



Please complete and turn in at Baptist College Orientation. Any questions please contact Sheri Whitlow, Baptist College Student Services at (901) 572-2663 or Tom Crouse with UT Health Services
Phone: (901) 448-1384 Fax: (901) 448-7255 Email: wcrouse@uthsc.edu

New Student Health Form

Personal Information

Name _____ Resident _____ Commuter _____
Student ID _____ Age _____ Sex _____ Date of Birth _____

Data (please answer each question)

Home Address _____

Date of College Entrance _____

Parent/Guardian Name _____

Parent/Guardian Business Address _____

Home Telephone _____ Business Telephone _____

Health Insurance Company _____

Policy Number _____ Telephone Number _____

In Case of Emergency, Notify _____

Relation _____ Telephone Number _____

You **must complete** your initial MMR, Varicella, Tdap, Hepatitis B vaccines or titers, TB skin test, the Statement & Consent and Release of Medical Records **PRIOR TO MIDTERMS** at Baptist College.



Immunization Record

To be completed by Healthcare Provider

OR copies of ALL vaccinations, serum antibody test results, and TB skin test MUST BE ATTACHED

Student Name _____, _____, _____
Last First Middle Initial

Date of Birth _____
Month/Day/Year

1. MMR - Measles (Rubeola), Mumps and Rubella Vaccine

_____ Date of Measles (Rubeola) IgG serum antibody & Results
Date of 1st vaccination

OR

_____ Date of Mumps IgG serum antibody titer & Results
Date of 2nd vaccination

_____ Date of Rubella IgG serum antibody titer & Results

2. Varicella (Chickenpox) Vaccine

_____ Date of 1st vaccination
Varicella IgG titer is **REQUIRED** if student has history of disease to document immunity

OR

_____ Date of 2nd vaccination
Varicella-Zoster IgG serum antibody titer & Results (SELECT if patient had childhood disease)

Student Name _____, _____ Date of Birth _____
Last First

3. Hepatitis B series (HBV Vaccine)

Date of 1st vaccination

Date of 2nd vaccination

Date of 3rd vaccination

Date of Hepatitis B surface **antibody titer & results**

BCHS REQUIRES that a **Hepatitis B surface antibody titer** (blood draw/lab test) is completed after three (3) Hepatitis B vaccines. **IF the titer is negative**, repeat the Hepatitis B vaccine series.

4. Tdap (Tetanus, Diphtheria, & Pertussis) Vaccine (due every 10 years)

Date of vaccination

5. Tuberculosis Skin Test, PPD (must be completed within 90 days of first trimester and annually to stay enrolled)

_____ mm
Date test administered Date test read Result in millimeters

IF student has had a **positive skin test** in the past, a T-Spot test **OR** a Free of Infectious Tuberculosis card issued by a County Health Department is required. Contact UT University Health Services any questions (901) 448-1384

A healthcare provider must COMPLETE and SIGN this form confirming that all information is complete and accurate, OR copies of ALL vaccinations, serum antibody test results, and TB skin test MUST BE ATTACHED

Health Care Provider Name (Printed)

Address

Health Care Provider Signature

Date

6. Meningitis (Required if you are a residence hall student under age 22, and this is your first trimester living on campus. Minimum requirement of one vaccination less than 5 years prior to move-in date.) **You are required to provide documentation of a Meningococcal vaccine(s) before you will be issued a key to move onto campus.** Provide a copy of this document to UT Health Services AND a copy to Baptist College campus housing staff on move-in day.

Date of 1st vaccination

Date of 2nd vaccination

**University Health Services Consent
for Release of Medical Records**

I do hereby authorize University of Tennessee University Health Services (UHS) to release to Baptist Memorial College of Health Sciences and/or their clinical affiliates information from my medical records to satisfy the needs and requirements of Baptist Memorial College of Health Sciences in the course of my enrollment at the college. This includes records required at the time of my enrollment, including immunization records, titer records, TB skin testing results, flu immunization verification, Health Department records, Quantiferon Test results and/or Tspot results, and any additional immunizations, tests, or titers received while enrolled, as well as the results of any drug and alcohol testing.

I understand I may revoke this authorization at any time with a written request to University Health Services, and I acknowledge and understand such action will likely affect my clinical placement status. The request must include the signature of the student or the student’s legal representative, and must be notarized. Revocation of this authorization is allowable only to the extent that the release of information has not already occurred. University Health Services is hereby released from all legal liability that may arise from the release of information requested. Any information disclosed through this release may be subject to re-disclosure by the receiving party, and no longer protected under applicable federal law.

Student Name (please print)	Signature	Date
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Witness (please print)	Signature	Date
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Legal Representative (for revocation only)	Signature	Date
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1003 Monroe Avenue
Memphis, TN 38104
(901) 575-2247

Statement and Consent

I certify that the information given in these forms is correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute grounds for dismissal from Baptist College. I acknowledge by my signature that I have read and understand these statements and agree to be bound by them.

Student's Name (Please print)

Student's Signature

Date