



Dear New Student,

Welcome to Hastings College from the Health Center staff! We are here to help answer any questions you might have about health-related concerns or problems. You will find important forms to return to the Health Center which will allow us to give you the best of health care while you are a student at Hastings College. Hastings College Campus Health Center services are provided at no extra cost to students, with the exception of immunizations, which are provided at cost. We refer to off-campus healthcare providers for services beyond the scope of practice for Registered Nurses.

**ALL STUDENTS:** (Including student athletes—the athletic department has *additional* requirements for their records)

- The information on your health record is confidential. For this reason, we urge you to list all pertinent health information so we can give you the very best care **for both acute and chronic conditions.**
- **Complete the attached “Student Information Form: Hastings College Health Center”.**
- **Complete the attached “Hastings College Health Center Treatment Authorization”** including healthcare insurance information and usual health care provider information. **Please include a photocopy of your Health Insurance card (both front and back). PLEASE NOTE: The completed form is required for you to be seen/treated at the Stone Health Center.**
- Take the attached **“Hastings College Health Center Immunization Record”** to your healthcare provider for completion. Note that vaccines in **sections “A” through “D” are required** and the vaccines in **sections “E” through “J” are strongly suggested.** For section **“K”** no testing is required if your healthcare provider determines you have no signs or symptoms and are not a member of a high-risk group for Tuberculosis. You will have already received all or most of the required immunization, and need only have your healthcare provider fill in the dates and sign the form.
- **Return all the above forms to the Health Center via mail, or bring them to your registration appointment where we can collect them. If you return them by mail, DO NOT enclose any other materials.**

A word about health insurance...Please ask your parents/guardians to check with the insurance carrier **NOW** to determine the procedure to follow if off-campus medical services are needed. Some family insurance plans **do not** cover expenses out of your immediate geographic area, or at the very least, require the patient to notify the carrier of need for medical care. **All students need to carry a copy of their insurance card (front and back), as they will need that for any medical services off-campus.** Hastings College provides all full-time undergraduate students with a second-pay accident benefit of \$1,000.00 for accidents that occur during the 9-month academic year.

Sincerely,

*Beth Littrell*

Elizabeth (Beth) Littrell RN-BC, MA, LIMHP  
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## Health Center Immunization Record

### PART I

Name \_\_\_\_\_  
First Name Middle Name Last Name

Address \_\_\_\_\_  
Street City State Zip

Date of Entry \_\_\_/\_\_\_/\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_/\_\_\_/\_\_\_-\_\_\_/\_\_\_/\_\_\_-\_\_\_/\_\_\_/\_\_\_  
M Y M D Y M D Y

Status Part-time \_\_\_\_\_ Full-time \_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate \_\_\_\_\_

### PART II – TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.

All information must be in English.

#### A. M.M.R. (MEASLES, MUMPS, RUBELLA)

(Two doses required at least 28 days apart for students born after 1956 and all health sciences students.)

1. Dose 1 given at age 12 months or later. .... #1 \_\_\_/\_\_\_/\_\_\_  
M D Y

2. Dose 2 given at least 28 days after first dose. .... #2 \_\_\_/\_\_\_/\_\_\_  
M D Y

#### B. POLIO

(Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y

2. IPV/OPV sequential: IPV #1 \_\_\_/\_\_\_/\_\_\_ IPV #2 \_\_\_/\_\_\_/\_\_\_ OPV #3 \_\_\_/\_\_\_/\_\_\_ OPV #4 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y M D Y

3. IPV alone (injected Salk four doses): #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y M D Y

#### C. VARICELLA

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.)

