HARRISON HEALTH CENTER
ST. JOHN'S COLLEGE
P.O. Box 2800
Annapolis, Maryland 21404

To the Graduate Student:
The College requires that prior to enrollment, you submit the immunization record noted on the other side of this form. If you plan to use the College's Health Center, whose services are free to you during the school year, you must submit the health information queried in this form, including the physical examination on the other side of this form. The health information in this form is strictly confidential and will not be released to anyone without your written permission. If you have questions, call Nancy Calabrese or Lynda Turner, CRNP at the Health Center at 410-626-2553.

_____ _____ _____
Name Date of Birth Date form completed

Local address _____
Local telephone _____ Cell phone _____
Email _____

In case of emergency, notify (relative, spouse or friend):

Name_____Relationship_____
Home address _____
Business address_____
Home telephone_____Business telephone_____
Cell phone _____ Email_____

HEALTH HISTORY

Give the approximate age at which you had any of the following:

Asthma__
Diabetes__
Heart disease__
High blood pressure__
Kidney disease__
Liver disease__
Seizures__
Depression__
Suicidal thoughts___
Permanent physical disabilites___

Allergies to medications (list medications and reaction)_____
Medications taken daily _____
Medications taken occasionally _____
Other current treatments/therapy_____

Habits: Cigarettes ___ packs per day. Alcohol __ drinks per week. Street drugs __Y/N__

Hospitalizations for injury, illness, surgery or diagnostic testing:

_____ Age_____
_____ Age_____

IMMUNIZATION RECORD **Required of all students**

Student: _____

Tetanus booster within 10 years. Date__/__/__

Measles vaccine, two doses required after 12 months of age.

Dose 1, date __/__/__. Dose 2, date__/__/__.

Mumps, one dose required. Date__/__/__.

Rubella, one dose required. Date__/__/__.

Polio (optional) Date__/__/__.

Hepatitis B (optional, recommended) __/__/__, __/__/__, __/__/__.

Meningitis (MCV4)(***If living on campus)***,

Meningitis vaccine required by Maryland law.

Date____/____/____

If meningitis vaccine administered > 5 years-booster dose required

Date____/____/____

Note: Meningitis vaccine available at Health Center for a $105 charge.

(A student may opt out of this requirement by signing a waiver, available at the Health Center.)

Physical Examination **Required of students using the Health Center**

Note: If you do not have a primary care provider, you may get a physical examination at the health center at a charge of $60.

TO THE EXAMINING PRIMARY CARE PR0VIDER: Please review the student's history and complete this form. Please comment on all positive answers. The information supplied will not affect the student's accepted status. It will be used as a baseline history and physical. This information is strictly for the use of the College Health Service and will not be released without the student's consent.

BP_____ Temp_____ Pulse_____ Resp rate_____

Height_____ Weight_____ Corrected vision: Right 20/___ Left 20/___

Are there abnormalities in the following systems: Describe fully. Use additional sheet if needed.

Normal		Abnormalities
___	Head, ears, nose, throat	_____
___	Eyes	_____
___	Cardiovascular	_____
___	Pulmonary	_____
___	Gastrointestinal	_____
___	Musculoskeletal	_____
___	Endocrine	_____
___	Skin	_____
___	Neurologic	_____
___	Psychiatric	_____

Please comment on any other health condition or risk that may affect this student's graduate program experience.

Primary care provider' signature_____ Date_____

Print last name:_____Address_____

Return all health forms to: **Harrison Health Center**
St. John's College
P.O. Box 2800
Annapolis, MD 21404
410-626-2553 Fax:410-626-2889
Nancy.calabrese@sjca.edu or Lynda.turner@sjca.edu