Fontbonne University Resident Medical Information

**Welcome to Fontbonne University! Please read the following information very carefully. This page will explain all medical requirements for resident students. On page 2 you will find the Medical History Form and Permission to Treat Minors.**

**Medical Records:** The Campus Nurse office strives to maintain strict confidentiality of all students’ medical records. Information will only be released if approved by the student. Fontbonne University requires all first-time resident students complete the **Medical History Form and show proof of required immunizations. If the student is under the age of 18, obtain parent permission to treat in case of emergency.** See page 2.

**Immunization Requirements:** As part of the occupancy requirements, first time applicants (resident domestic and international students) must show proof of receiving the following Immunizations:

* **Tuberculin Skin Test {PPD):** must be **no older** than **six (6) months** prior to moving into university housing. International students must obtain the TB skin test in America, not their home country, **TB skin tests received outside the US will not be accepted.**
* **Meningococcal vaccine (Meningitis):** can receive at home by July 10 for fall semester, November 10 for spring semester, and April 10 for summer session.
* **Mumps {MMR):** can receive at home by July 10 for fall semester, November 10 for spring semester, and April 10 for summer session.

Recommended immunizations include, however are not required: Hepatitis A and B, Tetanus/Diphtheria (TD) and Varicella (Chicken Pox).

**Positive Tuberculosis skin tests:** If the Campus Nurse is notified that a resident student has a positive TB skin test, 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 medical documentation that this x­ ray and follow up medical attention has been received.

**Immunization documentation along with the Medical Health Form and Parental Permission to Treat a Minor, is due in the office of the Campus Nurse (located in the Student Affairs Office) by August 1 for fall semester; and by January 1 for the spring semester, April 1 for summer semester.** You may not be allowed to move in if the Campus Nurse does not have your records prior to opening day. Any student failing to complete these requirements may jeopardize their housing assignment. Failure to submit documentation of the required vaccination does not alleviate your responsibility under any contractual relationship with the Residential Life Office.

**All Resident Students** are required to provide **an emergency contact phone number and** attach a copy of their **Immunization documentation** to the Medical History Form.

**Your information can be sent to the campus nurse by:**

|  |  |  |
| --- | --- | --- |
| **Mail:** | **OR** | **Fax:** |
| Maddie Ford, RN/Campus Nurse |  | Madeleine Ford, RN/Campus Nurse |
| Fontbonne University | (314) 889-4565 |
| 6800 Wydown Blvd. |  |
| St. Louis, MO 63105 |  |

**To preserve confidentiality*, do not email documents*.**

**If you have any questions or concerns, please contact the nurse at (314)-889-4784.**

**Fontbonne University Medical History Form, Health Insurance Verification and Permission to Treat Minors**



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| --- |
| *(This is a* ***confidential*** *record of your medical history. The personal medical information contained here will not be released*  *to any person except when you have authorized the Campus Nurse to release health information.)* |
| **Name** - **Last, First: Student ID: Date of Birth:** |
| **Medical History: Do you have a past or present history of: check all that apply**  ADD/ADHD Constipation Heart murmur Paralysis  Anemia Convulsions/seizure Heart problem Organ transplant  Anxiety Counseling/Therapy Hemorrhoids Pneumonia  Arthritis Depression Hepatitis/Jaundice Relationship problems  Asthma Diabetes Hernia Rheumatic Fever  Back problems Disability High blood pressure Rubella (3-day measles)  Birth defects Drug use HIV disease Scarlet Fever  Bleeding disorder Ear infections Hypoglycemia Seasonal Allergies  Blood transfusion Eating Disorder Intestinal problems Sickle Cell Anemia Breast Conditions Eye disease/disorder Irritable bowel disease Sinus problems  Cancer Fainting sp ells Joint disease or injury Skin problems (Chronic) Cerebral Palsy Foreign travel kidney disease Sleep problems Chicken Pox Gallbladder disease kidney stones Spleen problems Chronic cough Gastritis/indigestion/reflux Measles (Rubeola) Sprains/dislocations  Chronic diarrhea Gynecological (GYN) problems Meningitis Strep throat Crone's disease Head Injury Menstrual Problems Thyroid Disease Colitis Headaches (Recurrent) Migraine headaches Tuberculosis Concussion Hearing Loss Mononucleosis (Mono) Ulcer  I **have none of the above**  **EMERGENCY CONTACT/PHONE NUMBER:** |

**BRIEF EXPLANATION OF ANY CONDITIONS MARKED ABOVE:**

**DO YOU HAVE ANY HEALTH CONCERNS? Please list:**

**MEDICATIONS (list all current medication): MEDICATION/DRUG ALLERGIES and reactions**

**HOSPITALIZATIONS/SURGERIES: ALLERGIES/Reactions: (latex, tape, foods, others)**

**Permission to Treat Minors:** FOR ALL STUDENTS UNDER 18 YEARS OF AGE - I authorize the

Fontbonne Campus Nurse to administer medical services, immunizations and other therapeutic procedure as deemed necessary by duly Missouri medical licensed personnel.

I **give permission for such procedures as deemed necessary for my son/daughter/ward.**

**Signature Relationship Date**

# Student Signature Date

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