

This form is part of the admissions process, and **both pages must be fully completed**, prior to the start of classes. **Failure to submit a completed form before classes begin could result in a student being removed from classes.** Once completed, mail to Mercer University, Student Health Center, 1501 Mercer University Drive, Macon, Georgia 31207 or by Fax: (478) 301-2116 or by e-mail: shcmacon@mercer.edu.

Date: _____ SS# _____ - _____ - _____ Student ID # _____ Age: _____

Name: _____ Birth Date: _____ Phone: (____) _____
 (Last) (First) (Middle) (MM / DD / YYYY)

Home Address: _____
 (Street) (City) (State) (Zip)

Emergency Contact Person: _____ Relationship to you: _____

Address of Contact: _____ Phone: (____) _____

Parental/Guardian consent for medical care of student -- (If student is under 18 years of age).
 I give consent for Mercer University Student Health Center to provide medical treatment for my child for any illness or injury while he/she is enrolled at the college. (Student name)

Parent/Guardian Signature: _____ Date: _____

Student must read and sign: Health Insurance Requirement: Mercer students, except those in regional academic center programs and distance learning programs are automatically charged for a University sponsored student health insurance plan to insure compliance that students must have health insurance coverage. A charge is placed on each student's account each term. To have the charge removed, students must show evidence of personal health insurance by completing a waiver by a stated deadline. To see the deadline for the upcoming term and how to complete the waiver, go to: www.mercer.edu/shc/ and click on the Student Health Insurance link. By signing below, you are acknowledging that you have read, understood, and agree to follow the above requirement and must be covered by either personal or school health insurance.

Student signature: _____ Date: _____

Parent signature (if student under age 18): _____ Date: _____

REQUIRED IMMUNIZATIONS (Copy of official document required... see below)

Mercer University requires **all students born after 1956** to present proof of immunity to Measles (Rubeola), Mumps, and Rubella. The first vaccination must have been administered after 12 months of age, and the second must be at least 30 days after the first. Provide a copy of official documentation (i.e. GRITS, Military, Health Department, MD office, etc.) with dates of 2 MMR vaccinations, **OR** if immunizations were received separately, you must provide dates for 2 Measles, 2 Mumps, and 1 Rubella vaccinations, **OR** provide copy of positive titer lab report (If titers are done, they must be the following: Measles IgG, Mumps IgG, Rubella IgG) .

Recommended Immunizations (These vaccinations are recommended but not required for attendance at Mercer)

- *Tetanus (A tetanus booster is recommended every 10 years; Tdap is preferred)
- *Varicella (Chicken Pox) (2 vaccines in this series)
- *Hepatitis B (3 vaccines in this series)

Meningitis (one dose upon entry into college for freshmen living in dormitories or residence halls who wish to reduce their risk of Meningococcal disease. Any undergraduate less than 25 years old who wishes to reduce the risk of disease should consider the vaccine. Students with immunodeficiency such as complement deficiency or asplenia should receive vaccine every 3 – 5 years).

Required Tuberculosis Screening Questionnaire is on Page 2. It must be completed and signed by the student and returned to the Student Health Center for review by the Student Health Nurses.

Mercer University Student Health Center
Tuberculosis Screening

Name _____ ID # _____

Country in which you were born _____

Please answer the following questions and sign below.

1. Have you ever had a positive TB skin test? Yes _____ No _____
2. Have you ever been treated for TB or a positive skin test? Yes _____ No _____
If yes, length of treatment _____ Name of medication _____
3. Have you been in close contact with a person who has TB? Yes _____ No _____
4. Have you lived in or visited any country other than the United States in the past five years? Yes _____ No _____
If yes, where? _____ When _____? How long were you there _____?
5. Have you lived in a medically-underserved neighborhood? Yes _____ No _____
6. Have you ever been in jail / prison? Yes _____ No _____
7. Have you ever used IV street drugs? Yes _____ No _____
8. Have you ever worked in the health care? Yes _____ No _____ If so, when? _____
9. Do you have any chronic medical problems, such as diabetes, kidney disease, cancer, blood disorders, AIDS, etc.? Yes _____ No _____
10. Are you taking any immunosuppressive treatment or steroid therapy? Yes _____ No _____
11. Are you underweight by 10% or more? Yes _____ No _____
12. Have you had any of the following symptoms/ signs associated with active TB in past six months?

Unexplained cough	Yes _____	No _____
Unexplained weight loss	Yes _____	No _____
Unexplained night sweats	Yes _____	No _____
Bloody sputum	Yes _____	No _____
Unexplained loss of appetite	Yes _____	No _____

Signature of patient _____ Date _____

This section is to be completed by Mercer Student Health RN only:

This patient is _____ low risk and needs no further testing at this time.

This patient is _____ high risk and needs PPD testing.

Signature of Mercer Student Health RN _____ Date _____

This form is for use by Macon, Eastman & Savannah campuses only.

Send COMPLETED form to:

Mercer University, Student Health Center, 1501 Mercer University Drive, Macon, Georgia 31207

Fax: (478) 301-2116 Email: shcmacon@mercer.edu

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