

PART 1: PERSONAL DATA: To be filled out by student

All information reported here is confidential and kept as part of your health record in the Student Health Center under HIPPA (Health Insurance Portability and Accountability Act) guidelines. Today's Date ___/___/___

NAME: LAST	FIRST	MIDDLE	SEX	DATE OF BIRTH (mm/dd/yyyy)	C.W.I.D.# (if known)
HOME CITY/STATE/COUNTRY				Student PHONE NO. ()	
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		CITY/STATE/COUNTRY	RELATIONSHIP	PHONE NO. ()	

ETHNICITY: African American/Black Hispanic Caucasian/White Asian American/Asian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander Multi-racial/Other

**PART 2: PERMISSION FOR TREATMENT AND RELEASE OF INFORMATION:
 To be filled out by parent only if student is under 18 years old at time of matriculation**

In case of routine health examinations, immunizations, diagnostic procedures, treatment of illnesses and/or injuries, permission is hereby granted to treat the student named herein at the Student Health Center, Pepperdine University, and to make necessary referrals for emergency transport or to private physicians, specialists, psychologists, counselors, and/or other community facilities as his/her conditions may dictate.

X _____
 SIGNATURE OF PARENT

PART 3: HEALTH INSURANCE REQUIREMENT: To be filled out by student

All students at Seaver College are required to have a current health insurance that provides adequate coverage in California. The Electronic Waiver must be submitted at <https://wfis.wellsfargo.com/pepperdine/OnlineWaiver/> to avoid being enrolled in, and charged for, the University Student Health Insurance. The following information helps us better serve you when you come to the Health Center, but is NOT the insurance waiver.

NAME OF INSURANCE COMPANY	HMO PPO Medicaid	PHONE NO. ()
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PART 4: PERSONAL HEALTH HISTORY: To be filled out by student

ALLERGIES TO MEDICATIONS, INSECT BITES, FOOD, LATEX, AND ASSOCIATED REACTIONS

CHRONIC/MAJOR MEDICAL PROBLEMS WHICH HAVE REQUIRED MEDICAL CARE AND/OR MEDICATIONS (including psychotherapy)

CURRENT MEDICATIONS

PART 5: TUBERCULOSIS SCREENING: May be filled out by student

TB Screening Questions:

1. Have you ever had a POSITIVE tuberculosis (TB) screening test?
2. Were you born in, have you lived in, or have you travelled extensively in any of the countries listed on the next page? (Extensive = more than 4 weeks with substantial exposure to the local population).
3. Have you ever had contact with someone sick with tuberculosis?
4. Have you been an employee or volunteer in a prison, nursing home, homeless shelter or hospital?

PLEASE CIRCLE

YES	NO
YES	NO
YES	NO
YES	NO

* If YES is circled for any of above, proceed to TB Screening Continued
 *If No is circled for ALL, go to Part 6

NAME: _____

BIRTHDATE (MM/DD/YYYY): ____/____/____

PART 5: TUBERCULOSIS SCREENING CONTINUED

5. **If Question #1 was YES** (History of positive TB test), complete the following:
- a. Type of Screening test _____ T-Spot _____ Quantiferon-TB Gold _____ PPD mm _____
 - b. Date of test ____/____/____
 - c. CXR date ____/____/____
 - d. Treatment Completed? YES _____ NO _____

After completion of above, go to **PART 6: IMMUNIZATION REQUIREMENTS**. We will contact you concerning further instructions for TB screening compliance.

6. **If Question #1 was NO and ANY of questions 2, 3, or 4 were YES**, an Interferon Gamma Release Assay (IGRA) test such as a T-spot or Quantiferon-TB Gold test is required within the past year *

*PPD is acceptable if student was born in the United States.

Once testing is obtained, complete the following:

- a. Type of Test _____ T-Spot _____ Quantiferon-TB Gold _____ PPD mm _____
- b. Date of test ____/____/____
- c. Results of test Positive _____ Negative _____ mm for PPD _____

*Upload documentation of tests and CXR, if applicable, to your Patient Portal.

