



Grambling State University
Foster-Johnson Health Center
403 Main Street, Box 4251
Grambling, LA 71245
(318) 274-2351 (phone)/(318) 274-2481 (fax)
www.gram.edu

MEDICAL HISTORY

Student Information (Please Print)

Name: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip Code)

Social Security Number: _____ Date of Birth: _____ Age: _____ Sex: _____

Telephone: (____) _____ Are you planning on living: _____ On Campus _____ Off Campus

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Number: (____) _____

Personal History

1. List any serious illnesses or allergies (food or drug): _____
2. List any medical conditions you are currently being treated for: _____
3. List any medications you take on a regular basis: _____

Comments: _____

MEDICAL CONSENT

In the event of a medical emergency or life-threatening situation and in consultation with a physician, I hereby grant the University official permission to authorize medical treatment for _____. This medical consent is valid as long as the above student is enrolled at Grambling State University unless revoked in writing.

(Student's Signature)

(Signature of Parent/Legal Guardian)

PROOF OF IMMUNIZATION COMPLIANCE

Louisiana R.S. 17:170/Schools of Higher Learning (Act 1047) - This Louisiana law requires that all first-time GSU students born on or after January 1, 1957, and re-entering students who have been out of school one semester or longer and were born on or after January 1, 1957, to provide proof of immunization for measles, mumps, rubella, and tetanus-diphtheria.

Louisiana state law (**Act 251**) requires all first-time freshmen to submit proof of immunization against meningitis.

Your high school, private physician or your local public health clinic may be able to assist you in locating your immunization records. Once located, this Proof of Immunization Compliance Form and your immunization record should be taken to your physician or public health clinic for verification, documentation, and to update your status if needed. The completed form must be returned to the Student Health Center in order for you to complete registration. Attachments of records that have been validated are acceptable.

(Over)

Revised 06/06

Name: _____

Social Security Number: _____

IMMUNIZATION REQUIREMENTS FOR GSU STUDENTS

A physician or health care provider must complete this section.

MMR (Measles, Mumps, Rubella): Two doses of vaccine required. The first dose must have been given after the first birthday, in 1968 or later, and without Immune Globulin. A second dose must meet the same requirements, but should not have been given within 30 days of the first dose.

OR

Measles (Rubeola): Two doses of live vaccine required. The first dose must have been given after the first birthday, in 1968 or later, and without Immune Globulin. A second dose must meet the same requirements, but should not have been given within 30 days of the first dose. History of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

Rubella: At least one dose required.

Mumps: At least one dose required.

AND

Tetanus-Diphtheria: A booster dose of vaccine given within the past 10 years is required provided the student previously completed the primary series.

AND

Meningococcal (Meningitis) Vaccine: A dose of Menactra at any time, or a dose of Menomune within the past year.

MMR

Date of 1st dose _____

Date of 2nd dose _____

Measles

Date of 1st dose _____

Date of 2nd dose _____

Date of Disease _____

Date of Serologic Test _____ Result _____

Rubella

Immunization date _____

Date of Disease _____

Date of Serologic Test _____ Result _____

Mumps

Immunization date _____

Date of Disease _____

Date of Serologic Test _____ Result _____

Tetanus-Diphtheria

Immunization date _____

Meningococcal

Immunization date _____

Vaccine type _____

Signature of Physician or Health Care Provider

Date: _____

(Please Place Address or Stamp Above)

REQUEST FOR IMMUNIZATION EXEMPTION: (Complete only if Applicable)

I request an exemption from _____ MMR _____ Tetanus _____ Meningitis vaccinations for the following reasons:

_____ Medical reasons: (physician's statement - use space below)

_____ Personal reasons: (state reason in space below)

I have received and reviewed information regarding meningitis and have **chosen not** to be vaccinated. I understand that this puts me at greater risk of acquiring meningitis and Grambling State University, its Board of Trustees, and all of their agents are released from any liability should I contract meningitis while I am enrolled.

I understand that if I claim exemption for personal or medical reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, rubella, or meningitis until the outbreak is over or until I submit proof of immunizations. *If I am not 18 years of age, my parent or legal guardian must also sign below.*

(Student's Signature)

Date: _____

(Parent or Guardian Signature, if required)

Date: _____

REMEMBER! You will not be eligible to pay University fees until all immunization records are in compliance or the exemption is signed.

MENINGOCOCCAL VACCINES

WHAT YOU NEED TO KNOW

1 What is meningococcal disease?

Meningococcal disease is a serious illness, caused by a bacteria. It is a leading cause of bacterial meningitis in children 2-18 years old in the United States.

