

**(1) Health History\*** – Once you have enrolled at the University of Kansas, you will be able to provide your health history to us. This Health History form must be completed online through your secure Portal account. Please follow these directions:

- a. Be prepared to complete the online form by collecting this information:
  - i. **Personal medication history**, along with a list including dosage and frequency of all prescriptions, birth control, over-the-counter, vitamins, supplements and herbal preparations that you take.
  - ii. **A list of your medication / material allergies**, such as penicillin, peanuts, latex, etc. In addition, you will be prompted to describe the type of reaction the substance displayed, such as rash, breathing difficulties, etc.
  - iii. **Your personal medical history**, including pertinent disorders, infections, and diseases.
  - iv. Any **hospitalizations and/or surgeries** in your medical history, including the description of the medical problem and the approximate date(s).
- b. To assure your account is active, please wait 72 hours after you enroll in classes before attempting to access the Portal.
- c. Go to the Student Health Services website at: <http://www.studenthealth.ku.edu/>
- d. Click on the box “LOG INTO mySHS” and then use your university login. You will then be inside our secure patient portal.
- e. Select “Forms” on the left side of the page and complete the “Health History Form” using the information you gathered above.

**\*International Students – This on-line Health History process does not apply to you. We will work with you upon your arrival at KU to complete this form.**

**(2) Immunization Screening History – This must be completed in PAPER format using the enclosed form.**

Please submit this form by one of these processes:

- During Orientation, or
- By Fax: (785) 864-5327, or
- By taking to Watkins Memorial Health Center during the first week of school, or
- By mailing to this specific address:

ATTENTION: **Immunization Compliance Office**  
**KU Student Health Services**  
**Watkins Memorial Health Center**  
**1200 Schwegler Dr.**  
**Lawrence, KS 66045-7538**

**For more information, please contact the SHS Immunization Compliance Office at (785) 864-9533.**

**If you have any other questions regarding KU’s Student Health Services, please call (785) 864-9500.**

# IMMUNIZATION SCREENING HISTORY

THE UNIVERSITY OF KANSAS 1200 SCHWEGLER DRIVE	WATKINS MEMORIAL HEALTH CENTER LAWRENCE, KS 66045-7538	PHONE (785) 864-9533 FAX (785) 864-5327
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<b>1</b>	<b>PATIENT INFORMATION:</b> PATIENT NAME: (PLEASE PRINT) _____ LAST: _____ FIRST: _____ MIDDLE: _____ MAIDEN NAME /OTHER: _____ KU ID # _____ GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE ARE YOU AN INTERCOLLEGIATE ATHLETE? <input type="checkbox"/> Yes <input type="checkbox"/> No FIRST DATE OF ATTENDANCE AT THE UNIVERSITY OF KANSAS (MM/DD/YYYY): _____ ETHNICITY/ RACE: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	DATE OF BIRTH: _____ PRIMARY PHONE: _____ SECONDARY PHONE: _____
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ALL VACCINES FOR IMMUNIZATION ARE AVAILABLE AT WATKINS MEMORIAL HEALTH CENTER.

## REQUIRED IMMUNIZATIONS AND TUBERCULOSIS SCREENING FOR UNIVERSITY ENROLLMENT

<b>2</b>	<b>MMR – MEASLES, MUMPS, RUBELLA</b>  MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	#1: MM/DD/YYYY MUST BE ON, OR AFTER 1 <sup>st</sup> Birthday: _____	#2: MM/DD/YYYY MUST BE AFTER 1980 and at least 28 days after #1 MMR. _____	Serological confirmation of immunity.  OR: Attach copy of lab result.	All newly enrolled or reenrolled students, born on or after January 1, 1957 and taking classes on the Lawrence campus: Are required to show proof of <b>TWO</b> vaccinations for Measles, Mumps, and Rubella prior to enrollment. History of disease, unless accompanied by lab test of titer, is not acceptable for MMR. Non- compliant students will be placed on administrative hold.
<b>3</b>	<b>MENINGOCOCCAL MENINGITIS</b> Required for University of Kansas Housing residents. See page 2.	<b>MENVEO®/MENACTRA® OR MENOMUNE®</b> ↓ VACCINES EFFECTIVE FOR UP TO 5 YEARS ↓			All Students living in University of Kansas group housing: Must receive either MCV4 or MPSV4 to meet requirements. Other meningitis vaccinations are not accepted. <b>Non-compliant students</b> <b>will be placed on administrative hold.</b>
<b>4</b>	<b>TUBERCULOSIS SCREENING FOR SELECT GROUPS OF STUDENTS:</b> University of Kansas policy requires TB screening FOR SELECT <b>GROUPS OF STUDENTS.</b> There is <u>no</u> available waiver for TB screening.	<b>TB SKIN TEST:</b> ← OR → <b>QUANTI-FERON-TB GOLD®</b>  DATE GIVEN: _____ DATE: _____ DATE READ: _____ RESULT: _____ RESULT: _____ MM DURATION <i>Attach copy of lab result</i> INTERPRETATION: <input type="checkbox"/> NEG. <input type="checkbox"/> POS.			All INTERNATIONAL STUDENTS taking classes on the Lawrence & Edwards Campus: All newly-enrolled or re-enrolled international students must have tuberculosis screening upon arrival at KU which includes: • A TB blood test to be done during International Student Orientation physicals (at Student Health Services) unless documented results are presented for a blood test performed in the U.S. within the past 12 months. • Documentation must be presented for any prior treatment for latent or active tuberculosis and a chest X-ray will be required. • Chest X-rays will also be required for any student with a positive or indeterminate TB blood test, unless documentation of a normal chest X-ray performed in the U.S. within the past six months is presented. • A medical review with the Student Health Services staff. <b>All newly-enrolled international students are required to complete the entire                  tuberculosis screening process. Failure to do so will result in dis-enrollment                  and subsequent notification to the Office of International Students and                  Scholars that you are no longer enrolled.</b>

