# PURDUE UNIVERSITY STUDENT HEALTH CENTER
## IMMUNIZATION HISTORY FORM

1. Please PRINT – This form must be completed in English.
2. The only requirement of those born before 1957 is to have had a booster of Tetanus/diphtheria (Td) in the last 10 years.
3. Requests for a medical or religious exemption must be submitted to the Health Center Director and signed by the student (parent/guardian only if the student is under the age of 18, and co-signed by the student).

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Purdue ID# ______________________ Date of Birth ____________ International ☐ Domestic ☐

Emergency contact name and phone# __________________________________________

**Important:** include MONTH / DAY / YEAR in all answers (example: 11/21/1993)

### REQUIRED

**A.** MMR – Measles, Mumps, Rubella

Two (2) doses required after 1st birthday and after 1968

1. ___/_____/______  2. ___/_____/______

**Section E vaccines recommended, but not required.**

**B.** Measles (Rubeola) - 2 doses after 1st birthday and after 1968

___/_____/_____ & ___/_____/_____

or titer* ___/_____/_____

**Mumps – 1 dose after 1st birthday and after 1968**

___/_____/_____ or titer* ___/_____/_____

**Rubella – 1 dose after 1st birthday and after 1968**

___/_____/_____ or titer* ___/_____/_____

* - Lab copy required

**C.** Tetanus/Diphtheria

Must have had a Td booster within last ten (10) yrs:

Tetanus/diphtheria ___/_____/_____

Tetanus/diphtheria/Pertussis ___/_____/_____

**D.** Allergies

Please list medication allergies or intolerances

________________________________________

**Signature Required**
Student (18 yrs or older) or Medical Provider Date
If under 18, Parent/Guardian or Medical Provider

**E.**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep B</td>
<td><em><strong>/</strong></em><strong>/</strong>____</td>
</tr>
<tr>
<td>Meningococcal Quad Vaccine</td>
<td><em><strong>/</strong></em><strong>/</strong>____</td>
</tr>
<tr>
<td>Meningococcal B Vaccine</td>
<td><em><strong>/</strong></em><strong>/</strong>____</td>
</tr>
<tr>
<td>Gardasil</td>
<td><em><strong>/</strong></em><strong>/</strong>____</td>
</tr>
<tr>
<td>Gardasil 9</td>
<td><em><strong>/</strong></em><strong>/</strong>____</td>
</tr>
</tbody>
</table>

(Became available 12/11/14)

**F.** AUTHORIZATION TO TREAT STUDENTS UNDER THE AGE OF 18

Please complete the following for students who will be under age 18 at the beginning of the semester:

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize the Purdue University Student Health Center and/or any community hospitals’ medical personnel, agents, and employees to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, anesthesia, surgery, and prescription drugs advisable for the health of my child. I acknowledge that no representations, warranties, guarantees as to results or cures will be made.

Signature of Parent or Legal Guardian Date

Print Parent #1 Print Parent #2

Adult Witness Date

Please also complete back side of form
MENINGOCOCCAL DISEASE – All students must read and sign below:

Meningitis is an inflammation of the lining surrounding the brain and spinal cord. For most college students, the risk of meningococcal disease is similar to that of persons the same age in the general population. For college freshmen who live in residence halls, there is a modestly increased risk of meningococcal disease relative to other persons their age. Lifestyle behaviors that put individuals at increased risk include cigarette smoking, alcohol ingestion, bar patronage, and close, crowded living conditions. Meningococcal vaccine is reasonably safe and effective against the serogroups included in the vaccine. Approximately 70% of meningococcal disease is caused by serogroups covered by the vaccine. Protective levels of antibody usually are achieved 7-10 days after vaccination. The Purdue Student Health Center stocks and administers the vaccine. For further information, please call (765) 494-1818.

By signing below, I acknowledge that I have reviewed the above information regarding meningococcal meningitis.

__________________________________________________________________________      _________________
Student (or parent if student is under 18 yrs of age)                  Date

INSURANCE INFORMATION

For assistance in filing insurance, the following information is needed. Please note: students should present a copy of their current insurance card at each visit to the Student Health Center. *Insurance questions should be directed to 765-494-1677.*

__________________________________________________________________________
Name of primary policyholder                  Date of birth

Male ☐ Female ☐

By signing below, I acknowledge that PUSH** is out-of-network for all health insurance plans except Student Resources Insurance.

__________________________________________________________________________
Parent                  Date                  Student                  Date

ADVANCE DIRECTIVE

An Advance Directive is a written document that is completed prior to an individual, over the age of 18, becoming incapacitated, or unable to make their own healthcare decisions. The document provides a detailed account of the individual’s preferences regarding healthcare treatment in the event that they become incapacitated. A Living Will and Durable Power of Attorney for Healthcare are two common types of Advance Directives. A Living Will provides instructions to physicians and family members regarding the student’s desires for treatment. This is most often used to determine whether or not an individual wishes to be on life support or resuscitated. A Durable Power of Attorney specifies who the student would like to make healthcare decisions for them in the event that they are unable to make decisions on their own.

Do you have a Living Will or a Durable Power of Attorney for Healthcare?  Yes _____  No _____

Please provide PUSH with a copy of your Living Will or Durable Power of Attorney for your health record.

MAILING INSTRUCTIONS

Students are encouraged to keep a copy of this form for their personal records. For additional immunization information, the student may call the Immunization Office of the Health Center at (765) 494-1837. Due to the large volume of forms received, we regret that we are unable to contact individuals submitting incomplete or unsatisfactory immunization information. Please return completed form to:

Purdue University STUDENT HEALTH CENTER (PUSH**)
601 Stadium Mall Drive
Immunization Office – Room 140
W. Lafayette, Indiana 47907-2052
Telephone (765) 494-1837  Fax (765) 496-1907

Form 006 – 5/16