COMPREHENSIVE STUDENT HEALTH AND DISABILITY REPORT

University of Minnesota Morris
600 East 4th Street
Morris, MN 56267

Student Life Health History
320-589-6013
ummvcsa@morris.umn.edu

GENERAL INFORMATION

All information disclosed on this form will be kept confidential and will be shared with appropriate college personnel on a need-to-know basis only. The purpose of this information is to provide better health and student services. **You must provide your immunization record; failure to do so could affect your student status.** Other health and disability information is voluntary; not providing the information could result in less effective health and student services. Information will be shared only with college personnel for the purposes described here and may be released to outside entities or persons only pursuant to subpoena or as otherwise authorized by law.

Please print. *Return your completed Comprehensive Student Health and Disability Report in the enclosed envelope (included with the New Student Guide packet) or bring to the Office of Student Counseling, 235 Behmler Hall.*

STUDENT INFORMATION

Last name:_____ Preferred° first name:_____

Legal° first name:_____ Home mailing address:_____

City:_____ State:_____ Zip:_____ Email:_____

Home telephone number: (_____)_____ Cell phone number: (_____)_____

Student ID #:_____ Date of Birth (mm/dd/yyyy):_____/_____/_____ Age:_____ Gender: _____

REQUIRED IMMUNIZATIONS (PLEASE READ CAREFULLY AND FILL OUT ONLY THE BOX(ES) THAT APPLY TO YOU.)

The Minnesota College Immunization Law applies to anyone who was born after 1956. However, students who graduated from a Minnesota high school in 1997 or later are exempt from these requirements (because they will already have met them).

If you graduated from a Minnesota high school in 1997 or later, initial here and continue to "Recommended Immunizations" below. _____
(initials)

If you graduated from a high school that is NOT in Minnesota OR you graduated before 1997, fill out this box and continue to "Recommended Immunizations" below.

MMR (Measles, Mumps, Rubella)
Two doses needed—both after 12 months of age and at least four months apart

☐ Date: _____/_____/_____

☐ Date: _____/_____/_____

☐ Check here if you were born before 1957 for the age exemption for the MMR.

Tetanus-Diphtheria (Tdap or Td)
Must be within last ten years

☐ Date: _____/_____/_____

If you do NOT have one of the required immunizations AND you did not graduate from a Minnesota high school after 1997, you must complete one of the boxes below.

ONLY fill out this box if you have a medical reason for not having a required immunization.

Medical Exemption through Physician's Signature
The student named above does not have one or more of the required immunizations because they have (check all that apply and fill in the appropriate blanks):

☐ A medical problem that precludes the(se) vaccine(s)
_____

☐ Not been immunized because of a history of the following disease(s)
_____

☐ Shown laboratory evidence of immunity against
_____

Physician's signature:_____Date:_____

ONLY fill out this box if your conscientiously held belief prevents a required immunization. Signature of notary is required.

Conscientious Exemption through Signature of Notary

I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.

Student Signature:_____ Date:_____

Subscribed and sworn before me on the _____day of _____20_____

Signature of Notary:_____

Recommended Immunizations*

Meningitis Vaccine 1 dose needed
☐ Date:_____/_____/_____

* See page 4 for additional information.

Hepatitis B Vaccine 3 doses needed
☐ Date: _____/_____/_____
☐ Date: _____/_____/_____
☐ Date: _____/_____/_____

°The University of Minnesota Morris recognizes that many of its students use a name other than their legal/primary name. The student's preferred name will be used whenever possible in communications and reporting, except where the use of the legal name is necessitated by University business or legal requirements.

continued

PERSONAL HEALTH HISTORY

Last name:_____ Preferred first name:_____Student ID#_____

Please indicate any health conditions/diseases you have experienced in the following areas.

PHYSICAL HEALTH HISTORY

	Last 12 months	Ever	Never
Anemia or other disorder of the blood	☐	☐	☐
Blindness or low vision	☐	☐	☐
Cancer or other tumor	☐	☐	☐
Cerebral palsy	☐	☐	☐
Chicken pox	☐	☐	☐
Chronic pain and fatigue	☐	☐	☐
Cystic fibrosis	☐	☐	☐
Deafness or hearing impairment	☐	☐	☐
Head injury (e.g. concussion, TBI, etc.)	☐	☐	☐
Mononucleosis (mono)	☐	☐	☐
Seizures/epilepsy	☐	☐	☐
Sexually transmitted disease (STD)	☐	☐	☐
Tuberculosis	☐	☐	☐

Other:_____

Have you experienced a disorder of the following systems?

