

Name _____

SIMPSON COLLEGE



Student Health Form

Medical History, Physician's Report, and Immunizations

The college requires that all-full-time students have a current student health form and record of immunizations on file in the Student Health Services Office.

A yearly physical exam is recommended for all students, but required only for athletes.

Athletic Physicals: Student athletes are required to submit proof of an annual physical exam prior to participation in practice/competition. NCAA regulations require that the physical exam be dated within six months of the athlete's first scheduled practice. Turn completed forms into SHS or the Athletic Trainers.

International students: International Students must complete the Tuberculosis Screening Questionnaire found at www.simpson.edu/health . If the screening questionnaire indicates the need for a TB evaluation by a health care provider, that evaluation must take place prior to the student's arrival.

Completed Health Forms: Incoming freshmen and transfer students should return completed health forms (emergency contacts, medical history, and record of immunization) to Student Health Services in the Office of Student Development.

Please return completed student health forms by August 1.

Student Health Insurance

- Simpson College requires all full-time students to provide proof of health insurance.
- The proof of insurance requirement is fulfilled by completing an on-line enroll/waiver process at the following site: www.sas-mn.com under the School Look Up. Students will be notified when the site is open and may then complete the enroll/waive process. Paper copies of an insurance card **will not** satisfy the school's insurance requirement.
- Students not completing the on-line process will be enrolled in the Simpson/Student Assurance Services Health Insurance plan. The premium will be billed to the student's account.
- All students should have proof of insurance on their person to access medical care.
- **Student Athletes must complete both the online waiver at www.sas-mn.com under School Look-Up AND submit a completed copy of the Simpson Athletic Insurance form to athletic training. The paper form can be accessed at <http://www.simpson.edu/storm/handbooks/requirements.html>.**

For further information or questions contact Rita Audlehelm, RN, Director of Student Health Services, 515-961-1604 or rita.audlehelm@simpson.edu.

For Office Use Only:

Date Received: _____

Student Athlete: Yes No

Copy to Athletic Office (date): _____

- PERC/ID
- XSHI (EC, V)
- XSHI (HST)

Revised May 6, 2010

SIMPSON COLLEGE

Student Health Records

Student's Name: _____ Social Security No: _____
Last First Middle

Birth date: M ____ D ____ Y ____ Sex: ____M ____F International Student: ____Y, home country: _____ N

Do you plan to participate in any Simpson College intercollegiate sports? ____Y Sport(s) _____ N

High School Attended: _____

Home Address: _____
Street City State Zip Personal Cell Phone Home Phone

In case of emergency, please contact:

1. Contact Name: _____ Relationship: _____

Contact Phone: Home _____ Work _____ Cell _____

2. Contact Name: _____ Relationship: _____

Contact Phone: Home _____ Work _____ Cell _____

3. Contact Name: _____ Relationship: _____

Contact Phone: Home _____ Work _____ Cell _____

Medical History - Family

	Birth Year	Occupation	State of Health	Age	Deceased	Have any of your relatives had any of the following?			Relation	Yes	No	Relation	Yes	No	Relation	
						Arthritis	Heart Disease	Yes								No
Father																
Mother						Arthritis						Heart Disease				
Siblings						Asthma, Hay Fever						Kidney Disease				
						Cancer						Mental Health Disorder				
						Depression						Substance Abuse				
						Diabetes						Tuberculosis				
						Epilepsy						Other _____				

Medical History – Personal Please check if you have, or have concerns about, the following:

Have you had or are you concerned about?	Yes	No		Yes	No		Yes	No		Yes	No
Anxiety			Eye trouble			Measles			Stomach/intestinal trouble		
Asthma			Depression			Measles (German)			Trouble sleeping		
Attention Deficit Disorder			Frequent indigestion			Mononucleosis			Tuberculosis		
Back pain			Gallbladder trouble			Mumps			Urinary tract problems		
Cancer			Gum/tooth trouble			Pneumonia			STD's		
Chemical dependency			Hay Fever			Polio			Weakness, paralysis		
Chest pain/pressure			Head injury			Recent wt. gain/loss					
Chicken pox			Heat Illness			Recurrent colds			Female Students:		
Chronic cough			Heart murmur			Recurrent diarrhea			Irregular periods		
Diabetes			Heart palpitation			Recurrent headaches			Severe cramps		
Dizziness/fainting			High/low blood pressure			Rheumatic fever			Excessive flow		
Ear/nose/throat trouble			Jaundice/Hepatitis			Scarlet fever			Pregnancy		
Eating disorder			Joint injury			Shortness of breath			Other Conditions:		
Seizure disorder			Malaria			Sinusitis					

Please explain any "yes" answers in the Personal Medical History:

