



# LAKELAND COLLEGE HEALTH ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_  
 (last) (first) (middle)

Home Address \_\_\_\_\_  
 (street) (city) (state) (zip)

Phone ( ) \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female Date of Birth \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### Complete the following information:

Yes  No  I have the following allergies (Please specify: foods, medicine, pollens, etc.) \_\_\_\_\_

Yes  No  I take medications or drugs regularly. (Please specify) \_\_\_\_\_

### Personal Medical History:

	Yes	No	Year
High blood pressure			
Heart trouble			
Pain or pressure in chest			
Shortness of breath			
Asthma			
Chronic cough			
Tuberculosis			
Tumor or cancer (specify)			
Malaria			
Thyroid trouble			

	Yes	No	Year
Diabetes			
Mononucleosis			
Allergy injection therapy			
Arthritis			
Frequent or severe headaches			
Dizziness or fainting spells			
Epilepsy/Seizures			
depression			
Excessive worry or anxiety			
Intestinal trouble			

	Yes	No	Year
Jaundice or hepatitis			
Rectal disease			
Severe or recurrent abdominal pain			
Hernia			
Anemia or Sickle Cell Anemia			
Eye trouble besides need glasses			
Bone, joint, or other deformity			
Broken bone (specify)			

	Yes	No	Year
Sinusitis			
Severe menstrual cramps			
Irregular periods			
Sexually transmitted disease			
Blood transfusion			
Smoke 1+ pack cigarettes/week			
Alcohol use			
Drug use			
Anorexia/Bulimia			
Other (specify)			

### PREVIOUS INJURY OR SURGERY: lasting more than 3 days or requiring hospitalization. Give dates and explanation.

Head \_\_\_\_\_ Neck/Back \_\_\_\_\_ Shoulder \_\_\_\_\_ Chest \_\_\_\_\_ Abdomen \_\_\_\_\_ Arm \_\_\_\_\_ Elbow \_\_\_\_\_ Hand/Wrist \_\_\_\_\_  
 Hip/Thigh \_\_\_\_\_ Knee \_\_\_\_\_ Lower Leg \_\_\_\_\_ Ankle \_\_\_\_\_ Foot \_\_\_\_\_ Other \_\_\_\_\_

### TUBERCULIN (PPD) SKIN TEST (must be done within 12 months of coming to school)

Date administered \_\_\_\_\_ Date read \_\_\_\_\_ mm duration \_\_\_\_\_

If a positive skin test: Date of chest x-ray \_\_\_\_\_ Results \_\_\_\_\_

Was treatment indicated for positive skin test? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, what medication was taken? \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Name \_\_\_\_\_

**REQUIRED IMMUNIZATION**

	mo./day/year	mo./day/year	mo./day/year
Tdap (tetanus booster every 10 years)			
MMR (measles, mumps, rubella - series of 2 doses)	(1)	(2)	

**RECOMMENDED IMMUNIZATIONS**

	mo./day/year	mo./day/year	mo./day/year
Hepatitis B series	(1)	(2)	(3)
Varicella (had chickenpox or series of 2 doses)	(1)	(2)	Disease Date
Meningococcal (if 1 <sup>st</sup> dose given after age 16 then a booster is not needed )			

The General Assembly of the State of Wisconsin mandates that each public and private postsecondary institution provide information regarding Hepatitis B and Meningitis infections to all students. The information below indicates risk and dangers and information regarding the vaccines for both infections. The law does not require that students receive the vaccines. More information can be obtained at the web site for The Center for Disease Control and your health care provider.

**Hepatitis B (HBV)**...is a serious viral infection of the liver that can lead to other chronic diseases such as cirrhosis, liver failure, cancer and possible death. The disease is transmitted by blood and body fluids. Many people will have no symptoms when they develop the disease. Primary risk factors for Hepatitis B are sexual activity and injectable drug use. The disease is preventable. A series of 3 doses are required for optimal protection. Missed doses can be completed for the series if only 1-2 were previously administered. The HBV Vaccine has a good safety record and is believed to provide lifelong immunity in most cases.

**Meningococcal Meningitis**...is a rare but potentially fatal bacterial infection of the membranes surrounding the brain and spinal cord or bacteria in the blood. This strikes approximately 3,000 Americans each year and is responsible for approximately 300 deaths annually. It is spread by airborne transmission, primarily by coughing. This disease can start quickly and without warning. Quick intervention and treatment is needed to avoid complications or death. There are 5 subtypes of the bacteria, called Serogroups, which causes Meningitis. The current vaccine does not stimulate protective antibodies to Serogroup B, but does protect the remaining groups, that being A, C, Y, and W-135. The duration of the protection is 3-5 years. The vaccine is safe and reactions are mild and infrequent most being redness and pain at the site of the injection for a few days. The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control (CDC) recommends that college freshman, especially those living in a residence hall, and any other students be immunized to reduce their risk for the disease.

**To be completed by an individual (or parent/guardian for individual less than 18 years of age) requesting an exemption from the Meningococcal and/or Hepatitis B vaccines requirement:**

I have received and read the information in the Meningococcal/Hepatitis B Disease Fact Sheet provided by Lakeland College explaining the risks of Meningococcal and Hepatitis B diseases, and the effectiveness of the Meningococcal and Hepatitis B vaccines. I acknowledge that Meningococcal and Hepatitis B diseases are rare, but life-threatening illnesses. I understand that under Lakeland policy, students enrolled at Lakeland College are recommended to be vaccinated against Meningococcal and Hepatitis B diseases. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Lakeland College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against Meningitis or Hepatitis B.

Name of student: \_\_\_\_\_  
Signature of student: \_\_\_\_\_

Date: \_\_\_\_\_

If student is under the age of 18:

Name of parent/guardian: \_\_\_\_\_  
Signature of parent \_\_\_\_\_

Date: \_\_\_\_\_