



Dear Student,

Welcome to Bradley University! We are excited that you have chosen to become part of the Bradley University family. Each year a portion of our students come to campus with a history of mental health issues such as anxiety and depression. Many students have received prior treatment for these conditions and would benefit from counseling or medication management at our Health Services Counseling Center.

We encourage any student who has had previous or ongoing treatment of a mental health issue and would like treatment at our Counseling Center, to sign a release of information form so that the provider may send us any pertinent records. Even if students will be followed by their hometown counselor, doctor, or psychiatrist, it is generally of benefit for Health Services to be aware of the mental health issues in case a student should be in crisis, need a medication refill, or have other health problems.

A link for our release of information form can be found on the Health Services website. Please fill this out and send it to us if you wish for us to request the information from your hometown provider.

Once on campus, a student may call Health Services at (309)677-2700 if they would like to set up an appointment at our Counseling Center.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Deborah Montgomery-Coon'.

Deborah Montgomery-Coon, LCPC
Director of Counseling
Bradley University Health Services

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: ___/___/___ MALE ___ FEMALE ___ 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 INSITUATION
- _____ 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 BY THE STATE OF ILLINOIS

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.

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.