
<p>Polio: REQUIRED Completed primary series of immunization? Yes _____ No _____</p>	Date of last booster:		Type OPV_IPV: _____ EP_IPV: _____	

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JUNIATA COLLEGE IMMUNIZATION VERIFICATION FORM

Highly Recommended Immunizations:	MM/DD/YYYY Format		
COVID 19 (Vaccine/Booster)	Attach a copy of this documentation with your completed health form and upload the document (submit documentation online) here.		
Hepatitis A	Hep A Dose 1	Hep A Dose 2	
Hepatitis B	Hep B Dose 1	Hep B Dose 2	Hep B Dose 3
HPV (Human Papilloma)	HPV Dose 1	HPV Dose 2	HPV Dose 3
Meningococcal B (Serogroup B) Type:	Men B Dose 1	Men B Dose 2	Men B Dose 3
Varicella Vaccine Or Varicella Blood Test titer (equivocal or negative results are not acceptable)	Varicella Dose 1	Varicella Dose 2	Varicella Titer Attach copy of lab results

TB SCREENING: ALL students **MUST** fill out the enclosed TB screening questionnaire and receive laboratory testing prior to arrival on campus if indicated. **QuantIFERON gold or T- Spot** will be accepted. ***Attach a copy of lab results and date of testing:** _____

Health Care Provider: _____

Printed Name: _____ Signature: _____

Date: _____

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STUDENT:

Have Health Care Provider complete form and turn into Health Services via email to HealthServices@juniata.edu

Tuberculosis (TB) Screening Questionnaire

Must be completed by ALL students:

Have you had close contact with anyone who was sick with TB? Yes No
Do you have a compromised immune system? Yes No

Were you born in one of the countries listed below, or have you spent significant time in one or more of the countries below? (Circle Country) Yes No

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

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No

If the answer is YES to any of the above questions, Juniata College requires that you receive TB testing as soon as possible and BEFORE the start of the semester.

If the answer to all the above question is NO, no further testing or action is required.