

Report of Medical History and Consent of Medical Treatment

Name (Last, First, Middle)				Student Identification Number
Home Address (Number and Street, City, State, Zip)				Area Code & Telephone No. (student)
Date of Birth	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	Citizenship
Person to notify in case of illness, injury, or emergency: Name, Relationship, Street Address				
City, State, Zip		Home Telephone No.		Business Telephone No. or Cell No.

PROOF OF THE FOLLOWING IMMUNIZATION IS REQUIRED BY McM PRIOR TO REGISTRATION
May send copy of official immunization record.

*** BACTERIAL MENINGITIS Vaccine**

Must submit evidence of the vaccination. Acceptable evidence includes the following:

- The signature or stamp of a physician or his/her designee, or public health personnel, on a form which shows the month, day, and year the vaccination dose or booster was administered.
- An official immunization record generated from a state or local authority.
- An official record received from school officials, including a record from another state.

Available exemptions;

- Is 22 years of age or older on or before the first day of the term enrollment.
- Signs an affidavit declining the vaccination. Request must be made through the Department of State Health Services.
- Presents a physician's certificate indicating the vaccination would injure the health of the student

Consent to Medical Treatment

I authorize the Campus Nurse and/or consultants to administer medical services and immunizations, and to perform emergency and therapeutic procedures, as necessary, or refer to licensed medical personnel when indicated (including to nearby hospitals).

 Signature of Student if 18 years or over Date Signature of Parent or Guardian if Student is under 18 Date

I understand that health insurance is required to attend McMurry University. McMurry is not responsible for any expense that incur from injury or illness that occur on or off campus. Please supply a copy of the front and back of your insurance card

Signature _____ Date _____

Please sign below that you received written information about Bacterial Meningitis with this form:

Signature _____ Date _____

PERSONAL HISTORY Please answer all questions. Comment on all positive answers in space below.

Have you had or have you now?

	YES	YEAR	NO		YES	YEAR	NO		YES	YEAR	NO		YES	YEAR	NO
German Measles, Rubella				Head injury with unconsciousness				Rheumatic Fever or Heart Murmur				Albumin/Sugar in Urine, Diabetes			
Measles				Dizzy Spells, Fainting				Heart Disease				Kidney Disease			
Mumps				Weakness, Paralysis				High Blood Pressure				Frequent Urination			
Chicken Pox				Tuberculosis				Pain/Pressure in Chest				Inf. Mononucleosis			
Epilepsy, Convulsions				Asthma				Chronic Cough				Inf. Hepatitis			
Eye trouble				Shortness of Breath				Rupture, Hernia				Other Medical Condition Or Surgery List:			
Ear, Nose, Throat trouble				Disease/Injury of Joints, Back				Stomach/Intestine Trouble							
Insomnia				ALLERGY				Gall Bladder Trouble or Gallstones							
Frequent Anxiety				Penicillin											
Frequent Depression				Sulfonamides				Recurrent Diarrhea				FEMALES ONLY	YES	YEAR	NO
Worry or Nervousness				Serum				Recent Gain or Loss of weight				Irregular Periods			
Recurrent Headaches				Foods								Severe Cramps			
Recurrent Colds				Others: List								Excessive Flow			
Tumor, Cancer, Cyst												Pap Smear Date:			
Venereal Disease												Results:			

Comments/Medications:

FAMILY HISTORY

	AGE	OCCUPATION	AGE @ DEATH	CAUSE OF DEATH	List details below to YES responses	YES	NO
Father					A. Has your physical activity been restricted during the past five years?		
Mother					B. Have you ever received treatment or counseling for a nervous condition, personality, or character disorder, or emotional problem?		
Brothers							
					C. Do you take any prescription medications?		
Sisters							
					Comments:		

Please List Allergies:

Drugs:

_____	_____
_____	_____
_____	_____

Student Signature. I certify all questions are answered accurately.