

REQUIRED HEALTH FORMS AND INFORMATION

(6 documents enclosed)

- PHC Physical Exam Form
- PHC Student Health History and Immunization Record
- Medical Consent Form for Minors
- VA meningitis law and signature required on form
- CDC Meningitis Vaccine information
- Immunization Waiver and signature required

**RETURN COMPLETED
FORM TO:
PATRICK HENRY COLLEGE
STUDENT LIFE
C/O SANDRA CORBITT
10 PATRICK HENRY CIRCLE
PURCELLVILLE, VA. 20132**

STUDENT HEALTH PHYSICAL EXAM
**10 PATRICK HENRY CIRCLE
PURCELLVILLE, VA. 20132**

***Please list drug
allergies**
***Review/update
required
immunizations**

Name (Last, First, MI): _____
Date of examination _____ Age _____ Date of Birth _____ Sex _____
Blood pressure _____ Pulse rate _____ Height _____ Weight _____
Allergies: Drugs _____ Food _____ Bee/Other _____

Check each item N (normal) or A (abnormal)					
		Remarks			Remarks
Posture			Lungs & Chest		
Joints			Breasts (females)		
Speech			Abdomen		
Skin & Lymphatic			Back & Spine		
Nose & Sinuses			Genitourinary System		
Ears			Endocrine System		
Mouth, Throat, Tonsils			Nutrition		
Teeth, Breath, Gums			Nervous System		
Eyes			Menstrual Cycle/Testes		
Heart			Emotional Problems		

***LAB: MUST BE COMPLETED**

*Urinalysis: Glucose: _____ Protein: _____ *Hematocrit or Hemoglobin: _____

Tuberculosis Test (MANTOUX only!!) Completed within 6 months of admission.

Date applied: _____ Date read: _____ Results: _____
If POSITIVE, must have chest x-ray within 6 months. Date of CXR: _____ Results: _____

SIGNATURE OF M.D./D.O./N.P./P.A. _____

OFFICE STAMP

PRINTED NAME _____

PHONE NUMBER _____

CHECK ALL THAT APPLY

- ☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior

Previous Patrick Henry College
 Student? Y N



Patrick Henry College
10 Patrick Henry Circle
Purcellville, VA 20132

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PATRICK HENRY COLLEGE
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PURCELLVILLE, VA. 20132

Student Health History/Immunization Recordr

Date _____

Last Name _____ First Name _____ Middle Name _____

Address _____ Home Phone # _____

City, State, Zip _____

Birthplace _____ Age _____ Date of Birth _____

Emergency contact & Relationship: _____

Parent Phone # _____ Ethnicity (opt.) _____

Personal Health Information:

Height _____ Weight _____ How often do you exercise? (please check) ☐ Daily 30-60 mins.

☐ 3x weekly 30-60 mins. ☐ or other _____

Allergies:

Do you have any allergies? NO _____ Yes _____ if yes, list and check those that apply:

☐ Medications _____ ☐ Insect _____ ☐ Venom _____

☐ Foods _____ ☐ Pollens, dust, molds _____ ☐ Other _____

Do you currently have and use an EPI-PEN? ☐ Yes ☐ No

History of Injuries &/or Surgeries: (Give nature & year) _____

History of Previous Illness: (give year &/or status)

Appendicitis _____ Epilepsy _____ Pneumonia _____ Asthma _____
 Kidney Disease _____ Rheumatic Fever _____ Cardiac Condition _____ Malaria _____
 Seasonal Allergies _____ Diabetes _____ Mononucleosis _____ Tuberculosis _____

Have you had any other severe illness not mentioned above? If so, please explain. _____

Have you ever been diagnosed with an eating disorder? Please check. No _____ Yes _____ (please explain, attach MD
 note of explanation) _____

Medications prescribed (past 2 yrs & current use)_____

Family History

Name	Alive	Chronic Illnesses?	Deceased	Cause of Death
Father				
Mother				
Brother(s)				
Sister(s)				

Have any of your family or blood relatives ever had any of the following illnesses? Please give relationship.

Asthma	High Blood Pressure
Cancer (type)	Kidney Disease
Diabetes	Mental Disturbance
Heart Disease	Tuberculosis
Any chronic illness not mentioned:	

Mental Health History (If yes answers, additional information required. Please attach copy of MD or Psychologist statement.)

