

Medical History Report

Carnegie Mellon

To the Student:

This information will not be used to influence your situation in the university; it will be used, if necessary, solely as an aid to provide health care while you are a student at Carnegie Mellon.

It is strictly for the use of the Health Service and will not be released to anyone without your knowledge and consent.

**Use enclosed envelope or return all information to:
Director
Carnegie Mellon University
Health Services
1060 Morewood Ave.
Pittsburgh, PA 15213-3890**

Please type or print neatly in ink and return by June 30. Please complete all sections.

Name _____ last _____ first _____ middle _____ Sex: M F

Social security number _____ Marital status: S M Other

Home address (permanent) _____ number and street _____ Date of birth _____

_____ city _____ state _____ zip code _____ Home phone () _____

Name, relationship and address of next of kin _____

_____ number and street _____ city _____ state _____ zip code _____

Next of kin's business address _____ Business phone () _____

Medical insurance carrier _____

Current height _____ Weight _____ List all current medications that you are on: _____

Family History

	Age	State of Health	Occupation	Age of Death	Cause of Death		Age	State of Health	Occupation	Age of Death	Cause of Death
Father						Brothers					
Mother						Sisters					

Personal History – PLEASE ANSWER ALL QUESTIONS. Comment on all positive answers in space below or on additional sheet.

Have you had?	Yes	No		Yes	No		Yes	No		Yes	No
Scarlet Fever			Seizure Disorder			Pain/Pressure in Chest			Substance Abuse		
Measles			Insomnia			Chronic Cough			Gallbladder Trouble or Gallstones		
German Measles			Frequent Anxiety			Palpitations (Heart)					
Mumps			Frequent Depression			High or Low Blood Pressure			Recurrent Diarrhea		
Chicken Pox			Worry or Nervousness						Rupture, Hernia		
Malaria			Recurrent Headache			Rheumatic Fever or Heart Murmur			Recent Gain or Loss of Weight		
Mononucleosis			Head Injury with Unconsciousness			Disease or Injury of Joints			Dizziness, Fainting		
Gum or Tooth Trouble			Hay Fever, Asthma						Weakness, Paralysis		
Sinusitis			Tuberculosis			"Trick" Knee, Shoulder, etc.			Sexually Transmitted Disease		
Eye Trouble			Shortness of Breath			Back Problems			Albumin/Sugar in Urine		
Ear, Nose, Throat Trouble			Allergy			Tumor, Cancer, Cyst			Urinary Tract Infections		
			Penicillin								
Surgery			Sulfonamides			Jaundice			Females only:		
Appendectomy			Serum			Stomach or Intestinal Trouble			Irregular Periods		
Tonsillectomy			Foods (which)						Severe Cramps		
Hernia Repair			Other			Eating Disorders			Excessive Flow		

Questions	Yes	No
A. Have you received treatment or counseling for a nervous condition, personality or character disorder or emotional problem? (Give details)		
B. Have you had any illness or injury or been hospitalized other than already noted? (Give details)		

This recommended form has been approved by the Liaison Committee of the American College Health Association and the American Medical Association and approved by the American College Health Association.

Immunization Record

Mandatory Prematriculation Requirements

All incoming students must demonstrate immunity to measles, mumps and rubella. There are additional requirements for students living in university housing and international students. You will not be considered a fully matriculated student until these requirements are met. Failure to comply will result in academic suspension and jeopardize residency privileges in campus housing.

English	French	Spanish	Japanese	Chinese	Korean
Measles	Rougeole	Sarampion or Rubeola	Hashika	麻疹	홍역
Mumps	Oreillons	Paperus	Otafuku-Kaze	流行性腮腺炎	이차신염
Tuberculosis	Tuberculose	Tuberculosis	Kekkaku	肺结核	결핵
Rubella	Roseole	Roceola	Toppatsusei-Hosshin	风疹	홍진
Tetanus	Tetanos	Tetanus	Tiasho-Fu	破伤风	과상
Chicken pox	Varicelle	Varicela/Rechina	Mizu-Boso	水痘	각문여마
Smallpox	Petite-verole	Vituela	Tennen-To	天花	천연두
Polio	Poliomyelitis	Polomiellitis	Syontmaht	脊髓灰质炎(小儿麻痹症)	소아마비

Required Vaccinations for All Full-time Students

1. Measles

Individuals born in or before 1956 are exempt from this requirement.

I was born in or before 1956. DOB _____.