### RECOMMENDED IMMUNIZATIONS:

<b>5</b>	<b>HEPATITIS A</b> IMMUNIZATION SERIES	#1 MM/DD/YYYY	#2: MM/DD/YYYY			
<b>6</b>	<b>HEPATITIS B</b> IMMUNIZATION SERIES	#1 MM/DD/YYYY	#2: MM/DD/YYYY	#3: MM/DD/YYYY	Titer Results: MM/DD/YYYY	Attach copy of lab result
<b>7</b>	<b>COMBINED HEPATITIS A &amp; HEPATITIS B</b> TWINRIX®	#1 MM/DD/YYYY	#2: MM/DD/YYYY	#3: MM/DD/YYYY		
<b>8</b>	<b>DPT</b> PRIMARY SERIES WITH DTAP, DPT OR Td, <u>AND</u> BOOSTER WITH Td OR Tdap IN LAST 10 YEARS MEETS RECOMMENDATION	#1 MM/DD/YYYY	#2: MM/DD/YYYY	#3: MM/DD/YYYY	#4: MM/DD/YYYY	Date of Last Booster: Td: _____ OR Tdap: _____
<b>9</b>	<b>POLIO</b> PRIMARY CHILDHOOD SERIES MEETS REQUIREMENT	#1 MM/DD/YYYY	#2: MM/DD/YYYY	#3: MM/DD/YYYY	#4: MM/DD/YYYY	
<b>10</b>	<b>HUMAN PAPILLOMAVIRUS- HPV</b> GARDASIL®	#1 MM/DD/YYYY	#2: MM/DD/YYYY	#3: MM/DD/YYYY		
<b>11</b>	<b>VARICELLA</b> (CHICKEN POX)	#1 MM/DD/YYYY	#2: MM/DD/YYYY	Titer Results: MM/DD/YYYY	Attach copy of lab result	History of Disease: MM/DD/YYYY

To the best of my knowledge, the above information is accurate:

Provider Signature: \_\_\_\_\_ Physician/Nurse

Date: \_\_\_\_\_

# IMMUNIZATION SCREENING HISTORY

## EXEMPTIONS AND WAIVERS

### Meningitis Health Information Facts, Policy and Waiver Information, University Of Kansas - Lawrence Campus

To reduce the spread of bacterial meningitis among the student population, the Kansas Board of Regents requires all incoming students residing in university housing to be vaccinated for meningitis or to sign a waiver indicating that they refuse to receive the vaccine. Non-compliant students will be placed on administrative hold (Enroll and Pay Negative Service Indicator) following the first week of classes and remain on administrative hold until the compliance is documented with Student Health Services. Students will be unable to enroll for the following semester until the hold is released. Furthermore, it is strongly recommended that students living in other forms of group housing such as sorority/fraternity houses, Naismith Hall, etc. receive the vaccination. The KU Lawrence campus encourages all other students to consider vaccination as well as to become knowledgeable about meningitis and its symptoms in order to reduce their personal risk. The vaccine is available at Watkins Memorial Health Center.

#### What is meningococcal meningitis?

Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are also possible.

#### Who gets meningococcal meningitis?

Anyone can get meningococcal meningitis, but it is more common in infants, children, and young adults. Also, college freshmen who live in dormitories have a slightly higher risk of getting this infection than others their age.

#### How is the germ that causes this type of meningitis spread?

The meningococcus germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

#### What are the symptoms?

Although most people who are exposed to the meningococcus germ do not become seriously ill, some of them may develop fever, headache, vomiting, stiff neck and a rash. Up to 25 percent of patients who recover may have permanent damage to the nervous system. The disease occasionally causes death.

#### How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually within five days.

#### When and for how long is an infected person able to spread the disease?

From the time a person is first infected until the germ is no longer present in discharges from the nose and throat, he or she may transmit the disease. The duration varies among individuals and with the treatment used.

#### What is the treatment for meningococcal meningitis?

Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for meningitis.

#### Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center play-mates) need to be considered for preventive treatment. Such people are usually advised to obtain a prescription for rifampin from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern. People who think they have been exposed to meningococcal infection should contact their local health department to discuss whether they should receive preventive treatment.

#### Is there a vaccine to prevent meningococcal meningitis?

Presently, there are two vaccines that will protect against several of the strains of the meningococcus germ.

### **WAIVER OF MENINGOCOCCAL MENINGITIS IMMUNIZATION (DOES NOT RECEIVE VACCINATION)**

**I have chosen not to be immunized.** My signature below signifies that I have received and read the material provided to me on meningitis by The University of Kansas.

\_\_\_\_\_  
(Signature of Student) - **REQUIRED**

\_\_\_\_\_  
(ID Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent of Guardian, if student is under 18 years of age)

\_\_\_\_\_  
(Date)

### **12 STATEMENT OF EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

If your personal or religious beliefs or a specific medical condition preclude inoculation, you must sign one of the following waivers. In the event of an outbreak, exempted persons will be subject to exclusion from school.

#### **MEDICAL EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions. Please specify physical or medical condition:

\_\_\_\_\_  
MEDICAL PROFESSIONAL SIGNATURE

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
DATE

#### **TEMPORARY MEDICAL EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

Pregnancy is justification for a temporary medical exemption only. **Are you pregnant?**  YES — **Expected Due Date:** \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
KU ID NUMBER

\_\_\_\_\_  
DATE

#### **RELIGIOUS/PERSONAL EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

Parent or guardian of the above named person or the person himself/herself adheres to a religious belief opposed to immunizations.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
KU ID NUMBER

\_\_\_\_\_  
DATE