

Entrance Health Report

Student Information

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Last Name	First Name	Middle Initial
<input type="radio"/> Male	<input type="radio"/> Female	
	Date of Birth	Expected Graduation Year

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Home Address

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City	State	Zip Code
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Home Phone Number	Cell Phone Number
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When finished, please return to:

Student Health Services
Emmanuel College
400 The Fenway
Boston, MA 02115

**Deadline:
Friday, July 9, 2010**

Please list all medications and dosage you are currently taking:

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Please list and describe any medication allergies you have:

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Please list current medical problems:

Is the student able to fully participate in sports? Yes No

If no, please explain:

Is there any physical or emotional restriction to living on campus? Yes No

If no, please explain:

Parent Information

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Father's Last Name	First Name
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Home Address

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City	State	Zip Code
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Home Phone Number	Work Phone Number
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Mother's Last Name	First Name
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Home Address

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City	State	Zip Code
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Home Phone Number	Work Phone Number
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Please feel free to contact us by phone at 617-735-9817 or e-mail orientation@emmanuel.edu with any questions or concerns.

Permission for Medical & Emergency Treatment

This information must be completed and signed by a parent or legal guardian if student is under 18.

Medical Treatment: This is to certify that permission is granted to Emmanuel College Student Health Services to provide medical treatment for illness, injury or required immunizations for the above named student.

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Signature of parent or legal guardian

Emergency Treatment: Permission is granted for emergency treatment (including surgery & anesthesia) for above named student, when parent or guardian is unable to be contacted.

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Signature of parent or legal guardian

When finished, please return to:
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Emmanuel College
400 The Fenway
Boston, MA 02115

Deadline:
Friday, July 9, 2010

Immunization Requirements

Failure to provide a record of your immunization will result in registration restrictions and withholding of grades.

Massachusetts State Law requires that all students attending college in the Commonwealth be immunized against the Measles, Mumps, Rubella (MMR), Tetanus and Diphtheria (Td), and Meningitis. **Three doses of Hepatitis B are MANDATORY FOR First-Year Students.**

Measles, Mumps, Rubella (MMR): All student must have a signed statement from a health official who administered vaccines for: doses of measles, mumps, rubella (MMR) OR copies of laboratory evidence of immunity to all of the above.

Tetanus and Diphtheria: All students are required to have a Tetanus Booster within the last ten years (Td or Tdap).

If you do not have access to these records, you must be re-immunized.

Proof of the following immunizations must be on file in Student Health Services:

Measles, Mumps, Rubella, (MMR)	First dose Date	Second Dose Date	OR	<input type="radio"/> Laboratory evidence of Immunity to measles, mumps and rubella attached
Hepatitis B	First Dose Date	Second Dose Date	OR	<input type="radio"/> Laboratory evidence of immunity attached
Meningitis Date		OR	<input type="radio"/> Waiver signed and attached on web site (<i>www.emmanuel.edu</i>)
Tetanus Booster (within the last 10 years)	Tetanus & Diphtheria (Td) Date		OR	Tetanus, Diphtheria & Acellular Pertussis (Tdap) Date
Tuberculosis Risk Assessment	Low Risk	High Risk If higher risk, testing date and results	
Varicella	First Dose Date	Second Dose Date	OR	<input type="radio"/> Laboratory evidence of immunity to Varicella <input type="radio"/> History of Varicella Disease Date

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Date of last Physical Exam (*Please note: physical exam must have been completed within the last 12 months.*)

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Health Care Provider's Signature

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Date

NP NA

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Health Care Provider's Name (please print)

MD

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Address

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City

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State

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Zip Code

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Phone Number

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Fax Number