Bone, joint, or muscle (e.g. arthritis, etc.)	☐	☐	☐
Cardiovascular (e.g. heart attack, murmur, etc.)	☐	☐	☐
Endocrine (e.g. diabetes, thyroid, etc.)	☐	☐	☐
Eyes, ears, nose, or throat (e.g. chronic sinus inf.)	☐	☐	☐
Gastrointestinal (e.g. Crohn's Disease, IBS, etc.)	☐	☐	☐
Immune (e.g. Lupus, MS, etc.)	☐	☐	☐
Kidney or bladder (e.g. kidney stones, UTI, etc.)	☐	☐	☐
Lungs (e.g. asthma, COPD, etc.)	☐	☐	☐
Neurological (e.g. migraines, headaches, etc.)	☐	☐	☐
Skin (e.g. severe acne, eczema, etc.)	☐	☐	☐

Allergic reaction to food, insect bites, or other stimulus not related to medication

☐ no ☐ yes

Specify:_____

MENTAL HEALTH HISTORY

	Last 12 months	Ever	Never
ADD/ADHD	☐	☐	☐
Anxiety	☐	☐	☐
Alcohol or substance abuse or dependence	☐	☐	☐
Autism spectrum disorder	☐	☐	☐
Bipolar disorder	☐	☐	☐
Depression	☐	☐	☐
Eating disorder	☐	☐	☐
Learning disability	☐	☐	☐
Obsessive-compulsive disorder	☐	☐	☐
Personality disorder	☐	☐	☐
Post-traumatic stress disorder (PTSD)	☐	☐	☐
Preoccupation with or compulsive internet gaming	☐	☐	☐
Schizophrenia	☐	☐	☐
Sleep disorder	☐	☐	☐
Suicide attempt	☐	☐	☐
Suicidal ideation	☐	☐	☐
Non-suicidal self-injury (self-harm)	☐	☐	☐

Other:_____

Have you ever had treatment for alcohol and/or drug addiction?

☐ no ☐ yes (specify dates):_____

How likely are you to continue or begin mental health counseling during college?

Circle one: 1 Very Likely 2 Likely 3 Unlikely 4 Very Unlikely

SOCIAL HEALTH HISTORY

Do you...

smoke or chew tobacco?	☐no	☐ yes
drink alcoholic beverages? (number of drinks per week_____)	☐no	☐ yes

DIETARY HISTORY

Do you follow a specific diet for medical reasons? ☐no ☐ yes

☐gluten-free ☐vegan ☐vegetarian ☐other_____

Do you follow a specific diet for non-medical reasons? ☐no ☐ yes

☐gluten-free ☐vegan ☐vegetarian ☐other_____

If you indicated experiencing any of the above physical or mental health conditions/diseases, please provide the following:

Your specific diagnosis:_____

Year(s) diagnosed:_____

Have you been hospitalized for medical or psychiatric care? ☐no ☐yes

(dates/reasons)_____

List current medications:_____

Have you ever had an adverse or allergic reaction to any medication? ☐no ☐yes (specify)_____

Use this space to describe any current medical or mental health issues requiring ongoing care in college and/or to elaborate on any questions on this page:_____

DISABILITY ACCOMMODATIONS

The University of Minnesota Morris is committed to providing equitable access to learning opportunities for all students.

If you have—or think you may have—a disability (e.g. mental health, attentional, learning, chronic health, sensory, physical, traumatic brain injury, etc.), please contact the Disability Resource Center (DRC) at 320-589-6178 or visit the office in 240 Briggs Library to arrange a confidential discussion regarding equitable access and reasonable accommodations.