If born in 1957 or later, you must meet one of three criteria listed below. Please check the one that applies to you:

I have received **TWO** doses of measles, mumps, rubella or MMR; if two MMR skip to question #4

#1 Date _____ #2 Date _____

OR

I have a positive measles (rubeola) titer (blood test) Date _____ Result _____

OR

I had measles as a child. Date of illness _____ Physician who diagnosed illness _____

This information has been obtained from: _____my physician _____my family _____my school

2. Mumps

I have received **TWO** doses of MUMPS vaccine or MMR

#1 Date _____ #2 Date _____

OR

I had mumps as a child. Date of illness _____ Physician who diagnosed illness _____

This information has been obtained from: _____my physician _____my family _____my school

3. Rubella

I have received **TWO** doses of RUBELLA vaccine or MMR

#1 Date _____ #2 Date _____

OR

I have a positive rubella titer (blood test) Date _____ Result _____

Additional Requirements for Living in University Housing

I will be living in university housing: Yes No

4. Hepatitis B

I have received **THREE** doses of HEPATITIS B vaccine or started the series

#1 Date _____ #2 Date _____ #3 Date _____

5. Meningitis

I have received **ONE** dose of Menomune within the past three years or **ONE** dose of Menactra

#1 Date _____

6. Additional Requirements for International Students

I am an international student: Yes No

Tuberculin Skin Test (Mantoux/PPD). Test must be within 3-6 months prior to arrival on campus. Chest X-Ray is required if the skin test is positive.

Skin Test Date _____ Results _____

AND/OR

Chest X-Ray Date _____ Results _____

Recommended vaccinations for all students:	Enter month, day, year each immunization was given.				
	Doses				
Oral Polio	1. / /	2. / /	3. / /	4. / /	5. / /
Diphtheria-Pertussis-Tetanus (Tdap or Adacel)	1. / /	2. / /	3. / /	4. / /	5. / /
or Tetanus-Diphtheria (Td) (Most recent booster)	1. / /	2. / /	3. / /	4. / /	5. / /
Varicella (chicken pox) Disease diagnosed	Date _____/_____/_____				

Why Vaccinate?

Measles

Measles is a highly contagious virus that can be spread by coming into contact with an infected person or the infected person's saliva through coughing and sneezing. It can cause serious illnesses such as pneumonia and encephalitis (inflammation of the brain). Two doses of vaccine provide lifelong protection. The vaccine can be administered alone or as part of the combination Measles, Mumps and Rubella (MMR) shot.

Mumps

Mumps is mainly a disease of young children, but about 15 percent of reported cases occur among teens and adults. Mumps can cause deafness, encephalitis, meningitis and, rarely, sterility. Mumps vaccine is routinely administered as part of the MMR shot.

Rubella

Rubella (German measles) is caused by a virus that is spread by contact with infected people or articles that they have used. Symptoms can include rash, muscle pain, low-grade fever and swelling in the neck. Rubella is especially dangerous for the fetus during the first three months of pregnancy. The pregnant woman may miscarry or the baby may be born with birth defects. Rubella is routinely administered as part of the MMR shot or may be given as a single component vaccine.

Hepatitis B

Hepatitis B is a serious liver disease caused by a virus. The virus can be spread by coming into contact with the blood or other bodily fluids of an infected person. Hepatitis B virus can cause inflammation of the liver, which can lead to serious illness, liver cancer and liver failure. Immunity is achieved by receiving a series of three injections of vaccine over a 6-month period.

Meningitis

Although meningitis is rare, it is potentially fatal when it strikes. Meningococcal meningitis is a bacterial infection that causes inflammation of the membranes surrounding the brain and spinal cord. The infection can lead to permanent disabilities, such as hearing loss and brain damage. College students living in residence halls are at increased risk for developing the infection.

Tdap (Adacel)

Pertussis has become more prevalent in the U.S. over the last 20 years especially among adolescents and adults. Pertussis can be spread easily which makes the infection difficult to control once it is established in the community. The use of antibiotics does not significantly alter the course of the infection once you acquire the cough related to Pertussis. One-time use of Tdap is recommended for adults between the ages of 19 and 64.

For more information on immunizations visit: www.immunize.org or www.cdc.gov/ncidod/dbmd/diseaseinfo

Medical Exemption (Check all that apply)

I have been advised by my physician that I should not receive vaccination for: measles mumps rubella Hepatitis B Meningitis

due to the following medical condition: _____

I understand that I am subject to exclusion from Carnegie Mellon's campus in the event of an outbreak of a disease for which I am not vaccinated.

Name of physician _____ Office phone number () _____

Religious Exemption

I affirm that immunization is in conflict with my religious beliefs. I understand the risks and am choosing not to be vaccinated at this time. I understand that I am subject to exclusion from Carnegie Mellon's campus in the event of an outbreak of any of the above diseases for which I am not vaccinated.

Signature of student

Date

Remarks or additional information below

By submission of this Health History Form I am attesting to the fact that the above information pertains to my personal health history and is true and correct.