PART 6: IMMUNIZATION REQUIREMENTS

- The Pepperdine Student Health Center requires the following immunizations:

- **M.M.R. (measles, mumps, rubella):** Two doses are required, at least 28 days apart, with first dose given at or after 12 months of age.
- **Hepatitis B:** Three doses with dose #2 at least 1 month after dose #1, and dose #3 at least 4 months after dose #2.
- **Meningococcal-A, C, Y, W:** One dose given AFTER 16th birthday. (May opt out if over 21 years old or living off campus)
- **Tdap:** One dose.

- To be compliant, the student must complete BOTH of the following requirements:

Requirement #1: Input dates you received the required immunizations online into your Patient Portal. To do this, go to pepperdine.medicatconnect.com. Login using your Wavenet user ID and password. Select *Immunizations*.

Requirement #2: Provide PROOF of the immunizations you received and upload to your online chart. You can provide proof EITHER by submitting copies of your original immunization records (go to pepperdine.medicatconnect.com. Login using your Wavenet user ID and password. Select *Upload*.) OR by printing out this page, and having your medical provider complete, sign, AND stamp the following prior to uploading to your Patient Portal under *Health History Form*.

Tdap (not Td, DTaP): ____/____/____

Hepatitis B: 1st dose ____/____/____ 2nd dose ____/____/____ 3rd dose ____/____/____

Meningitis A, C, Y, W (after 16th birthday): ____/____/____

MMR: 1st dose ____/____/____ 2nd dose ____/____/____

X _____
Provider Signature

Date

Provider Stamp

- The Pepperdine Student Health Center also highly recommends the following vaccines:

Hepatitis A (2 doses), **Varicella** (2 doses). Submission of records of these vaccines will help us better care for you.

Afghanistan	Congo	Iran, Iraq	Nicaragua	Sri Lanka
Algeria	Cook Islands	Kazakhstan	Niger	Sudan
Angola	Cote d'Ivoire	Kenya	Nigeria	Suriname
Argentina	Croatia	Kiribati	Pakistan	Swaziland
Armenia	Democratic People's	Kuwait	Palau	Tajikistan
Azerbaijan	Republic of Korea	Kyrgyzstan	Panama	Thailand
Bahrain	Democratic Republic	Lao People's	Papua New Guinea	Former Yugoslav Republic
Bangladesh	Of the Congo	Democratic Republic	Paraguay	Of Macedonia
Belarus	Djibouti	Latvia	Peru	Timor-Leste
Belize	Dominican Republic	Lesotho	Philippines	Togo
Benin	Ecuador	Liberia	Poland	Trinidad & Tobago
Bhutan	El Salvador	Libya	Portugal	Tunisia
Bolivia	Equatorial Guinea	Lithuania	Qatar	Turkey
Bosnia & Herzegovina	Eritrea	Madagascar	Republic of Korea	Turkmenistan
Botswana	Estonia	Malawi	Republic of Moldova	Tuvalu
Brazil	Ethiopia	Malaysia	Romania	Uganda
Brunei Darussalam	Fiji	Maldives	Russian Federation	Ukraine
Bulgaria	Gabon	Mali	Rwanda	United Republic of Tanzania
Burkina Faso	Gambia	Marshall Islands	St. Vincent and the Grenadines	Uruguay
Burundi	Georgia	Mauritania	Sao Tome & Principe	Uzbekistan
Cabo Verde	Ghana	Mexico	Senegal	Vanuatu
Cambodia	Guatemala	Micronesia	Serbia	Venezuela
Cameroon	Guinea	Mongolia	Seychelles	Viet Nam
Cape Verde	Guinea-Bissau	Morocco	Sierra Leone	Yemen
Central African Republic	Guyana	Mozambique	Singapore	Zambia
Chad	Haiti	Myanmar	Solomon Islands	Zimbabwe
China	Honduras	Namibia	Somalia	
Colombia	India	Nauru	South Africa	
Comoros	Indonesia	Nepal	South Sudan	

Source: World Health Organization Global Tuberculosis Control, WHO Report. Countries with Tuberculosis rates of ≥ 20 cases per 100,000 population. For future updates, refer to www.who.int/globalatlas/dataQuery/default.asp