HEALTH INSURANCE

All students who are 1) admitted to a degree program and 2) registered for six or more credits per semester that count toward the automatic assessment of the Student Services Fee are required by the University of Minnesota to have health plan coverage. Students who do not provide verifiable insurance information at the time of class registration per established guidelines will be automatically enrolled in and billed for the University-sponsored Student Health Benefit Plan. If you have questions regarding insurance information submission and billing of insurance plan contact One Stop at 1-800-992-8863 or ummonestop@morris.umn.edu

Name of insurance company*:_____ Group No*:_____

ID Number*:_____ Insurance phone number to call in an emergency*:_____
*Note: You will be asked to provide this again at the time of class registration.

To learn more about the Student Health Benefit Plan, visit www.shb.umn.edu or contact the Office of Student Health Benefits at 1-800-232-9017, 612-624-0627, or umshbo@umn.edu.

EMERGENCY CONTACTS

Name:_____Relationship to student:_____

Home telephone:_____Work telephone:_____ Cell Phone:_____

Name:_____ Relationship to student:_____

Home telephone:_____Work telephone:_____ Cell Phone:_____

SIGNATURE

I certify that the above information is a true and accurate statement.

_____ _____
Student Signature Date

If student will be under 18 years old at time of enrollment, parent/guardian consent is required.
The law requires that a parent/guardian grant permission for medical evaluation and/or treatment of minors (anyone under 18 years of age). The following consent must be signed by a parent/guardian of a minor so that they may receive medical evaluation/treatment and/or mental health counseling. No major medical or surgical procedure will be performed, except in an emergency, without the parent/guardian first being contacted.

The undersigned parent/guardian hereby grants permission for University of Minnesota Morris personnel to provide medical evaluation, **treatment at Student Health Services, mental health counseling at Student Counseling,** and/or emergency treatment for the above-named minor. The undersigned parent/guardian further agrees to pay all expenses from such evaluation and/or treatment.

_____ _____
Name of Parent/Guardian Telephone

_____ _____
Signature Date

continued

INFORMATION ON MENINGITIS AND HEPATITIS

Minnesota laws require post-secondary schools to provide students with information on the transmission, treatment, and prevention of hepatitis A, B, and C and meningococcal disease.

Hepatitis B is a liver disease caused by the hepatitis B virus (HBV). Hepatitis B is a highly contagious disease that infects the liver and can lead to cirrhosis, liver cancer, and even death. Hepatitis B is spread through contact with the blood of an infected person or by having sex with an infected person.

Hepatitis A is a liver disease caused by the hepatitis A virus (HAV). Hepatitis A can affect anyone. Hepatitis A is still a common disease in the United States and is spread by close contact with someone who is infected. It is also spread by contaminated food and water. Adults need hepatitis A vaccine for long-term protection.

Hepatitis C is a liver disease caused by the hepatitis C virus (HCV), which is found in the blood of persons who have this disease. The infection is spread by contact with the blood of an infected person. Most persons who get hepatitis C carry the virus for the rest of their lives. There is no vaccine to prevent hepatitis C.

Meningococcal disease is a serious illness, caused by a bacteria. Meningococcal disease is a leading cause of meningitis, an infection of the lining of the brain and the spinal cord. Meningococcal disease also causes blood infections. Anyone can get meningococcal disease.

Infectious diseases tend to spread wherever large groups of people gather together. The Centers for Disease Control and Prevention (CDC) has the following recommendations regarding the use of quadrivalent (protects against serogroups A, C, W, and Y) meningococcal conjugate vaccines (Menactra® or Menveo®) for college students:

- First-year college students living in residence halls are recommended to be vaccinated with meningococcal conjugate vaccine. If they received this vaccine before their 16th birthday, they should get a booster dose before going to college for maximum protection.

- The risk for meningococcal disease among non-first-year college students is similar to that for the general population. However, the vaccine is safe and effective and therefore can be provided to non-first-year college students.

Outbreaks of serogroup B meningococcal disease have been reported from college campuses during the last several years. The quadrivalent meningococcal conjugate vaccine does not include protection against serogroup B meningococcal disease. CDC recommends the use of serogroup B meningococcal vaccines (Bexsero® or Trumenba®) for people identified to be at increased risk because of a serogroup B meningococcal disease outbreak, including outbreaks on college campuses.

http://www.cdc.gov/meningococcal/about/risk-community.html

For further information, see Minnesota Department of Health:
Immunization Program
P.0. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
health.state.mn.us/divs/idepc/immunize/laws/collegelaw.html