



Resident Medical Information

NAME _____ ID# _____ Semester/Year _____

IMMUNIZATION REQUIREMENTS AND RECORDS

Fontbonne University requires that proof of health insurance and immunization records for **ALL first time-residents and international students** to be on file in the Department of Residential Life. If you do not comply with this requirement, it could jeopardize your university housing. All resident students must have a completed medical history form. This is part of a confidential record while at Fontbonne University and will be kept in their personal health folder.

Immunization Requirements for Resident Students

As part of the occupancy requirements, first time applicants (resident students and international students) are required to have the following immunizations:

- **Tuberculin Screening (PPD)** must be no older than six (6) months prior to moving into university housing.
- **International Students: Tuberculosis screening tests received out of the United States will not be accepted.** ALL new International students must receive the Tuberculin Screening test within the first week of classes at Fontbonne University
- **Meningococcal vaccine** (for meningitis) Students can receive at home by July 10 for fall semester, November 10 for spring semester, April 10 for summer session
- **Mumps is required;** (MMR is acceptable) Students can receive at home by July 10 for fall semester, November 10 for spring semester, April 10 for summer session

Immunization documentation along with the Resident Health forms is due in the office of the Department of Residential Life by August 1 for the fall semester; and by January 1 for the spring semester. You may not be allowed to move in if the Residential Life office does not have your records prior to opening day. Any student failing to complete these requirements will jeopardize their housing assignment and will not be allowed back in their space until requirements are met. Failure to submit documentation of the required vaccinations does not alleviate your responsibility under any contractual relationship with the Residential Life Office.

All resident students: If the Department of Residential Life is notified that a resident student has a positive tuberculosis screening, additional medical attention is required. This additional medical attention is necessary and requires a chest x-ray. It is the resident student's responsibility to provide the university with written documentation that this x-ray and follow up medical attention has been received.

The following are recommended immunizations but not required: Hepatitis A and B, Tetanus/Diphtheria (TD), and varicella (chicken pox).

Again, all resident students are required to attach a copy of the Immunization documentation from a clinic or physician's office to this form and turn it into the Residential Life office by AUGUST 1 for fall semester residents; JANUARY 1 for spring semester residents. For questions, email residentiallife@fontbonne.edu.

Please complete and return this form with the photo copy of insurance card and Immunization documentation by email residentiallife@fontbonne.edu, or fax to 314-889-4565 or mail to:

Fontbonne University
Department of Residential Life
6800 Wydown Blvd.
St. Louis, MO 63105



Emergency Medical Information

NAME _____ ID# _____

Home Address _____

Home Phone _____

Marital Status: S M D W

Age _____ Date of birth _____ Place of Birth _____

Parent, Guardian, or Other Name _____

Full Address (if different from above) _____

Cell or Business Phone _____

Home Phone _____

Physician's Name and Phone Number _____

INSURANCE INFORMATION - Attach a photo copy of the insurance card

Are you covered by health insurance? No Yes

If yes, name of insurance company _____

Name of subscriber _____ Policy Number _____

MEDICAL HISTORY-Attach photo copy of immunization history

Are you allergic to any medication? No Yes If yes, please list. _____

Please list any medication or special forms of therapy you need regularly or any additional information that may be helpful for your medical well-being. _____

Are you currently being treated for any condition? No Yes If yes, please explain. _____

Describe any serious illness, injury, or operation you have had, given the nature of the condition, date, hospital name and location. Are there any persistent after effects? _____

OPERATIVE PERMIT

The law requires that parental permission be obtained for operative procedures on minors. The parent or guardian of a minor must sign this consent in the event of an emergency. Only then will medical procedures be promptly carried out, and no unnecessary delays will occur with less urgent operative procedures. However, no operation other than minor office procedures will be performed, except in cases of extreme emergency, without the parent or guardian being contacted and fully informed.

I give permission for such operative procedures as may be deemed necessary for my son/daughter/ward.

Signature _____

Relationship _____

Date _____