

Important Health INFORMATION

On behalf of the Counseling and Health Promotion staff, we would like to take this opportunity to welcome you to the College of Saint Benedict. It is the goal of Counseling and Health Promotion to enhance women's development and life-skills which enable them to be responsible members of the world community.

Please note the following when completing the College Admission Health Form:

PAGE ONE

- Top section (name/address) to be completed by student.
- Physical Examination to be completed by health care provider (within the past 12 months).
- Health Insurance—required for CSB students. If you do not have health coverage, contact the Counseling and Health Promotion Office at 320-363-5605 for more information on enrolling in the insurance plan made available by CSB.
- Intercollegiate Varsity Athletes section—complete this section if you are planning on competing for a varsity athletic team.

PAGE TWO

- Immunization record to be completed by student and/or health care provider.
- A TB skin test is required for all international students. This test is recommended for domestic students determined to be 'at-risk' by their health care provider (international travel, exposure in work environment, etc.).
- Release of Immunization Record: Please sign and indicate which health care provider you want to designate to receive your records.

IMPORTANT

A notice will be sent to students within six weeks of classes beginning if their health form is missing or is incomplete. If there is no response to this notification, registration for spring semester will be held until the information is submitted.

Please return health forms by August 1, 2009 to:

Counseling and Health Promotion, Academic Services Building-Lower Level, College of Saint Benedict, St. Joseph, MN 56374

Please note our office will be closed from June 8 to August 8. If you have questions regarding any of the requirements, please contact our office at 320-363-5605 prior to June 8 or after August 8. Information may also be obtained from our Web site at www.csbsju.edu/chp/default.htm.

MENINGOCOCCAL MENINGITIS

What is it and who is at risk? Meningitis is a rare but potentially fatal bacterial infection. It can occur in two forms—as either meningococcal meningitis, an inflammation that affects the brain and spinal cord, or as meningococcemia, the presence of bacteria in the blood.

Meningitis can strike at any age; however, certain groups have a greater risk for contracting the disease. Due to lifestyle factors, such as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing of personal items, college students living in residence halls are more likely to acquire meningococcal disease than the general college population. Other groups at increased risk include:

- Anyone in close contact with a known case
- Anyone with a compromised immune system

How is meningitis transmitted? Meningococcal bacteria are transmitted through direct contact with a person already infected with the disease. Direct contact often occurs by exposure to air droplets from the nose and throat of an infected person. Direct contact also occurs with shared items, such as cigarettes or drinking glasses, or through intimate contact such as kissing.

Can meningitis be prevented? Meningococcal vaccination is recommended for all first-year students living in residence halls to protect against four of the five most common strains of the bacteria. In persons 15 to 24 years of age, 70 to 80 percent of cases are caused by potentially vaccine-preventable strains. All other college students younger than 25 who wish to reduce their risk of infection may choose to be vaccinated, especially if they are living in residence halls.

To obtain the meningococcal vaccination, please contact your health care provider. For more information on meningococcal disease, including the symptoms and possible complications, check out the following Web sites:

- www.acha.org/meningitis
- www.cdc.gov/ncidod/diseases/submenus/sub_meningitis.htm

HEPATITIS A AND B

HEPATITIS A

Hepatitis A is caused by the hepatitis A virus (HAV). The infection lasts for less than six months and resolves itself without the help of medical treatment. You may be able to continue to work and function with hepatitis A, and you can recover at home.

How do you get hepatitis A?

- Consuming contaminated food or water handled by someone who has hepatitis A
- Sharing a house or room with an infected person
- Having intimate or sexual contact with an infected person
- Changing diapers or linens that contain stool from someone with hepatitis A
- Using street drugs
- Traveling to countries where hepatitis A is common (Mexico, parts of the Caribbean, the Mediterranean basin, eastern Europe, Africa, Middle East, and Asia (excluding Japan))

What can be done to prevent hepatitis A?

- Always wash your hands after using the bathroom, changing a diaper, and before preparing or eating food
- Hepatitis A vaccines are available to those who may be exposed to hepatitis A, such as those traveling to countries where hepatitis A is common

HEPATITIS B

Hepatitis B is the most common serious liver infection in the world. It is caused by the hepatitis B virus (HBV) that attacks liver cells and can lead to liver failure, cirrhosis (scarring) or cancer of the liver later in life. This virus is transmitted the same way as HIV.

Can HBV be prevented? Yes. Talk to your health care provider about a vaccine to protect yourself, or check with your local health department or health clinics to see if they have a free or reduced-cost vaccine.

Who should be vaccinated?

- All newborns and children up to 18 years of age
- Anyone who lives in close contact with or is a sexual partner of an infected individual
- Anyone who is at risk of infection through their job or lifestyle choices

Additional Resources:

- www.hepb.org
- www.cdc.gov/hepatitis

CSB HEALTH REPORT FORM

Required of all students – Return completed form by August 1 to:
Counseling and Health Promotion
College of Saint Benedict
37 S. College Ave.
St. Joseph, MN 56374
FAX: (320) 363-6396

This information is strictly CONFIDENTIAL and will not be released to anyone except by your written authorization.

