

# Health History Form

Wellness Services

NORTHWEST MISSOURI STATE UNIVERSITY

800 University Drive ■ Maryville, MO 64468 ■ 660.562.1348 ■ fax: 660.562.1585 ■ email: [health@nwmissouri.edu](mailto:health@nwmissouri.edu)

**Congratulations on being accepted to Northwest!**

## About University Wellness Services

University Wellness Services, operating out of the Wellness Center, is the hub for all campus health services. This encompasses clinical, counseling, prevention/outreach/education, public health, and nutritional services.

While remaining committed to quality outpatient care, we focus on wellness, not only as prevention of disease, but also as a philosophy of life. This philosophy emphasizes self-responsibility and taking an active role in maintaining one's health. We believe true health must consider the individual as an integration of mind, body and spirit. Please visit [www.nwmissouri.edu/wellness](http://www.nwmissouri.edu/wellness) for more information.

## Health Insurance

### *Health Insurance information*

University Wellness Services has the capability to bill your insurance company for the services provided. If you have health insurance, please do the following:

- Submit copies of both the **front and back** of your health insurance card to University Wellness Services
- Contact your insurance company to make sure we are an in-network provider. Your insurance company will need the following information:  
Dr. Susan Watson, 800 University Drive, Maryville, MO 64468

**THIS FORM, AND IMMUNIZATION RECORDS, MUST BE COMPLETED AND SUBMITTED BY THE FOLLOWING DATES:**

**Fall Trimester – Aug. 1**

**Spring Trimester – Dec. 1**

**Summer Trimester – April 1**

Please return directly to Wellness Services, DO NOT submit with other Admissions materials.

Failure to submit this required information by these dates can result in a hold being placed on your account - please return all forms completed by the specified dates.

**If you have a disability or significant health problem, please contact Wellness Services before coming to campus.**

# Vaccination Requirements

**In addition to the required vaccination information requested below, please send us copies of any other vaccination records that you may have.**

## Measles, Mumps and Rubella (MMR) Vaccination

### Required for all students

Northwest Missouri State University policy requires that ALL newly enrolled students born after January 1, 1956 must comply with the two dose MMR Vaccination Policy. Students who do not comply will have a hold put on their registration for future classes. This is required of all students who attend classes on either the Maryville or Kansas City campus.

- Please check here if you were born **before** January 1, 1956, or if you will be taking **all** courses online or are a dual-enrolled student.

**Submit the following to University Wellness Services:**

- Documentation of **two doses of the MMR vaccine.**  
The first dose must have been given at age 12 months or later. The second dose must have been at least one month after the first dose.
- OR**
- Documentation of a **TITER**, which is a blood test proving immunity to Measles (Rubeola), Mumps and Rubella.

## Meningococcal vaccination requirement

### Required for all students living on campus

Effective July 1, 2016, Missouri state law requires all students residing in residence halls and Greek Life Chapter Houses at Northwest Missouri State University to be immunized against Meningococcal Conjugate Vaccine. This means all students living on campus must submit documentation that they have received the Meningococcal Conjugate Vaccine to University Wellness Services. It is the student's responsibility to provide this documentation. Per the state law, a student will not be allowed to live in the residence halls or Greek Life Chapter Houses unless this requirement is met.

In accordance with Missouri state law and Center for Disease Control (CDC) guidelines, Northwest students must have received the conjugate vaccine (or a booster dose) after the age of 16 **and** within five years of initial enrollment. Records that only show vaccination prior to 16 years of age, or more than five years prior to enrollment, will not be compliant with Northwest's immunization requirement. The Meningococcal Conjugate Vaccine is required for compliance - immunization records that show only Meningococcal B vaccination will not fulfill the requirement. Meningococcal B vaccination (Trumenba, Bexsero) is presently recommended by Wellness Services and the CDC, but is not currently required by Northwest Missouri State University.

- Please check here if you **WILL NOT** be living on campus or in a Greek Life Chapter House.

**Submit to University Wellness Services the following:**

- Documentation of **one dose of Meningococcal Conjugate Vaccine after the age of 16.**

For more information on Meningococcal Disease and the vaccine, visit:  
[www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf](http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.pdf).

### Compliance Checklist

- Completed Health History Form;
- Immunization Record showing 2 doses of MMR Vaccine;
- Immunization Record showing Meningococcal Conjugate Vaccine after the age of 16;
- Copy (front and back) of Insurance Card

# Health History Form

Wellness Services

919 Number \_\_\_\_\_

## Personal information

Last name \_\_\_\_\_ (Maiden name) \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ Student's Cell phone \_\_\_\_\_ Cell phone carrier (for text messages) \_\_\_\_\_

Country of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Preferred Spoken Language(s) \_\_\_\_\_

I identify my gender as...

