BRADLEY UNIVERSITY   REQUIRED STUDENT HEALTH FORM

809 N. Tobias Ln., Markin Center – Bradley University, Peoria, IL 61625 Ph:(309)677-2700 Fax:(309)677-3534
E-mail: bradleyhealthservices@fsmail.bradley.edu

SEMESTER ENTERING YEAR_____ FA___ SP___FR. SO. JR. SR. GRAD. BRADLEY ID#_____

PLEASE PRINT:
NAME_____
        (LAST, FAMILY SURNAME)   (FIRST, GIVEN)   (MIDDLE, OTHER)

BIRTH DATE:____/_____/___   GENDER_____   SOCIAL SECURITY NUMBER_____-_____-_____
        MO   DAY   YR

HOME ADDRESS_____
                       STREET

_____
      CITY   STATE   ZIP
PHONE (_____)_____   STUDENT CELL PHONE (_____)_____

PAST MEDICAL HISTORY

DRUG ALLERGIES_____

CURRENT MEDICATIONS_____

HOSPITALIZATIONS OR SURGERIES_____

MEDICAL CONDITIONS_____

MENTAL HEALTH ILLNESSES_____

PLEASE INCLUDE A COPY OF YOUR HEALTH INSURANCE CARD
OR SUMMARY INSURANCE POLICY

IN THE EVENT I WOULD NEED OUTPATIENT LABS, DIAGNOSTIC STUDIES, OR EMERGENCY SERVICES DONE AT ONE OF THE
LOCAL AREA HOSPITALS, I AUTHORIZE BRADLEY HEALTH SERVICES TO UTILIZE:
OSF ST. FRANCIS   **UNITY POINT – METHODIST AND PROCTOR**
PLEASE CHECK WITH YOUR INSURANCE COMPANY REGARDING COVERAGE IN THE PEORIA AREA

IN CASE OF MEDICAL OR PSYCHIATRIC EMERGENCY OR HOSPITALIZATION, I AUTHORIZE BRADLEY STUDENT HEALTH SERVICES
        TO NOTIFY:_____   PHONE_____

PARENTS: MOTHER_____   HOME PH (_____)_____

          ADDRESS_____   CELL PH (_____)_____

          FATHER_____ _____   HOME PH (_____)_____

          ADDRESS_____   CELL PH (_____)_____

SIGN HERE_____   **DATE**_____
                   STUDENT SIGNATURE

ATTENTION PARENT/GUARDIAN OF MINOR STUDENTS (students under the age of 18):
I give my permission for the medical staff of Bradley University Student Health Center to diagnose and treat medical conditions that may arise while my child is attending Bradley University.
SIGN HERE_____ DATE_____

IMMUNIZATION HISTORY   **STUDENT'S NAME:**_____

IF YOUR BIRTH DATE IS BEFORE JANUARY 1, 1957, PLEASE CONTACT HEALTH SERVICES AT 309-677-2700.

SECTION 1:   TUBERCULOSIS (TB) SCREENING   REQUIRED BY BRADLEY UNIVERSITY

CHECK ANY THAT APPLY:

_____ FROM OR HAVE LIVED FOR TWO MONTHS OR MORE IN ASIA, AFRICA, CENTRAL, OR SOUTH AMERICA OR EASTERN EUROPE

IF YES, WHICH COUNTRY:_____

_____ HAVE BEEN DIAGNOSED WITH A CHRONIC MEDICAL CONDITION THAT MAY IMPAIR YOUR IMMUNE SYSTEM

IF YES, WHAT CONDITION:_____

_____ A HEALTH CARE WORKER

_____ A VOLUNTEER OR EMPLOYEE OF A NURSING HOME, PRISON, OR OTHER RESIDENTIAL INSITUTION

_____ CONTACT WITH A PERSON KNOWN TO HAVE ACTIVE TUBERCULOSIS

_____ NONE OF THE ABOVE APPLY

IF ANY OF THE ABOVE DO APPLY, TB SCREENING IS REQUIRED. OPTIONS ARE AS FOLLOWS:

1.) SCHEDULE AN APPOINTMENT AT STUDENT HEALTH FOR PPD SCREENING TEST

2.) PROVIDE DOCUMENTATION OF NEGATIVE TB SKIN TEST DONE IN THE UNITED STATES WITHIN THE LAST 12 MONTHS   PPD TEST   DATE   ____/____/____   DATE READ ____/____/____

MILLIMETERS INDURATED_____MM   POS_____ NEG_____

3.) PROVIDE DOCUMENTATION OF PRIOR TREATMENT OF ACTIVE TB DISEASE

SECTION 2:   REQUIRED VACCINATIONS

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS VERIFIED BY A PHYSICIAN. THE STATE OF ILLINOIS REQUIRES THE FOLLOWING IMMUNIZATIONS FOR STUDENTS AT HIGHER EDUCATION INSTITUTIONS:

1) **DIPHTHERIA, TETANUS, AND PERTUSSIS**

STUDENTS SHALL PROVIDE DATES OF ANY COMBINATION OF THREE OR MORE DOSES OF DIPHTHERIA, TETANUS, AND PERTUSSIS CONTAINING VACCINE. ABBREVIATIONS FOR THESE VACCINES INCLUDE DTP, DTAP, DT, TD, OR TDAP. ONE DOSE MUST BE A TDAP. THE LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARS PRIOR TO ENROLLMENT.

2) **MEASLES, MUMPS, AND RUBELLA**

STUDENTS SHALL PROVIDE DOCUMENTATION OF RECEIPT OF TWO DOSES OF MEASLES, MUMPS, AND RUBELLA (MMR) VACCINE. THE FIRST DOSE MUST HAVE BEEN RECEIVED ON OR AFTER THEIR FIRST BIRTHDAY.

3) **MENINGITIS**

ALL NEW ADMISSIONS UNDER THE AGE OF 22 SHALL PROVIDE DOCUMENTATION OF HAVING AT LEAST ONE DOSE OF MENINGOCOCCAL VACCINE ON OR AFTER 16 YEARS OF AGE. THE NEW MENINGITIS B VACCINE DOES NOT FULFILL THIS REQUIREMENT.

4) **COVID – 19 (REQUIRED BY BRADLEY UNIVERSITY)**

STUDENTS SHALL PROVIDE DATES OF EITHER A TWO DOSE SERIES OF MODERNA OR PFIZER VACCINE OR ONE DOSE OF JOHNSON AND JOHNSON VACCINE. BOOSTER SHOTS ARE NOT REQUIRED.

A STUDENT MAY BE EXEMPTED BY THE HEALTH CENTER IF A WRITTEN STATEMENT FROM THE STUDENT (OR GUARDIAN, IF THE STUDENT IS A MINOR) DETAILING OBJECTION TO IMMUNIZATION ON GROUNDS THAT THEY CONFLICT WITH TENETS OR PRACTICES. GENERAL PHILOSOPHICAL OR MORAL OBJECTION TO IMMUNIZATION SHALL NOT BE SUFFICIENT FOR AN EXEMPTION ON RELIGIOUS GROUNDS.