

AGNES SCOTT COLLEGE

Medical Examination Form

Students may use this form or one provided by their healthcare provider

Last Name _____ First Name _____ MI _____

Date of Birth ____/____/____ Student ID# _____ Date of most recent exam*: _____

*Must be within the past 12 months.

To the provider: please review personal & family health history and complete this form. Please note that **a signature from the provider is required.**

BP: _____ HR: _____ Height: _____ Weight: _____

	Normal	Abnormal	Comments:
Skin:	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEENT:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulmonary:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdominal/GI:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological:	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the student have any allergy to foods or drugs? If so, please list. _____

Please list hospitalizations/surgery dates: _____

May the student participate in competitive athletic programs? (circle one) Yes / No

Is this student under any form of medical treatment and/or prescription medication? If so, please list. _____

Are there any special accommodations needed? If so, please explain: _____

HEALTH CARE PROVIDER (MD/DO/NP/PA)

Name _____ Signature _____ Date _____

Address _____

Phone (_____) _____

AGNES SCOTT COLLEGE

Student Immunization Form

Last Name _____ First Name _____ MI _____

Date of Birth _____ Student ID# _____

This form must be completed and signed by a healthcare provider. All information must be in English. Record complete dates (MM/DD/YYYY) of vaccination doses administered. Once completed and signed, please upload to Med+Proctor portal at <https://secure.medproctor.com/Account/Signin>

Required Immunizations

Vaccine	Dates: MM/DD/YYYY	Notes
Tdap (Tetanus, Diphtheria, Pertussis)	Primary series completed? Y or N Most recent booster: ____/____/____ Type of booster: Td or Tdap	Td or Tdap required within last 10 years - one Tdap required after age 11
Hepatitis B	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____	Either 3 dose or 2 dose series or <i>quantitative</i> Hep B lab report attached
MMR (Measles, Mumps, Rubella)	Dose #1: ____/____/____ Dose #2: ____/____/____	Dose #1 given at age 12 months or later Dose #2 given at 28 days after first dose OR labs indicating immunity to measles, mumps, and rubella attached
Varicella	Dose #1: ____/____/____ Dose #2: ____/____/____	Dose #2 given at least 12 weeks after first dose OR labs indicating immunity to varicella/Varicella IgG positive titer attached History of disease NOT accepted
Meningococcal ACWY	Dose #1: ____/____/____ Dose #2 (if indicated): ____/____/____	For all students born on or after 1/1/03 One dose after 16 years of age

If needed, please upload titer lab reports within the immunization section of the Med+Proctor portal.

*Continue onto the next page for recommended immunizations and required signatures.

AGNES SCOTT COLLEGE

Strongly Recommended Immunizations

Vaccine	Dates: MM/DD/YYYY	Notes
Meningococcal B	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3 (if indicated): ____/____/____	Circle type: Bexsero or Trumenba Series must be completed with same vaccine
Hepatitis A	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3 (if indicated) : ____/____/____	Include Dose #3 is combined hepatitis A and B vaccine series
HPV	Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3 (if indicated) : ____/____/____	Circle preparation if known: Quadrivalent, Bivalent, or 9-valent

I attest that all of the above information is accurate and agree to release this information to Agnes Scott College.

Student Signature _____ **Date** _____

Required Signature by Healthcare Provider

Name _____ **Signature** _____

Address _____ **Phone:(____)** _____

Meningococcal Disease Information

All postsecondary educational institutions in Georgia are required to provide information regarding meningococcal disease and vaccination to each newly admitted freshman or matriculated student residing in campus housing or to the student's parent or guardian if the student is a minor. (GA Code § 31-12-3.2)

1. Meningococcal disease is a serious disease that can lead to death within only a few hours of onset. One in ten cases is fatal and one in seven survivors of disease is left with a severe disability such as the loss of a limb, developmental disability, paralysis, deafness, or seizures.
2. Meningococcal disease is contagious but a largely preventable infection of the spinal cord fluid and the fluid that surrounds the brain.
3. Scientific evidence suggests that college students living in dormitory facilities are at a moderately increased risk of contracting meningococcal disease.
4. Immunization against meningococcal disease will decrease the risk of the disease.

By signing below, I confirm that I have read and reviewed the above information regarding meningococcal disease.

Student Signature _____ **Date** _____

Parent/Guardian Signature (if minor) _____ **Date** _____

Appendix A

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below.) Yes No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence. Countries with average incidence rates of ≥ 20 cases per 100,000 population.

Tuberculosis Screening and Targeted Testing of College and University Students / Appendix A

Have you resided in or traveled to one or more of the countries or territories listed above for a period of one to three months or more? (If yes, CHECK the countries or territories, above) Yes No

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

Have you been a volunteer or health care worker who served clients who are 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 using drugs or alcohol? Yes No

If you answered YES to any of the above questions, Agnes Scott College requires that you receive TB testing prior to your arrival to campus of your first enrolled term. The significance of any travel exposure should be reviewed with a health care provider.

If the answer to all the above questions is NO, no further testing or further action is required.

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Parental Consent to Treat a Minor

Georgia law states that under most circumstances, parents or guardians must consent to have students less than 18 years of age receive treatment. In order to allow your Scottie the privilege of utilizing the Wellness Center Student Health Services at their convenience, we need your written consent.

I hereby authorize healthcare providers at Agnes Scott College Wellness Center, their agents or consultants to perform diagnostic and treatment procedures, which in their judgment may become necessary while enrolled as a student at Agnes Scott College.

I hereby consent to such services as may be requested by my minor ward or child.

Printed Name of Student

Student's Date of Birth

Student's Agnes Scott College ID Number

Printed Name of Parent/Guardian

Signature of Parent/Guardian

MM/DD/YYYY