- Male  Female  
 Transgender man / Transman  
 Transgender woman / Transwoman  
 Genderqueer / Gender nonconforming  
Additional identity (fill in) \_\_\_\_\_

## Insurance information

Policy holder name \_\_\_\_\_ Date of birth \_\_\_\_\_ Relationship to student \_\_\_\_\_

Member ID number \_\_\_\_\_ Group number \_\_\_\_\_

Health insurance carrier (Ex. Aetna, BCBS, etc.) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
phone number \_\_\_\_\_

Insurance carrier address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Medical history

**Do YOU have a present or past history of the following: (check all that apply)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Alcohol abuse        | <input type="checkbox"/> Drug abuse               | <input type="checkbox"/> Intestinal/stomach trouble/colitis | <input type="checkbox"/> Rubella (3-day measles)         |
| <input type="checkbox"/> Anemia               | <input type="checkbox"/> Ear trouble/hearing loss | <input type="checkbox"/> Joint disease/injury               | <input type="checkbox"/> Scarlet fever                   |
| <input type="checkbox"/> Anxiety              | <input type="checkbox"/> Eating disorder          | <input type="checkbox"/> Measles, Red                       | <input type="checkbox"/> Sexually trans. infection (STI) |
| <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Eye disease/problems     | <input type="checkbox"/> Menstrual problems                 | <input type="checkbox"/> Sickle Cell Trait/Anemia        |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Gallbladder trouble      | <input type="checkbox"/> Migraine headaches                 | <input type="checkbox"/> Sinus trouble                   |
| <input type="checkbox"/> Back problems        | <input type="checkbox"/> Hay fever (recurrent)    | <input type="checkbox"/> Mononucleosis, infectious          | <input type="checkbox"/> Skin problems (chronic)         |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Head injury              | <input type="checkbox"/> Mumps                              | <input type="checkbox"/> Sleep problems                  |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Headache (recurrent)     | <input type="checkbox"/> Pneumonia                          | <input type="checkbox"/> Smoking (how long?) _____       |
| <input type="checkbox"/> Cough (chronic)      | <input type="checkbox"/> Heart disease/problems   | <input type="checkbox"/> Paralysis                          | <input type="checkbox"/> Spleen, surgical removal        |
| <input type="checkbox"/> Depression           | <input type="checkbox"/> Hepatitis/Jaundice       | <input type="checkbox"/> Polio                              | <input type="checkbox"/> Thyroid disease                 |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Hernia/rupture           | <input type="checkbox"/> Psychological counseling           | <input type="checkbox"/> Tuberculosis                    |
| <input type="checkbox"/> Disability/Handicap  | <input type="checkbox"/> High blood pressure      | <input type="checkbox"/> Rheumatic fever                    | <input type="checkbox"/> Urinary tract infection         |
| <input type="checkbox"/> Other _____          |   |   | <input type="checkbox"/> NONE OF THE ABOVE               |

**Current medications (list all, including birth control)**

\_\_\_\_\_  
\_\_\_\_\_

N/A

**Do you have allergies to drugs, foods, metals? Yes / No**

**What are they?** \_\_\_\_\_

N/A

**Hospitalizations/surgeries**

\_\_\_\_\_  
\_\_\_\_\_

N/A

## Family history (place relationship in blank)

Alcohol/drug abuse \_\_\_\_\_  Death before 50 \_\_\_\_\_  Elevated cholesterol \_\_\_\_\_  Hypertension/stroke \_\_\_\_\_  
 Cancer/type \_\_\_\_\_  Diabetes \_\_\_\_\_  Heart disease \_\_\_\_\_  Mental illness \_\_\_\_\_

## HIPAA Notice of Privacy Practices Acknowledgment

By signing below I acknowledge receipt of Wellness Service' Notice of Privacy Practices, which is available to me at:  
<https://www.nwmissouri.edu/wellness/PDF/NoticeOfPrivacyPractices.pdf>

By signing below I acknowledge that this serves as a consent to receive treatment from Wellness Services, as outlined here:  
<https://www.nwmissouri.edu/wellness/PDF/TreatmentAgreement.pdf>

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Students Under 18

I grant permission to University Wellness Services (to include clinic, counseling, and health education services.) Northwest Missouri State University, to treat my son/daughter as may be necessary, and to refer to private care when special service is needed.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

