

# 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                      Graduating Class

\_\_\_\_\_  
Preferred Name                      Pronouns used                      Current Gender Identity                      Sex Assigned at Birth

\_\_\_\_\_  
Street Address                      City/Town                      State/Zip                      Student Cell Phone

\_\_\_\_\_  
Parent/Guardian                      Address

\_\_\_\_\_  
Home Phone                      Business Phone                      Cell Phone

\_\_\_\_\_  
Emergency contact (other than above)                      (\_\_\_\_\_) Home Phone                      (\_\_\_\_\_) Business Phone

Do you identify yourself as: straight or heterosexual; lesbian, gay, or homosexual; bisexual; something else; don't know; choose not to disclose.

**INSURANCE INFORMATION - \*\* Attach a copy of your insurance card (front and back) for our records.\*\*** The student should also carry his or her 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 he/she can get approvals. Health Services is not responsible for obtaining prior authorizations and approvals.*

**HEALTH INFORMATION:**

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

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Current Medications: \_\_\_\_\_

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Do you have any allergies to medication? Yes \_\_\_\_\_ No \_\_\_\_\_ List \_\_\_\_\_

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Do you have any other allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ List \_\_\_\_\_

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

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**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: \_\_\_\_\_

Juniata College Health Services  
1700 Moore Street  
Huntingdon, PA 16652  
Phone (814)-641-3410  
Fax (814)-641-3712

Phone: (814) 641-3410

Fax: (814)-641-3712

JUNIATA COLLEGE IMMUNIZATION VERIFICATION FORM

LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YYYY)
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**REQUIRED VACCINES:**

<p><b>Measles, Mumps, Rubella</b>  <b>REQUIRED</b> for <b>ALL</b> students.                   Dose 1 <b>MUST</b> be given on or after <b>1st birthday</b>                   Dose 2 must have been given at least <b>4 weeks</b> after Dose 1                   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- (<b>equivocal and negative results are NOT accepted</b>)</p>	<p><b>MMR Dose 1</b>                  ___/___/___                  MM DD YYYY</p>	<p><b>Measles dose 1</b>                  ___/___/___</p>	<p><b>Mumps Dose 1</b>                  MM DDYYYY</p>	<p><b>Rubella Dose 1</b>                  ___/___/___                  MM DD YYYY</p>	
	<p><b>MMR Dose 2</b>                  ___/___/___                  MM DD YYYY</p>	<p><b>Measles dose 2</b>                  ___/___/___                  MM DD YYYY</p>	<p><b>Mumps dose 2</b>                  ___/___/___                  MM DD YYYY</p>		
	<p><b>Measles titer</b>                  ___/___/___                  MM DD YYYY</p>	<p><b>Mumps titer</b>                  ___/___/___                  MM DDYYYY</p>	<p><b>Rubella titer</b>                  ___/___/___                  MM DDYYYY</p>		

<p><b>Meningococcal Conjugate (MCV4)</b>  <b>REQUIRED</b> for <b>students living in College Housing</b> (If first dose is given prior to age <b>16</b> a <b>booster</b> is indicated)</p>	<p><b>Meningitis MCV4</b>                  ___/___/___                  MM DD YYYY</p>	<p><b>Meningitis MCV4</b>                  ___/___/___                  MM DD YYYY</p>	<p><b>Please specify vaccine type such as Menactra or Menveo :</b>                  _____</p>
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<p><b>Tdap (tetanus, diphtheria, pertussis)</b>  <b>[this is not the same as DTap] REQUIRED</b>  <b>Must be within the last ten years.</b></p>	<p><b>Tdap</b>                  ___/___/___                  MM DD YYYY</p>	<p><b>Please specify vaccine type such as Boostrix or Adacel:</b>                  _____</p>
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<p><b>Polio (Required)</b> Completed Primary series of immunization? <b>Yes</b> <b>No</b> _____                   Date of last booster: ___/___/_____(mm/dd/yyyy)      Type: OPV ___IPV ___EP-IPV ___</p>
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<p><b>Covid 19</b>                  Students are required to receive a Covid 19 vaccine /booster. Please attach a copy of this documentation with your completed health form and upload the document at <a href="#">submit documentation online</a> here.</p>
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JUNIATA COLLEGE IMMUNIZATION VERIFICATION FORM

**HIGHLY RECOMMENDED IMMUNIZATIONS:**

<b>Hepatitis A</b>	<b>Hep A Dose 1</b> ____/____/____ MM DD YYYY	<b>Hep A Dose 2</b> ____/____/____ MM DD YYYY	
<b>Hepatitis B</b>	<b>Hep B Dose 1</b> ____/____/____ MM DD YYYY	<b>Hep B Dose 2</b> ____/____/____ MM DD YYYY	<b>Hep B Dose 3</b> ____/____/____ MM DD YYYY
<b>HPV {Human Papilloma}</b>  <b>Type:</b>	<b>HPV Dose 1</b> ____/____/____ MM DD YYYY	<b>HPV Dose 2</b> ____/____/____ MM DD YYYY	<b>HPV Dose 3</b> ____/____/____ MM DD YYYY
<b>Meningococcal B (Serogroup B)</b>  <b>Type:</b>	<b>Men B Dose 1</b> ____/____/____ MM DD YYYY	<b>Men B Dose 2</b> ____/____/____ MM DD YYYY	<b>Men B Dose 3</b> ____/____/____ MM DD YYYY
<b>Varicella Vaccine Or Varicella Blood test titer (equivocal or negative results are not acceptable)</b>	<b>Varicella Dose 1</b> ____/____/____ MM DD YYYY	<b>Varicella Dose 2</b> ____/____/____ MM DD YYYY	<b>Varicella Titer</b> <b>*attach copy of lab results</b> ____/____/____ MM DD YYYY

**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** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

**Health Care Provider :**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_**

Student: Please do not mail, fax, or email a copy of your immunization records as they will not be processed without being accompanied with a completed Juniata College Immunization Verification Form.

**PROVIDER:**

Provide this completed form and a copy of any blood titer tests confirming immunity to the student.

**STUDENT:**

Have Medical provider complete form and turn into Health Services at orientation.

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.

**STUDENT'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

8/P _____	Pulse _____	reg _____	irr _____	Height _____	Weight _____
Vision R20/ _____	L20/ _____	Corrected R20/ _____	L20/ _____	Hearing R _____	L _____

		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:

Have you any general comments regarding the care of this student? \_\_\_\_\_

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.

<p><b>Gynecological History</b></p> <p>Menstruation age of onset: _____. lasts ____ days; regular <input type="checkbox"/> every ____ days; irregular <input type="checkbox"/></p> <p>Pain: never <input type="checkbox"/> sometimes <input type="checkbox"/> always <input type="checkbox"/> Usual treatment of pain _____</p>
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Date of physical exam: /\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Physician's signature

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

\_\_\_\_\_  
FAX (\_\_\_\_) \_\_\_\_\_

**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                |                     |
|                          |                                  | 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

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease - medically underserved, low-income, or abusing drugs or alcohol?  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 questions is NO, no further testing or action is required.

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Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_