Capitol Technology University Immunization Form

Capitol Technology University Department of Residence Life requests the following information from residence hall students. There is not a medical facility on the campus; however, this information serves as a document that can be shared with health officials in case of an emergency. If there are any questions about this form or requirements for admission into the residence hall please contact the Office of Residence Life at 240.965.2490. Please return this form with your Housing Application Agreement to be eligible for on campus housing at Capitol Technology University.

Directions

1. **Print or type the requested information below**
2. **Students born after 1956 must have 2 doses of measles vaccine and 1 dose of each Mumps and Rubella. This can be given as an MMR vaccination, which immunizes against all three diseases.**
3. **All students should have had the tetanus/diphtheria immunization in the last 10 years.**
4. **All students must sign a meningitis waiver.**

Section A: to be completed by all students

Name: _____
(Last) (First) (Middle initial)

Date of Birth _____

Student summer mailing address_____

_____

_____

Student school mailing address _____

_____

_____

Student Status (check one) Permanent Resident ☐ International ☐

Social Security Number _____

Are you currently covered by Health Insurance? Yes ☐ No ☐

Name of Insurer _____

Policy Number _____

Please list your emergency contact:

Name _____

Relationship _____

Address _____

_____

Phone number (w) _____ (h) _____

Health History

Check all items that apply

___AIDS/HIV
___Asthma
___Cancer
___Diabetes
___Emotional Disturbances
___Fainting/dizziness
___Frequent headaches
___Heart Disease
___Hemophilia
___Hepatitis
___High Blood Pressure
___Kidney disease
___Obesity
___Rheumatic Fever
___Seizures
___Sickle Cell Disease
___Stroke
___Tuberculosis
___Ulcers
___Urinary disturbances
___Vision disturbances

Physical/ Learning disabilities: check all that may apply **Note: Students are responsible for requesting accommodations (living or classroom) from and providing documentation to the Office of Student Life.**

___Blindness/vision loss
___Hearing impairment
___Learning disability
___Paralysis of arms
___Paralysis of legs

Allergies: check all that apply

___Aspirin
___Antibiotics – name_____
___Bee sting
___Other – name _____

Answer the following questions:

1. Do you have any health condition that could prohibit your participation in any university-sponsored activity?

☐ Yes ☐ No

If yes, please explain your limitation

_____

_____

If you are currently prescribed medication from your physician, please list it below

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Is there anything else you would like to share about your medical/health condition?

Section B : To be completed by all students born after 1956: **Must be accompanied by proof from physician**

Measles (Rubeola) TWO vaccinations after 12 months of age
Date of dose 1 _____ Date of dose 2 _____
(After 1968)

Mumps One immunization after 12 months of age
Date of dose 1 _____

Rubella One immunization after 12 months of age
Date of dose 1 _____

Tetanus/Diphtheria Immunization within the last 10 years
Date of dose _____

Meningococcal Vaccine (Meningitis) _____
****Must be accompanied by signed waiver**

Section C: To be completed ONLY by International Students: Must be accompanied by proof from physician

Tuberculosis Skin Test must have been completed within the last 6 months

Date of skin test _____ Result (_____) mm. Induration

If skin test was positive must have chest X-ray

Date of chest X-ray _____ Result : Positive _____ Negative _____

To be completed by all students:

A letter for either religious or medical reasons must accompany exemptions to any of the above vaccinations. If a medical reason, a letter from a physician must accompany this from.

I, the undersigned, understand that this information will be held in strictest confidentiality among members of the Residence Life staff at Capitol Technology University. It will be referred to emergency personnel in case of an urgent matter while I am enrolled in on campus housing. I agree that all the above information is correct and up to date to the best of my knowledge.

Student Signature _____ Date _____