(Please print)

Name _____
Last First Middle

Home address _____
Street City State Zip

E-mail _____

Date of birth (mm-dd-yy) ____/____/____ Age ____ Telephone (____) ____-____

PHYSICAL EXAMINATION (to be completed by health care provider)

A physical examination was completed on this date _____ (within the past 12 months)

Clinic name _____ Telephone (____) ____-____

Clinic address _____
Street City State Zip

Health care provider signature _____ Date _____

Print provider's name _____

Does this student have any health-related issues that will affect her performance at school? _____

Approved for intercollegiate varsity athletic participation: Yes No

HEALTH INSURANCE (required)

Insurance Information

Student's name _____

Subscriber's name (policy holder) _____

Name of insurance/HMO _____

Group No. _____ Policy No. _____

INTERCOLLEGIATE VARSITY ATHLETES

NCAA rules state that all students participating in intercollegiate athletics must have a physical within *6 months* prior to the start of their varsity season's first practice.

Students planning to participate in intercollegiate athletics should make two copies of this health report form—keep one copy for your own records and send the other copy to: Athletic Training Room, College of Saint Benedict, 37 S. College Ave., St. Joseph, MN 56374. This original form should be sent to Counseling and Health Promotion at the address listed at the top.

Release of Medical Information

I hereby authorize the College of Saint Benedict Counseling and Health Promotion Office to release a copy of my health form to the CSB Athletic Training Room in the event that a copy of my health form is needed.

Student-athlete signature _____ Date _____

IMMUNIZATION RECORD

Minnesota Law (M.S. 135A.14) requires proof that all students born after 1956 and enrolled in a public or private post-secondary school in Minnesota be immunized against diphtheria, tetanus, measles, mumps, and rubella, allowing for certain specified exemptions (described in the section below). The law requires that the college collect the information requested on this form and maintain these records for all enrolled students. You are legally required to provide this information. The Minnesota Department of Public Health and the local health board are authorized by state law to inspect this information.

REQUIRED

Measles/Mumps/Rubella (MMR): Two doses after 12 months of age—required by Minnesota law	Month/Day/Year Dose 1: ____/____/____ Dose 2: ____/____/____
Tetanus/Diphtheria (Td): Within the past 10 years—required by Minnesota law	Month/Day/Year Booster completed: ____/____/____
T.B. Skin Test (International Students): Must be administered within 4 weeks prior to attending college	Month/Day/Year ____/____/____
	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive* (see below)

RECOMMENDED

Meningococcal Vaccine: Recommended for students under 25 living in dorms.	Month/Day/Year Date completed: ____/____/____
Polio: Recommended for students under 18 years and some international travelers.	Month/Day/Year Dose 1: ____/____/____ Dose 2: ____/____/____
T.B. Skin Test (Domestic Students): Recommended for students determined to be 'at-risk' (e.g., international travel, exposure in work environment, etc.), to be determined by health care provider.	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive* (see below)
Hepatitis A: A two-dose series recommended for certain persons at increased risk and others wishing to obtain immunity, especially international travelers.	Month/Day/Year Dose 1: ____/____/____ Dose 2: ____/____/____
Hepatitis B: Persons at increased risk should have completed a three-dose series.	Month/Day/Year Dose 1: ____/____/____ Dose 2: ____/____/____ Dose 3: ____/____/____

* If positive, chest x-ray required. X-ray results _____. Date _____. Positive results require written treatment plan from health care provider. If x-ray not done, a signed explanation must be attached by the health care provider.

EXEMPTIONS

If you haven't been immunized and wish to file an exemption to any or all of the required immunizations, you must complete the following section. Please note that a physician's signature is needed for a medical exemption, and a notary signature is needed for a conscientious exemption.

MEDICAL EXEMPTION	CONSCIENTIOUS EXEMPTION
<p>The student named above does not have one or more of the required immunizations because he or she has (check all that apply):</p> <p><input type="checkbox"/> a medical problem that precludes the _____ vaccine(s).</p> <p><input type="checkbox"/> a history of _____ disease</p> <p><input type="checkbox"/> laboratory evidence of immunity against _____</p> <p>Physician's signature _____</p> <p>Date _____</p>	<p>I hereby certify by notarization that immunization against _____ is contrary to my conscientiously held beliefs.</p> <p>Signature of student _____</p> <p>Date _____</p> <p>Subscribed and sworn before me on the _____ day of _____, 20_____.</p> <p>Signature of notary _____</p>

RELEASE OF IMMUNIZATION RECORD

I hereby authorize the College of Saint Benedict Counseling and Health Promotion Office to release a copy of my immunization record to the health care facilities checked below in the event I access their health care services (more than one may be checked).

- CentraCare Clinic St. Joseph
- Saint John's Health Center
- Other _____

Student signature _____ Date _____