Have you ever been diagnosed with psychological problems by an MD or Clinical Psychologist? No_____ Yes_____ (please explain)_____

Are you using psychoactive or addicting drugs, with or without a prescription? Please explain and state drug name. _____

Have you ever been hospitalized for mental or emotional problems? No ____ Yes____ If yes, please give year of hospitalization and diagnosis. _____

IMMUNIZATION RECORD - Provide proof of immunizations given with supportive signed documents

*** ALL REQUIRED IMMUNIZATIONS - ***please update if needed *****

*Tetanus-Diphtheria (booster within the last 10 years)_____ or TDAP_____

*MMR(Measles, Mumps, Rubella) Dose 1 _____ Dose 2 _____ *(two dates required) If not immunized give dates of infection. Measles (Rubeola): disease date _____ Mumps:

disease date _____ Rubella: disease date _____

*Polio: Completed primary series? (4 dates) Yes_____ if No, get completed series. Date of last booster_____

Dose 1 _____ Dose 2 _____ Dose 3 _____ Dose 4 _____

*Hepatitis B Dose 1 _____ Dose 2 _____ Dose 3 _____ *(three dates required)

*Hepatitis A Dose 1 _____ Dose 2 _____ *(two dates required)

*Varicella Dose 1 _____ Dose 2 _____ *(two dates required) or Disease Date _____

*Menactra Dose 1 _____ If first dose at age 13-15 booster req. Booster Dose _____

IMPORTANT MENINGOCOCCAL INFORMATION: *Waiver required by the state of VA. if not completed.

The risk of meningococcal disease may be increased in some subsets of college students. The American College Health Association (ACHA) recommends that students receive Menactra (A,C,Y,W-135) vaccination. In accordance with Virginia law, students who do not receive this vaccination are required to complete the enclosed waiver. More info available at <http://www.cdc.gov/vacines/spec-grps/college.htm> *(Required by the state of Va.)

**Please be aware: In the case of an outbreak of a specific disease in which you have waived immunization, it is plausible that the Public Health Department could mandate a quarantine, thereby preventing non-immunized students campus access or continued residency.*

phc/health center/2/23/15



MEDICAL CONSENT FOR MINOR CHILD

As legal parent or guardian of

(Please print minor's name)

I hereby give my consent for him/her to receive treatment for illness or injury, medication or immunization deemed advisable through Patrick Henry College health office staff or residence life staff. I also give consent to Patrick Henry College to make the necessary referrals to other facilities, if indicated.

Student's Date of Birth ____/____/____

Effective dates ____/____/____ through ____/____/____

Parent/Guardian Name (Please Print)

(Parent/Guardian Signature)

Date signed ____/____/____

Daytime Phone _____ Home Phone _____

Cell Phone _____

CHAPTER 340

An Act to amend and reenact § 23-7.5 of the Code of Virginia, relating to immunization of full-time four-year students enrolled in public institutions of higher education against meningococcal disease.

[H 2762]

Approved March 19, 2001

Be it enacted by the General Assembly of Virginia:

1. That § 23-7.5 of the Code of Virginia is amended and reenacted as follows:

§ 23-7.5. Health histories required; immunizations.

A. No full-time student shall be enrolled for the first time in any four-year, public institution of higher education in this Commonwealth unless he has furnished, before the beginning of the second semester or quarter of enrollment, a health history consistent with guidelines adopted by each institution's board of visitors, pursuant to the requirements of this section. Any student who fails to furnish the history will not be eligible for registration for the second semester or quarter. Any student who objects on religious grounds shall be exempt from the health history requirement set forth in this section.

B. The health history shall include documented evidence, provided by a licensed health professional or health facility, of the diseases for which the student has been immunized, the numbers of doses given, the dates when administered and any further immunizations indicated. Prior to enrollment, all students shall be immunized by vaccine against diphtheria, tetanus, poliomyelitis, measles (rubeola), German measles (rubella), and mumps according to the guidelines of the American College Health Association.

MENINGITIS INFORMATION and VACCINATION

C. In addition to the immunization requirements set forth in subsection B, all incoming full-time students, prior to enrollment in any public four-year institution of higher education, shall be vaccinated against meningococcal disease.

However, if the institution of higher education provides the student or, if the student is a minor, the student's parent or other legal representative, detailed information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine, the student or, if the student is a minor, the student's parent or other legal representative may sign a written waiver stating that he has received and reviewed the information on meningococcal disease and the availability and effectiveness of any vaccine and has chosen not to be or not to have the student vaccinated.

D. Any student shall be exempt from the immunization requirements set forth in this section who (i) objects on the grounds that administration of immunizing agents conflicts with his religious tenets or practices, unless an emergency or epidemic of disease has been declared by the Board of Health, or (ii) presents a statement from a licensed physician which states that his physical

condition is such that administration of one or more of the required immunizing agents would be detrimental to his health.

E. The Board and Commissioner of Health shall cooperate with any board of visitors seeking assistance in the implementation of this section.

F. Further, the State Council of Higher Education shall, in cooperation with the Board and Commissioner of Health, encourage private colleges and universities to develop a procedure for providing information about the risks associated with meningococcal disease and the availability and effectiveness of any vaccine against meningococcal disease.

SIGNATURE OF STUDENT AND PARENTS OF A MINOR STUDENT

I have read the Virginia requirement and the additional CDC meningitis vaccine information enclosure explaining meningococcal disease. My intent is to;

- 1) **Not** receive the meningococcal vaccine _____ (please initial and sign waiver in the packet.)
- 2) Receive the meningococcal vaccine _____ (please initial)

Signature of Student _____

Date _____

Signature of Parent
for a minor student _____

Date _____

Vaccine Information Statement

Meningococcal 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 <http://www.immunize.org/vis>

1. What is Meningococcal disease?

Meningococcal disease is a serious bacterial illness. It is a leading cause of bacterial meningitis in children 2 through 18 years old in the United States. Meningitis is an infection of the covering of the brain and the spinal cord.

