BLUEFIELD UNIVERSITY
VCOM Campus

Student Health Information

Personal Information *(required)*

Student ID #: _____ Date of Birth: ___/ _____/ _____ Sex: ☐ M ☐ F

Name: *First:* _____ *MI* _____ *Last* _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Information *(required)*

Name: _____ Relationship: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Cell Phone: (_____) _____

Personal Health Information *(required)*

Do you have any allergies? ☐ No ☐ Yes Please specify your allergies below (Medication, Food, other).

_____

_____

_____

List all medication taken on a regular basis, including over-the-counter medication:

Medication Name	Dosage	When Taken (daily, weekly, monthly)

List any hospital stays you have had, including date and reason for stay: _____

_____

_____

Medical Health Information

Personal Health Information *(required)*

Do you have or have had any of the following:

CONDITION	Yes	No	Date	CONDITION	Yes	No	Date
Asthma				Kidney disease/disorder			
Diabetes				Mental illness/disorder			
Ear Disease/hearing problems				Mononucleosis			
Epilepsy/seizures				Muscular disease/disorder			
Eye disease/disorder				Physical limitations			
Hay fever/seasonal allergies				Stomach/intestinal trouble			
Heart disease/disorder				Vertigo/dizziness			

List any illness/ condition, not listed above, for which you are being treated: _____

_____

_____

Immunizations/Screenings *(required)*

Required immunizations/screenings:

- IPV/OPV (Polio) Series
- TB (Please complete the TB Risk Assessment Form. Answers to these questions will determine if the TB Screening/Testing Form is needed.)
- Tdap Series
- Tetanus Booster is required within the last 10 years. Td or Tdap are acceptable. Booster not required if Tdap was within the last 10 yrs.
- MMR (Measles/Mumps/Rubella) Series

Please provide/ attach a copy of the MABS Immunization Form with the signature of a health care provider.

Medical Health Information

Religious Exemption: Any student who objects on the grounds that administration of immunizing agents conflicts with their religious tenets or practices shall be exempt from the immunization requirements unless an emergency of epidemic disease has been declared by the Board of Health. An affidavit of religious exemption must be submitted.

Immunizations/Screenings *(recommended)*

Recommended for all applicants:

- **Meningococcal (Meningitis) Vaccine**
- **Hepatitis B Vaccine**
- **Varicella (Chicken Pox) Vaccine**
- **COVID 19**
- **Influenza**

Medical Health Information

Consent for Medical Treatment and Release of Information (*required)*

As a student of Bluefield University, I realize that it is possible for a medical emergency to occur. Therefore, I hereby authorize Bluefield University and MABS personnel permission to release the medical information listed below to the appropriate officials. In the event of an emergency, I authorize treatment for myself as deemed necessary by a licensed health care professional. I understand that my records will be kept confidential at all times by these officials. I also authorize Bluefield University and/or MABS personnel to release information concerning my medical condition to the following individuals:

☐ Mother ☐ Father ☐ Guardian ☐ Professors ☐ Other: _____

Student Signature: _____ Date: _____

Parent/legal guardian: _____ Date: _____

Required if Student is a minor

Medical Health Information

Student Affirmation *(required)*

My signature below indicates that the information provided on this form is accurate and complete, and that all immunizations and required screening/tests have been correctly and truthfully recorded. I also understand that my signature signifies permission for the release of medical information to appropriate College/MABS personnel.

Student Signature (*Full Name)* Date

Parent/Guardian Signature for minor student Date

Please return forms to:

Danielle Denney
1691 Innovation Dr. Suite 1100.
Blacksburg, VA 24060

Phone: 540-231-2434
Email: ddenney@bluefield.edu

IMPORTANT NOTE BELOW

Please be aware, additional immunizations/titers/labs will be required to attend medical school.