919 Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# Tuberculosis (TB) Screening questionnaire

Have you ever had a positive TB skin test?  YES  NO

Have you ever had close contact with anyone who was sick with TB?  YES  NO

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years?  
(If yes, please CIRCLE the country)  YES  NO

Have you ever traveled to/in one or more of the countries listed below?  
(If yes, please CHECK the country/ies AND indicate the date(s) and duration of travel)  YES  NO

- |   |  |   |   |                                      |  |  |
|---|--|---|---|--------------------------------------|--|--|
| <input type="checkbox"/> Afghanistan    | <input type="checkbox"/> Cabo Verde      | <input type="checkbox"/> Eritrea          | <input type="checkbox"/> Kyrgyzstan       | <input type="checkbox"/> Morocco     | <input type="checkbox"/> Romania         | <input type="checkbox"/> Turkmenistan    |
| <input type="checkbox"/> Algeria        | <input type="checkbox"/> Cambodia        | <input type="checkbox"/> Ethiopia         | <input type="checkbox"/> Lao People's     | <input type="checkbox"/> Mozambique  | <input type="checkbox"/> Russian         | <input type="checkbox"/> Tuvalu          |
| <input type="checkbox"/> Angola         | <input type="checkbox"/> Cameroon        | <input type="checkbox"/> Fiji             | <input type="checkbox"/> Democratic       | <input type="checkbox"/> Myanmar     | <input type="checkbox"/> Federation      | <input type="checkbox"/> Uganda          |
| <input type="checkbox"/> Anguilla       | <input type="checkbox"/> Central African | <input type="checkbox"/> French Polynesia | <input type="checkbox"/> Republic         | <input type="checkbox"/> Namibia     | <input type="checkbox"/> Rwanda          | <input type="checkbox"/> Ukraine         |
| <input type="checkbox"/> Argentina      | <input type="checkbox"/> Republic        | <input type="checkbox"/> Gabon            | <input type="checkbox"/> Latvia           | <input type="checkbox"/> Nauru       | <input type="checkbox"/> Sao Tome and    | <input type="checkbox"/> United Republic |
| <input type="checkbox"/> Armenia        | <input type="checkbox"/> Chad            | <input type="checkbox"/> Gambia           | <input type="checkbox"/> Lesotho          | <input type="checkbox"/> Nepal       | <input type="checkbox"/> Principe        | <input type="checkbox"/> of Tanzania     |
| <input type="checkbox"/> Azerbaijan     | <input type="checkbox"/> China           | <input type="checkbox"/> Georgia          | <input type="checkbox"/> Liberia          | <input type="checkbox"/> Nicaragua   | <input type="checkbox"/> Senegal         | <input type="checkbox"/> Uruguay         |
| <input type="checkbox"/> Bangladesh     | <input type="checkbox"/> China, Hong     | <input type="checkbox"/> Ghana            | <input type="checkbox"/> Libya            | <input type="checkbox"/> Niger       | <input type="checkbox"/> Sierra Leone    | <input type="checkbox"/> Uzbekistan      |
| <input type="checkbox"/> Belarus        | <input type="checkbox"/> Kong SAR        | <input type="checkbox"/> Greenland        | <input type="checkbox"/> Lithuania        | <input type="checkbox"/> Nigeria     | <input type="checkbox"/> Singapore       | <input type="checkbox"/> Vanuatu         |
| <input type="checkbox"/> Belize         | <input type="checkbox"/> China, Macao    | <input type="checkbox"/> Guam             | <input type="checkbox"/> Madagascar       | <input type="checkbox"/> Northern    | <input type="checkbox"/> Solomon Islands | <input type="checkbox"/> Venezuela       |
| <input type="checkbox"/> Benin          | <input type="checkbox"/> SAR             | <input type="checkbox"/> Guatemala        | <input type="checkbox"/> Malawi           | <input type="checkbox"/> Mariana     | <input type="checkbox"/> Somalia         | <input type="checkbox"/> (Bolivarian     |
| <input type="checkbox"/> Bhutan         | <input type="checkbox"/> Colombia        | <input type="checkbox"/> Guinea           | <input type="checkbox"/> Malaysia         | <input type="checkbox"/> Islands     | <input type="checkbox"/> South Africa    | <input type="checkbox"/> Republic of)    |
| <input type="checkbox"/> Bolivia        | <input type="checkbox"/> Comoros         | <input type="checkbox"/> Guinea-Bissau    | <input type="checkbox"/> Maldives         | <input type="checkbox"/> Pakistan    | <input type="checkbox"/> South Sudan     | <input type="checkbox"/> Vietnam         |
| <input type="checkbox"/> (Plurinational | <input type="checkbox"/> Congo           | <input type="checkbox"/> Guyana           | <input type="checkbox"/> Mauritania       | <input type="checkbox"/> Palau       | <input type="checkbox"/> Sri Lanka       | <input type="checkbox"/> Yemen           |