	Yes	No	Comments
Have you had any illness or injury or surgery which required hospitalization?			
At any time, have any of your activities been restricted due to illness, injury, etc? Please explain if yes.			
Have you ever experienced any personal or emotional difficulties which required professional attention?			If you would like more information about mental health services you may contact Simpson College Counseling Services at 515-961-1556 or visit the web site at www.simpson.edu/counseling/index.html .
Have you had a recent - (give dates for each): Medical exam? Dental exam? Eye exam?			
Please list any medications you currently take:			
Please list any allergies (including medications, food, and environmental):			

SIMPSON COLLEGE

Physician's Report

Physical examinations are required for all athletes, and strongly recommended for non-athletes. **Physical forms for athletes need to be submitted by August 1 to be eligible.**

Examination

Height: _____ Weight _____ Blood Pressure _____ / _____

Vision: L _____ R _____ Glasses Yes _____ No _____

Anisocoria L _____ R _____ Contact Lenses Yes _____ No _____

Eye Protection Yes _____ No _____

Medical Exam

	Normal	Abnormal	Comments
HEENT Fundoscopic Exam			
Ears			
Mouth			
Throat			
Dental			
Thyroid			
Nodes			
Lungs			
Heart/Murmurs			
Abdomen			
Genitalia			
Hernia			
Skin			
Body Fat% (opt)			

Labs: if indicated _____

Urinalysis: Albumin _____ Sugar _____ Sp.Gr. _____

Hematocrit _____ or Hemoglobin _____ TB Test _____ Date Read _____

Musculoskeletal

	Normal	Abnormal		Normal	Abnormal
Neck			Quad/Hamstring		
Shoulder			Ankle/feet		
Elbow			Back/spine		
Hands			Toe/Heel Walk		
Wrist			Duck Walk		
Knees					

Comments: _____

Below Required for Athletes

I herewith certify that _____ has been evaluated in the following areas as indicated below to be physically fit to participate in school interscholastic activities

Medical History Y/N _____ (name) Collision Sports _____ Cleared _____ Not Cleared

Medical Exam Normal/Abnormal _____ (name) Contact Sports _____ Cleared _____ Not Cleared

Musculoskeletal Normal/Abnormal _____ (name) Non Contact Sports _____ Cleared _____ Not Cleared

If not cleared, reason: _____ Modifications or exceptions: _____

→ **Attending Physician signature (MD, DO, PA, NP)** _____

Print Name _____ Date _____

SIMPSON COLLEGE

Immunization History

Immunizations should be current; please fill in the dates below. Consult your physician with any questions concerning vaccinations.

Required Immunizations

MMR combo (measles, mumps, rubella)

Dose #1 (12 months old or after) _____

Dose #2 (5 years old or after) _____

Polio

Primary series completed _____

Tetanus/Diphtheria/Pertussis

Booster (within past 10 years) _____

Meningitis (required if living on campus) _____

Meningitis Information Statement:
To be signed by student, and Parent/Legal Guardian if student is a minor.

My signature below indicates that I have read the attached information regarding meningitis and its risks to college students. I am aware that a vaccine is available for meningitis and of the benefits of this vaccine.

→ _____
Student Signature Date

→ _____
Parent Signature Date

Recommended Immunizations

Hepatitis B Series

Dose #1 _____

Dose #2 _____

Dose #3 _____

Hepatitis A

Dose #1 _____

Dose #2 _____

Tuberculosis Screening – International Students Only

International students are required to complete the Tuberculosis Screening Questionnaire found at www.simpson.edu/health If indicated by questionnaire, student must obtain TB evaluation by a health care provider prior to arrival in the United States.

Date Given _____

Date Read _____ Results: _____

Varicella (birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement)

History of the disease: _____ Yes _____ No

Birth in the U.S. prior to 1980: _____ Yes _____ No

Varicella antibody: date _____

Result: _____ Reactive _____ Non-reactive

Immunization:

Dose #1 _____

Dose #2 _____

ALL Students need to read and sign below:

I hereby state that the information on this health form is true and give permission for the Student Health Services to release information to the Office of Student Development and to health care providers and facilities who are included in my treatment.

→ Student Signature _____ Date _____

→ Parent Signature (required if student is under 21) _____ Date _____

STUDENT ATHLETES ONLY need to read and sign below:

I do not know of any existing physical condition or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate. I approve participation in athletic activities. I hereby authorize release to the school nurse and/or athletic medical staff of the information contained in this document. Upon written request, I may receive a copy of this document for my personal health care provider or athletic medical staff.

→ Student Signature _____ Date _____

→ Parent Signature (required if student is under 21) _____ Date _____