Meningococcal disease also causes blood infections.

About 1,000–1,200 people get meningococcal disease each year in the U.S. Even when they are treated with antibiotics, 10–15% of these people die. Of those who live, another 11%–19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people 16–21 years. Children with certain medical conditions, such as lack of a spleen, have an increased risk of getting meningococcal disease. College freshmen living in dorms are also at increased risk.

Meningococcal infections can be treated with drugs such as penicillin. Still, many people who get the disease die from it, and many others are affected for life. This is why preventing the disease through use of meningococcal vaccine is important for people at highest risk.

2. Meningococcal vaccine

There are two kinds of meningococcal vaccine in the U.S.:

- Meningococcal conjugate vaccine (**MCV4**) is the preferred vaccine for people 55 years of age and younger.
- Meningococcal polysaccharide vaccine (**MPSV4**) has been available since the 1970s. It is the only meningococcal vaccine licensed for people older than 55.

Both vaccines can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. There are other types of meningococcal disease; the vaccines do not protect against these.

3. Who should get meningococcal vaccine and when?

Routine vaccination

Two doses of MCV4 are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16.

Adolescents in this age group with HIV infection should get three doses: 2 doses 2 months apart at 11 or 12 years, plus a booster at age 16.

If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

Other people at increased risk

- College freshmen living in dormitories.
- Laboratory personnel who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has persistent complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

Children between 9 and 23 months of age, and anyone else with certain medical conditions need 2 doses for adequate protection. Ask your doctor about the number and timing of doses, and the need for booster doses.

MCV4 is the preferred vaccine for people in these groups who are 9 months through 55 years of age. MPSV4 can be used for adults older than 55.

4. Some people should not get meningococcal vaccine or should wait.

- Anyone who has ever had a severe (life-threatening) allergic reaction to a previous dose of MCV4 or MPSV4 vaccine should not get another dose of either vaccine.
- Anyone who has a severe (life threatening) allergy to any vaccine component should not get the vaccine. *Tell your doctor if you have any severe allergies.*
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they recover. Ask your doctor. People with a mild illness can usually get the vaccine.
- Meningococcal vaccines may be given to pregnant women. MCV4 is a fairly new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed. The manufacturers of MCV4 maintain pregnancy registries for women who are vaccinated while pregnant.

Except for children with sickle cell disease or without a working spleen, meningococcal vaccines may be given at the same time as other vaccines.

5. What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Brief fainting spells and related symptoms (such as jerking or seizure-like movements) can follow a vaccination. They happen most often with adolescents, and they can result in falls and injuries.

Sitting or lying down for about 15 minutes after getting the shot—especially if you feel faint—can help prevent these injuries.

Mild problems

As many as half the people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a mild fever.

Severe problems

Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.

6. What if there is a serious reaction?

What should I look for?

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

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 the person to the nearest hospital. Otherwise, call your doctor.

- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might 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 is only for reporting reactions. They do not give medical advice.

7. 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**.

8. How can I learn more? Ask your doctor.

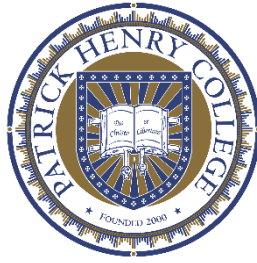
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement (Interim)
Meningococcal Vaccine
(10/14/2011)
42 U.S.C. § 300aa-26

Department of Health and Human Services
Centers for Disease Control and Prevention

Office Use Only





***IMUNIZATION WAIVER**

Date_____

NAME_____

Date of Birth_____ Cell#_____

Circle any applicable immunizations:

Measles/Mumps/Rubella (MMR), Hepatitis B, Hepatitis A, Tetanus, TdAp, Polio,
Varicella (chicken pox), Bacterial Meningococcal OR **All immunizations**

***Medical Exemption (must be signed by a physician)**

The physical condition of the above named individual is such that immunization would endanger life or health.

Health Condition_____

MD Signature_____

Date_____ Phone Number_____

***Personal/Religious Exemption**

Please
explain_____

Student Signature_____

**** Patrick Henry College will require any student who has been diagnosed with a communicable disease to be removed from campus immediately and housed either at home or in another arranged residence. Parents and students will have full responsibility for all costs incurred for travel home or off-campus housing.***

Also, In the case of an epidemic outbreak of a specific disease in which you have waived immunization, it is plausible that the VA Loudoun County Health Department could mandate a campus quarantine, thereby preventing non-immunized student access or continued residency on campus housing.

I take full responsibility in the event of any possible illness or injury resulting from waiving or delaying my immunization requirement which could potentially cause my removal from the campus.

Student Signature_____

If under 18, parent or guardian signature_____