1. History of Disease Yes \_\_\_\_\_ No \_\_\_\_\_ or Birth in U.S. before 1980 Yes \_\_\_\_\_ No \_\_\_\_\_

2. Varicella antibody \_\_\_/\_\_\_/\_\_\_ Result: Reactive \_\_\_\_\_ Non-reactive \_\_\_\_\_  
M D Y

#### 3. Immunization

a. Dose #1.....#1 \_\_\_/\_\_\_/\_\_\_  
M D Y

b. Dose #2 given at least 12 weeks after first dose ages 1-12 years and  
at least 4 weeks after first dose if age 13 years or older Dose #2 \_\_\_/\_\_\_/\_\_\_  
M D Y

(continued)

### D. TETANUS, DIPHTHERIA, PERTUSSIS

(Primary series with DTaP, DTP, DT, or Td, and booster with Td or Tdap in the last ten years. Health sciences students with patient contact should receive one dose of Tdap at an interval as short as 2 years since last Td as appropriate. Refer to ACIP for details)

1. Primary series of four doses with DTaP, DTP, DT, or Td:.....#1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y M D Y

2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible).....\_\_\_/\_\_\_/\_\_\_  
Tdap booster recommended for ages 11-64 unless contraindicated M D Y

3. Booster: Td within the last ten years.....\_\_\_/\_\_\_/\_\_\_  
M D Y

### E. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

(Three doses of vaccine for college students 11-26 years of age at 0, 2, and 6 month intervals.)

Immunization (HPV)

a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y

### F. INFLUENZA

(Trivalent inactivated influenza vaccine or TIV. Live attenuated influenza vaccine or LAIV; licensed for healthy, nonpregnant persons age 5-49 years old. Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals. Health sciences students with patient contact.)

Date \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y M D Y M D Y  
TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_ TIV\_\_\_ LAIV\_\_\_

### G. HEPATITIS A

1. Immunization (hepatitis A) a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y

2. Immunization (Combined hepatitis A and B vaccine) a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y

### H. HEPATITIS B

(All college and health sciences students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B) a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y  
Adult formulation\_\_\_ Child formulation\_\_\_ Adult formulation\_\_\_ Child formulation\_\_\_ Adult formulation\_\_\_ Child formulation\_\_\_

2. Immunization (Combined hepatitis A and B vaccine) a. Dose #1 \_\_\_/\_\_\_/\_\_\_ b. Dose #2 \_\_\_/\_\_\_/\_\_\_ c. Dose #3 \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y M D Y

3. Hepatitis B surface antibody Date \_\_\_/\_\_\_/\_\_\_ Result: Reactive\_\_\_ Non-reactive\_\_\_  
M D Y

### I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risk groups.)

Date \_\_\_/\_\_\_/\_\_\_  
M D Y

### J. MENINGOCOCCAL TETRAVALENT

(A,C,Y,W-135 / One dose — for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetavalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible):

Date \_\_\_/\_\_\_/\_\_\_  
M D Y

Tetavalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues):

Date \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_  
M D Y M D Y

(continued)

### K. TUBERCULOSIS (TB) SCREENING/TESTING <sup>1</sup>

The American College Health Association has published guidelines on "Tuberculosis Screening and Targeted Testing of College and University Students." To obtain the guidelines, visit [www.acha.org](http://www.acha.org).

Please answer the following questions:

1...Does the student have signs or symptoms of active tuberculosis disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, proceed to #2. If Yes, Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Is the student a member of a high-risk group or is the student entering the health profession?<sup>2</sup> Yes \_\_\_\_\_ No \_\_\_\_\_

If 'No', stop. If yes, place tuberculin skin test (Mantoux only: inject 0.1ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TUI] intradermally into the volar {[inner] surface of the forearm.) A history of BCG vaccination should preclude testing of a member of a high-risk group.

3. Tuberculin Skin Test: Date Given: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Read: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
M D Y M D Y

Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): Positive \_\_\_\_\_ Negative \_\_\_\_\_

4. Chest x-ray (required if tuberculosis skin test is positive) result: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_

Date of chest x-ray: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
M D Y

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## HEALTH CARE PROVIDER

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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<sup>1</sup>The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit [www.acha.org](http://www.acha.org) or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the follow website: [www.cdc.gov/nchstp/tb/pubx/corecurr/](http://www.cdc.gov/nchstp/tb/pubx/corecurr/).

<sup>2</sup>Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia or New Zealand. Other categories of high-risk students include those with HIV infections, who inject drugs, who have resided in, volunteered in or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias, or lymphoma, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone 15mg/d for 1 month) or other immunosuppressive disorders.