Meningitis is an infection of fluid surrounding the brain and the spinal cord. Meningococcal disease also causes blood infections.

About 2,600 people get meningococcal disease each year in the U.S. 10-15% of these people die, in spite of treatment with antibiotics. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

Anyone can get meningococcal disease. But it is most common in infants less than one year of age and people with certain medical conditions, such as lack of a spleen. College freshmen who live in dormitories have an increased risk of getting meningococcal disease.

Meningococcal infections can be treated with drugs such as penicillin. Still, about 1 out of every ten people who get the disease dies from it, and many others are affected for life. This is why *preventing* the disease through use of meningococcal vaccine is important for people at highest risk.

2 Meningococcal vaccine

Two meningococcal vaccines are available in the U.S.:

- **Meningococcal polysaccharide vaccine (MPSV4)** has been available since the 1970s.
- **Meningococcal conjugate vaccine (MCV4)** was licensed in 2005.

Both vaccines can prevent **4 types** of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease. But they do protect many

people who might become sick if they didn't get the vaccine.

Both vaccines work well, and protect about 90% of those who get it. MCV4 is expected to give better, longer-lasting protection.

MCV4 should also be better at preventing the disease from spreading from person to person.

3 Who should get meningococcal vaccine and when?

MCV4 is recommended for all children at their routine preadolescent visit (11-12 years of age). For those who have never gotten MCV4 previously, a dose is recommended at high school entry.

Other adolescents who want to decrease their risk of meningococcal disease can also get the vaccine.

Meningococcal vaccine is also recommended for other people at increased risk for meningococcal disease:

- College freshmen living in dormitories.
- Microbiologists who are routinely exposed to meningococcal bacteria.
- U.S. military recruits.
- Anyone traveling to, or living in, a part of the world where meningococcal disease is common, such as parts of Africa.
- Anyone who has a damaged spleen, or whose spleen has been removed.
- Anyone who has terminal complement component deficiency (an immune system disorder).
- People who might have been exposed to meningitis during an outbreak.

MCV4 is the preferred vaccine for people 11-55 years of age in these risk groups, but MPSV4 can be used if MCV4 is not available. MPSV4 should be used for children 2-10 years old, and adults over 55, who are at risk.

How Many Doses?

People 2 years of age and older should get 1 dose. (Sometimes an additional dose is recommended for people who remain at high risk. Ask your provider.)

MPSV4 may be recommended for children 3 months to 2 years of age under special circumstances. These children should get 2 doses, 3 months apart.

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Some people should not get meningococcal vaccine or should wait

- Anyone who has ever had a severe (life-threatening) **allergic reaction to a previous dose** of either meningococcal vaccine should not get another dose.
- Anyone who has a severe (life threatening) **allergy to any vaccine component** should not get the vaccine. Tell your doctor if you have any severe allergies.
- Anyone who is **moderately or severely ill** at the time the shot is scheduled should probably wait until they recover. Ask your doctor or nurse. People with a **mild illness** can usually get the vaccine.
- Anyone who has ever had **Guillain-Barré Syndrome** should talk with their doctor before getting MCV4.
- Meningococcal vaccines may be given to pregnant women. However, MCV4 is a new vaccine and has not been studied in pregnant women as much as MPSV4 has. It should be used only if clearly needed.
- Meningococcal vaccines may be given at the same time as other vaccines.

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What are the risks from meningococcal vaccines?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of meningococcal vaccine causing serious harm, or death, is extremely small.

Mild problems

Up to about half of people who get meningococcal vaccines have mild side effects, such as redness or pain where the shot was given.

If these problems occur, they usually last for 1 or 2 days. They are more common after MCV4 than after MPSV4.

A small percentage of people who receive the vaccine develop a fever.

Severe problems

- Serious allergic reactions, within a few minutes to a few hours of the shot, are very rare.
- A few cases of Guillain-Barré Syndrome, a serious nervous system disorder, have been reported among people who got MCV4. There is not enough evidence yet to tell whether they were caused by the vaccine. This is being investigated by health officials.

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What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at www.vaers.org, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

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How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO)
 - Visit CDC's National Immunization Program website at www.cdc.gov/nip
 - Visit CDC's meningococcal disease website at www.cdc.gov/ncidod/dbmd/diseaseinfo/meningococcal_g.htm
 - Visit CDC's Travelers' Health website at www.cdc.gov/travel



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL IMMUNIZATION PROGRAM