

TEXAS SOUTHERN UNIVERSITY

HEALTH FORM

ALL INCOMING STUDENTS PLANNING TO ATTEND TEXAS SOUTHERN UNIVERSITY ARE REQUIRED TO SUBMIT THIS COMPLETED FORM PRIOR TO REGISTRATION TO:

- **Provide information in the event of a medical emergency**
- **Indicate conditions for which a student may need care while at T.S.U.**
- **Comply with T.S.U. statutes concerning student immunizations**
- **Establish an ongoing individual health record for each student receiving care at the SHC**

INSTRUCTIONS:

- **Complete the Personal History**
- **Have a physician or certified health care provider complete the physical examination**
- **Go to <http://studenthealth.tsu.edu> to enter your immunizations **AND** Submit a copy of your certified immunization record (If you have not received your T-number, submit the hard copy only)**
- **Transfer students may send a copy of their health records from a previous university/college if they fulfill the requirements and the record is less than one year old.**

MAIL COMPLETED FORMS AND IMMUNIZATION RECORDS DIRECTLY TO THE STUDENT HEALTH CENTER:

**TEXAS SOUTHERN UNIVERSITY
STUDENT HEALTH CENTER
3100 CLEBURNE STREET
HOUSTON, TEXAS 77004**

**(713) 313-7173 (Ph)
(713) 313-7817 (fax)**

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PERSONAL INFORMATION:

Name: _____

(LAST NAME, FIRST NAME, MIDDLE INITIAL)

T-Number or SS# _____ Date of Birth: _____

Address: _____

(STREET) (CITY) (STATE) (ZIP CODE)

Student's cell phone: _____ home phone: _____

Student's e-mail address: _____

Emergency Contact Information:

Name _____ Relationship _____

Street Address _____ City/State/Zip _____

Contact number _____ Alternate number _____

MEDICAL HISTORY:

Do you have or have you ever had any of the following? If so, please include pertinent date(s).

ADHD Yes/No Heart disease Yes/No

Allergies Yes/No High Blood Pressure Yes/No

Arthritis Yes/No Kidney Disease Yes/No

Asthma Yes/No Surgery Yes/No

If yes, enter date/type of surgery: _____

Cancer Yes/No Mononucleosis Yes/No

Diabetes Yes/No Seizure Disorder Yes/No

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Eating disorder	Yes/ No	Rheumatic Fever	Yes/No
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Emotional Illness	Yes/No	Tuberculosis**	Yes/No
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****If positive TB skin test, attach copy of X-ray result**

Other please explain:

Do you have any physical impairment(s) such as paralysis, vision loss, hearing loss?
Yes/ No

If yes, explain:

Are you currently taking any medication? Yes/No

If yes, explain and list all medications you are taking:

Are you allergic to any medication? Yes/ No

If yes, explain

FAMILY HISTORY:

Is there a history within your primary family (parents and siblings) of:

ADHD	Yes/No	Heart disease	Yes/No
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Allergies	Yes/No	High Blood Pressure	Yes/No
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Arthritis	Yes/No	Kidney Disease	Yes/No
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Asthma	Yes/No	Mononucleosis	Yes/No
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Cancer	Yes/No	Seizure Disorder	Yes/No
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Diabetes	Yes/No	Tuberculosis	Yes/No
Eating disorder	Yes/ No		
Emotional Illness	Yes/No		

If yes, explain _____

MANDATORY MENINGITIS INFORMATION

State Law requires that colleges and universities distribute information about meningococcal disease and vaccinations to all students. Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column, as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

The disease strikes about 2500 Americans each year and claims about 300 lives. Cases of meningitis among teens and young adults 15 to 24 years of age have increased by almost 60% since the 1990's. Students living in dormitories are up to six times more likely to get the disease than other people. Meningitis is spread through air droplets and direct contact with someone who is infected. Students can reduce their risk by getting vaccinated and by not sharing things like utensils, beverages, cigarettes, etc.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States (types A, C, Y and W-135); these types cause nearly two-thirds of the meningitis cases among college students. Protection lasts approximately 3 to 5 years. The CDC advises that students who received the vaccine at age 11 – 12 should receive a booster before college.

Effective January 1, 2012 all incoming students, under the age of 30, will be required to have the meningitis vaccination or provide a completed vaccination exemption form. All housing students are to be vaccinated at least 10 days prior to move-in.

For more information visit the Center for Disease (CDC) website at:
<http://www.cdc.gov/meningitis/index.html>.

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IMMUNIZATIONS:

ATTACH A COPY OF THE STUDENT'S CERTIFIED IMMUNIZATION RECORD

Student signature _____
(Parent must sign if student is younger than 18 years of age.)

Parent signature _____
(signature/relationship to student)

By signing, you are acknowledging that you have received and read the information about meningitis and you understand that you must receive a meningitis vaccination or submit a completed vaccination exemption form prior to coming to campus.

Exemptions to Immunization Requirements:

Chapter [§97.62](#) of the Texas Administrative Code (TAC) describes the conditions under which individuals can seek exemptions from Texas immunization requirements. Exclusions from compliance are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States.

A student or a parent or guardian of a student, is not required to submit evidence of receiving the vaccination against bacterial meningitis if the student, or a parent or guardian of a student submits to the institution:

An affidavit or a certificate signed by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination required would be injurious to the health and well being of the student:

Or a notarized affidavit signed by the student stating the student understands the risks and benefits of the vaccination(s) and declines the vaccination(s) for reasons of conscience, including a religious belief.

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PHYSICAL EXAMINATION (HEALTH CARE PROVIDER TO COMPLETE):

Student's name _____

Male/Female _____

Height: _____ **Weight:** _____ **Blood Pressure:** _____ **Pulse:** _____ **Temp** _____

Eye examination: Best vision: Right 20/____ **Left 20/**____ **wears glasses** ___ **contacts** _____

Normal /Abnormal Notes

Skin _____

Ear, Nose & Throat _____

Respiratory _____

Cardiovascular _____

Gastrointestinal _____

Genitourinary _____

Musculoskeletal _____

Reflexes _____

Urinalysis/ urine dip _____

Hb _____ **or Hct** _____

1. Is this student presently under treatment for a medical condition? Yes ___ **No** ___

If yes, explain: _____

2. Is this student capable of normal physical exercise or athletic activity? Yes/ No

If no, explain: _____

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Student's name: _____

3. Is this student receiving or has he/she ever received professional help for an emotional or psychological problem?

Yes ___ No ___ If so, when? _____

Please Note Any Allergies or Sensitivities:

Impression and Recommendations: ___ Normal exam ___ No restrictions

Other: _____

Date of Examination _____

Signature of MD/ Printed Name

Address (STREET) (CITY) (STATE) (ZIP CODE)

Telephone Number /Fax Number

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INSURANCE INFORMATION:

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR HEALTH INSURANCE CARD (IF YOU HAVE COVERAGE OTHER THAN THE university-sponsored ACCIDENT AND SICKNESS PLAN)

All housing students, students traveling on university sponsored trips, students participating in club and intramural sports are required to have health insurance. If you live in campus housing, the university sponsored insurance will be billed to your account automatically.

Students living in housing who have private insurance can opt out of the university sponsored insurance and have the charge removed after applying for and receiving an approved a waiver.

To apply for an approved waiver go to www.macori.com. There is a 30 day open enrollment period at the beginning the first day of each semester. The waiver must be completed during the open enrollment period.

To enroll in the university sponsored insurance, go to www.macori.com. There is a 30 day open enrollment period at the beginning the first day of each semester. If you would like to enroll in the university-sponsored insurance, you must apply on-line. Payment is expected at the time of enrollment.