

MSSU Willcoxon Health Center Medical History

(Located in Billingsly Student Center) - 3950 E Newman Road Joplin, MO 64801 – ph 417-625-9323 – fax 417-659-4376

See reverse side for list of requirements for ALL students. New students will upload their vaccine record through Med+Proctor.

Print Name: _____ Sex: M F Age: _____ Date of Birth: ____/____/____
Last First Middle month / day / year

Local Address while in school: _____
Street City State Zip Code

Will you be living on campus? Yes No best PHONE # to reach you: _____

Email address that you check: _____ Marital Status: Single/Married/Widowed/Divorced

Name of Emergency Contact: _____ Relationship: _____

Address: _____ Telephone: _____
Street City State Zip Code

Phone numbers where parents can be reached in an emergency: _____

Family or Primary Physician: _____

Health Insurance Carrier: _____ Which hospital is in your network? Freeman or Mercy
 Students with health insurance should carry a copy of their insurance card.

****Joplin has 2 hospitals: Freeman and Mercy. It is the student's responsibility to know which hospital is in insurance's network. Call the toll free customer service number on your insurance card and ask which hospital is in network for Joplin, Missouri. If you go out of your network, you will often pay more. This will help you know where to seek treatment in case of emergency or for primary care/specialists. For chronic health conditions and certain prescriptions, we recommend you establish care with a primary care physician in Joplin. If uninsured, contact the Willcoxon Health Center for a list of community resources. The Willcoxon Health Center does NOT administer allergy injections, but can give you information for offices that give allergy shots.**

TO PARENTS OF STUDENTS UNDER AGE 18: I hereby grant permission to the medical staff of the MSSU Health Center to carry out necessary medical treatment of the above patient.

_____ _____ _____
 PRINT NAME – PARENT/GUARDIAN SIGNATURE DATE

Medical History- check all that apply to past and present:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Sinus (Chronic) |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Ear Infections/Hearing Loss | <input type="checkbox"/> Joint Disease/Injury | <input type="checkbox"/> Skin Problems (Chronic) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Intestinal/Stomach Trouble | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye Disease/Problems | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Smoking (How long?) |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Gallbladder Disease | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> GERD/acid reflux | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Surgery? |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Psychological Counseling | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Heart Disease/Problem | <input type="checkbox"/> Seizure | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis/Jaundice | <input type="checkbox"/> Sexually Transmitted Infection | <input type="checkbox"/> Urinary Tract Infection |
| <input type="checkbox"/> Disability/Handicap | <input type="checkbox"/> Hernia | <input type="checkbox"/> Sickle Cell Trait/Anemia | <input type="checkbox"/> NO HEALTH PROBLEMS |

List any other information that may be helpful in your care: _____

Allergies to medications:

Height - _____
 Weight - _____

List Current Medications:

No Known Drug Allergies: _____

Athletes should submit Immunization records to both the Health Center and the Athletic Department.

If you will be an athlete at MSSU, please circle which sport you will be participating in?

basketball - baseball - cheer - cross country - football - golf - soccer - softball - track & field - volleyball

Review and sign reverse side

STUDENT ID NUMBER (ex: S00999999)

DATE

University Medical Requirements for All MSSU Students

Med+Proctor – Immunization tracking

We are using Med+Proctor to collect and verify immunization records to complete your required TB risk assessment. You will need to have your university email address to begin the process. If you are an incoming student enrolling in summer 2020 or after, we ask that you check your university email account. You should have received an invitation to set up a Med+Proctor account.

- If you did not receive an email from Med+Proctor, email them at help@medproctor.com or live chat at support.medproctor.com
- If you mailed your record to the university, thank you, but you will need to create a Med+Proctor account and enter the record in that way. Our department is unable to override that process.
- International Students will complete the requirements during International check-in, and will not upload documents through Med+Proctor.

There are 3 requirements for all students, and 4 for students living in campus housing.

Students living in campus housing

ALL students

- 1- **Medical history form.** This is the only requirement NOT submitted and tracked in Med+Proctor. You can pick this form up at the Health Center or find it on our website. Complete front and back, and return the form to the Willcoxon Health Center by mail, fax, or dropping it off at our office. Emails are not accepted.
- 2- **Proof of 2 MMR (measles, mumps, rubella)**– follow the link in your university email to setup your Med+Proctor account and upload proof of two doses MMR vaccines, or an immune titer or proof you were born before 1957. Most of the time your MMRs will be in your baby shot record book, on file with your high school, physician's office, or health department. If unable to provide proof of 2 MMR, a blood test called a titer is needed to check for immunity. MMR titer is available at the Health Center for a fee. If non-immune or no proof of 2 MMR, vaccination will be required at your expense – contact us for instruction.
- 3- **Tuberculosis (TB) Risk Assessment** – in Med+Proctor you will answer questions about TB risk factors. If the questionnaire determines you need to show proof of a TB test, it will give you notification, and you will upload documentation through Med+Proctor. If needed, TB testing is available at the Willcoxon Health Center for a fee. No TB tests from outside of the United States will be accepted.
- 4- **Meningitis (MCV4) vaccine age 16 or older** - For students living in campus housing this is required prior to moving in. Upload proof through Med+Proctor and **allow for 2-3 business days for record processing** and verification. We recommend uploading your vaccine at least 1 week prior to the day you plan to move in.

Have you had the correct vaccine at the correct age?

MCV4 protects against the 4 most common types of meningitis (serogroups A, C, W, Y).

- On your vaccine record, look for: MCV4, Menveo, or Menactra on or after your 16th birthday.
- If you have never had the vaccine or your vaccine was prior to turning 16 - you will need a dose.
- There is another meningitis vaccine that protects against serogroup B: MenB, Bexsero or Trumenba.
- MenB, Bexsero or Trumenba vaccines are not MCV4 and do NOT meet the university requirement.

If you need the MCV4 vaccine, where can you get it and what do you ask for?

- Physician's office, pharmacy, local health department.
- The Health Center does NOT administer the meningitis vaccine.
- Ask for: MCV4, Menveo or Menactra.

Contact the Willcoxon Health Center for medical or religious exemption information. Completion of this form is required prior to receiving care.

By signing, you are stating that the above history is complete to the best of your knowledge & you have read and understand the student requirements listed above.

X

SIGNATURE

DATE (month/day/year)

SOCIAL SECURITY NUMBER