

# UNIVERSITY OF MINNESOTA MORRIS

## 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

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### 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. Mail to the Office of Student Counseling at the address above.

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### STUDENT INFORMATION

Last name: \_\_\_\_\_

Preferred<sup>o</sup> first name: \_\_\_\_\_

Legal<sup>o</sup> first name: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home telephone number: (\_\_\_\_\_) \_\_\_\_\_

Cell phone number: (\_\_\_\_\_) \_\_\_\_\_

Student ID #: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

<sup>o</sup>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.

# 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).

**OPTION ONE: If you graduated from a Minnesota high school in 1997 or later, fill out this box.**

\_\_\_\_\_ (initial here) I graduated from a Minnesota high school in 1997 or later.  
You do not need to fill out any of the other boxes on this page. Continue to "RECOMMENDED IMMUNIZATIONS" on page 3.

**OPTION TWO: If you graduated from a high school that is NOT in Minnesota OR if you graduated from high school before 1997, fill out this box.**

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Continue to "RECOMMENDED IMMUNIZATIONS" on page 3.

**If you do NOT have one of the required immunizations AND if you did not graduate from a Minnesota high school after 1997, complete Option Three or Four.** Note that you do not need to complete Option Three or Option Four if you graduated from a Minnesota high school after 1997. Please use Option One if you graduated from a Minnesota high school after 1997.

**OPTION THREE: 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: \_\_\_\_\_

Continue to "RECOMMENDED IMMUNIZATIONS" on page 3.

**OPTION FOUR: 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: \_\_\_\_\_

Continue to "RECOMMENDED IMMUNIZATIONS" on page 3.

# RECOMMENDED IMMUNIZATIONS

## 1. Meningitis Vaccine 1 dose needed

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

## 2. Hepatitis B Vaccine 3 doses needed

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

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

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

## 3. Human Papillomavirus (HPV) Vaccine

2 doses needed if vaccinated before age 15

3 doses needed if vaccinated at age 15 or later

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

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

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

## INFORMATION ON MENINGITIS, HEPATITIS, AND HPV

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>

**HPV, or human papillomavirus**, is a common virus that can lead to 6 types of cancers later in life.

HPV is spread through intimate skin-to-skin contact. You can get HPV by having vaginal, anal, or oral sex with someone who has the virus. Some HPV infections can lead to cancer

Most HPV infections (9 out of 10) go away by themselves within 2 years. But sometimes, HPV infections will last longer and can cause certain types of cancers. HPV infections can cause cancers of the:

- cervix, vagina, and vulva in women;
- penis in men; and
- anus and back of the throat, including the base of the tongue and tonsils (oropharynx), in both women and men.

CDC recommends children get two doses of HPV vaccine at ages 11-12 years. HPV vaccination can be started at age 9 years. For HPV vaccine to be most effective, the series should be given before children are ever exposed to the virus.

Children who get the first dose before their 15th birthday only need two doses. Children who get the first dose on or after their 15th birthday need three doses.

For further information, see Minnesota Department of Health:  
Immunization Program  
P.O. Box 64975  
St. Paul, MN 55164-0975  
651-201-5503 or 1-800-657-3970

# PERSONAL HEALTH HISTORY

## PHYSICAL HEALTH HISTORY

1. Please indicate any health conditions/diseases you have experienced in the following areas.	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 health conditions or diseases you have experienced. (please list)			
<p>2. If you indicated experiencing any of the above physical health conditions/diseases, please provide your specific diagnosis and the year(s) diagnosed:</p>			

## PHYSICAL HEALTH HISTORY, CONTINUED

1. Have you experienced a disorder of the following systems?	LAST 12 MONTHS	EVER	NEVER
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.)			
<p>Allergic reaction to food, insect bites, or medication <input type="checkbox"/>no <input type="checkbox"/>yes</p> <p>Specify:</p>			
<p>2. If you indicated experiencing any of the above physical health conditions/diseases, please provide your specific diagnosis and the year(s) diagnosed:</p>			

# MENTAL HEALTH HISTORY

1. Please indicate any health conditions/diseases you have experienced in the following areas.	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 conditions or diseases you have experienced. (please list)			
2. If you indicated experiencing any of the above mental health conditions/diseases, please provide your specific diagnosis and the year(s) diagnosed:			

3. Have you ever had treatment for alcohol and/or drug addiction?  no  yes (specify dates): \_\_\_\_\_

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

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



## 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](tel:320-589-6178) or visit the office in 240 Briggs Library to arrange a confidential discussion regarding equitable access and reasonable accommodations.

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## 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 Student Services at 1-800-992-8863 or [ummonestop@morris.umn.edu](mailto: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](http://www.shb.umn.edu) or contact the Office of Student Health Benefits at 1-800-232-9017, 612-624-0627, or [umshbo@umn.edu](mailto:umshbo@umn.edu).

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## EMERGENCY CONTACTS

1. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_



# 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

As required by Title IX, the University does not discriminate on the basis of sex in any of its education programs or activities, including in admissions and employment. Inquiries about the application of Title IX can be directed to the Title IX Coordinator or to the U.S. Department of Education, Office of Civil Rights.

The Title IX Coordinator for the University's Morris campus may be contacted at:

Sarah Mattson  
Director of Human Resources  
201 Behmler Hall  
600 East 4th Street  
Morris, MN 56267  
320-589-6021  
mattsosj@morris.umn.edu

Please see the University's policy ([policy.umn.edu/hr/sexharassassault](http://policy.umn.edu/hr/sexharassassault)) for information about: (1) how to report or file a formal complaint of sexual harassment, gender-based harassment, sexual assault, stalking or relationship violence; and (2) the University's procedures for responding to reports and formal complaints.

The University of Minnesota shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

Inquiries regarding compliance may be directed to the Director, Office of Equal Opportunity and Affirmative Action, University of Minnesota, 274 McNamara Alumni Center, 200 Oak Street S.E., Minneapolis, MN 55455, 612-624-9547, [eoaa@umn.edu](mailto:eoaa@umn.edu). Website at [www.eoaa.umn.edu](http://www.eoaa.umn.edu).

This publication/material is available in alternative formats upon request. Please contact the Office of the Vice Chancellor for Student Affairs, Behmler Hall, 600 East Fourth Street, Morris, MN 56267, 320-589-6013.