| <input type="checkbox"/> State of)      | <input type="checkbox"/> Congo DR        | <input type="checkbox"/> Haiti            | <input type="checkbox"/> Mauritius        | <input type="checkbox"/> Panama      | <input type="checkbox"/> Sudan           | <input type="checkbox"/> Zambia          |
| <input type="checkbox"/> Bosnia and     | <input type="checkbox"/> Côte d'Ivoire   | <input type="checkbox"/> Honduras         | <input type="checkbox"/> Marshall Islands | <input type="checkbox"/> Papua New   | <input type="checkbox"/> Suriname        | <input type="checkbox"/> Zimbabwe        |
| <input type="checkbox"/> Herzegovina    | <input type="checkbox"/> Djibouti        | <input type="checkbox"/> India            | <input type="checkbox"/> Mauritania       | <input type="checkbox"/> Guinea      | <input type="checkbox"/> Tajikistan      |  |
| <input type="checkbox"/> Botswana       | <input type="checkbox"/> Dominican       | <input type="checkbox"/> Indonesia        | <input type="checkbox"/> Mauritius        | <input type="checkbox"/> Paraguay    | <input type="checkbox"/> Thailand        | Date: _____                              |
| <input type="checkbox"/> Brazil         | <input type="checkbox"/> Republic        | <input type="checkbox"/> Iraq             | <input type="checkbox"/> Mexico           | <input type="checkbox"/> Peru        | <input type="checkbox"/> Timor-Leste     | Duration: _____                          |
| <input type="checkbox"/> Brunei         | <input type="checkbox"/> Ecuador         | <input type="checkbox"/> Kazakhstan       | <input type="checkbox"/> Micronesia       | <input type="checkbox"/> Philippines | <input type="checkbox"/> Togo            | Date: _____                              |
| <input type="checkbox"/> Darussalam     | <input type="checkbox"/> El Salvador     | <input type="checkbox"/> Kenya            | <input type="checkbox"/> (Federated       | <input type="checkbox"/> Portugal    | <input type="checkbox"/> Tokelau         | Duration: _____                          |
| <input type="checkbox"/> Bulgaria       | <input type="checkbox"/> Eswatini        | <input type="checkbox"/> Kiribati         | <input type="checkbox"/> States of)       | <input type="checkbox"/> Qatar       | <input type="checkbox"/> Trinidad and    | Date: _____                              |
| <input type="checkbox"/> Burkina Faso   | <input type="checkbox"/> Equatorial      | <input type="checkbox"/> Korea-DPR        | <input type="checkbox"/> Moldova-Rep.     | <input type="checkbox"/> Republic of | <input type="checkbox"/> Tobago          | Duration: _____                          |
| <input type="checkbox"/> Burundi        | <input type="checkbox"/> Guinea          | <input type="checkbox"/> Kuwait           | <input type="checkbox"/> Mongolia         | <input type="checkbox"/> Korea       | <input type="checkbox"/> Tunisia         |  |

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with incidence rates of ≥20 cases per 100,000 population. For further updates, refer to <http://www.who.int/tb/country/en/>

Have you ever been a resident and/or employee of any high risk congregate settings (e.g. correctional facilities, long-term care facilities, and homeless shelters)?  YES  NO

Have you ever been a volunteer or health-care worker who served clients who were at increased risk for active TB disease?  YES  NO

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  YES  NO

If you answered **YES** to any of the above, you must:

- **Schedule a TB test** at the University Wellness Services
- OR
- Provided **documentation of a TB test done in the United States** within the past 12 months. TB tests done outside of the United States will not be accepted.
- **If prior treatment for active TB disease or latent TB infection has been completed, written documentation must be submitted.**

*Chest X-rays will be required for anyone with a positive test.*

### Additional American College Health Association immunization recommendations:

- |             |                                  |               |                |
|-------------|----------------------------------|---------------|----------------|
| • Polio     | • Tetanus, Diphtheria, Pertussis | • Hepatitis A | • Influenza    |
| • Varicella | • Human Papillomavirus           | • Hepatitis B | • Pneumococcal |
| • COVID-19  |                                  |               |                |

### Office use only

Reviewed

Banner Updated

Initial: \_\_\_\_\_

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