

Student Health Center

Phone: 704-216-6111 Fax: 704-216-6770

Dear Prospective Student:

On behalf of the Health Services team, we would like to welcome you to Livingstone College. This letter is an aid to help you get your health records completed and turned in **30 days prior to enrollment**. In the health packet there will be:

- **Demographics Page** contains the medical history for the student. All blanks should be filled in- including insurance status, along with a copy of the insurance card and drug allergy information. The student should fill in this portion; or a parent or guardian may do so if the student is under the age of 18.
- **The Physical Examination Page** is the physical portion and is filled in by the physician or designer. Your physical must have been completed within a 12-month period from enrollment.
- **Laboratory/Immunization Page.** Immunization records must be signed by a Physician, Nurse Practitioner, or Physician Assistant including the address and phone number of the provider. For North Carolina students, a high school transcript is an acceptable record of immunization. **Immunization records are required on the day of registration.**
- **HPV Declination Page.** Complete the form, check "A" if you do not wish to receive the vaccine or have only one vaccine.
- **Tuberculosis (TB) Screening Page.** TB screening tool must be completed by all students. An answer of *yes* to any question requires a TB skin test with results or a Quantiferon Gold or T. Spot TB Blood Test

North Carolina State Law Immunization Requirements

Immunization requirements apply to all students **except** those registered for evening courses (those which start after 5pm), weekend courses, and taking no more than 4 credit hours in on campus courses. If at any time the above changes, the student needs to submit a certificate of immunization on or before the first date of registration.

Meningococcal – (2 doses) An individual born before 1/1/2003 shall not be required to receive a meningococcal conjugate vaccine, Meningococcal B vaccine does not substitute for Meningococcal conjugate vaccine.

Tetanus- DTP, DT, TD/TDap- series of (3) doses. Under administrative rule **10A NCAC 41A.0401** those students entering a college or university for the first time after July 1, 2008, are required to have a booster dose of TDap (tetanus/diphtheria/acellular pertussis).

- **Polio**-a series of (3) doses. Not required if over the age of 18.
- **MMR** (measles, mumps, and rubella) 2 doses.
- **Hepatitis B**-a series of 3 doses required for those students born 1994 and after. [**Hep-B Titers are not recognized by North Carolina Immunization Registry (NCIR) HepB-B 2 doses students >18 y/o, Vaccines can't be combined to obtain the specified number**]
- **Varicella Vaccine** – 2 doses or a positive serological titer, or documentation from physician or designee of a history of chicken pox. An individual born before April 1, 2001, is not required to receive varicella vaccine.

Recommended Immunizations

- Human Papillomavirus Vaccine (HPV) - two vaccines are recommended by the NCIR; however, if he/she has only 1 vaccine, or no vaccines the declination form must be signed, dated, and indicated by checking A that he/she does not want to receive the vaccine.
- Flu
- Hepatitis A

If a student must begin a series of injections to comply; such will be completed before the student can legally remain in college. **Those students that do not turn in immunization records prior to enrollment will be given 30 calendar days from the first day of registration to become compliant.** If the immunization requires a series of doses and the period necessary to obtain the vaccine at standard intervals extends beyond the date of registration, the student shall be allowed to attend the college. **If after that time, they will be withdrawn from classes, will not be able to participate in sports and cannot live in the Residence Halls.**

The student health forms are located on the website of Livingstone College. Visit <http://www.livingstone.edu>, **hover over "OFFICES" then hover over "EMERGENCY", click on "Health Services"** then click to download **Student Health Information**. You will see all the student health forms to complete. You may choose to bring your forms with you during registration or return your forms in advance any of the following methods:

Mail: Student Health Center, 701 W. Monroe St., Salisbury NC. 28144

Fax: 704-216-6770

Email: Sheila Wasson MSN, RN, Director Student Health Services: swasson@livingstone.edu

Gretchen Dunlap, Administrative Assistant: gdunlap@livingstone.edu



PHYSICAL EXAMINATION

(TO BE COMPLETED BY PHYSICIAN, PA, FNP, OR CERTIFIED CLINICAN)

Name _____ Date of Birth _____

BP _____ Pulse _____ HT _____ WT _____ BMI _____

Vision: Right-20/ _____ Left-20/ _____ Corrected to: Right 20/ _____ Left-20/ _____

SYSTEM	NORMAL	ABNORMAL	COMMENTS
HEENT			
RESPIRATORY			
CARDIOVASCULAR			
METABOLIC/ENDOCRINE			
GASTROINTESTIONAL			
HERNIA			
G/U			
MUSCULOSKELETAL			
NEUROPSYCHIATRY			
SKIN			

Any loss or serious impairment to any organ? _____

Is Student being treated for medical or emotional condition? _____

Is Student capable of unlimited athletic participation? _____

Remarks pertinent to history or physical findings _____

Signature and title of Physician _____ **Date** _____
and/or designee



Name: _____ Date of Birth: _____

REQUIRED IMMUNIZATIONS

DTP, DTap, TD (proof of 3 doses required) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

TD/Tdap (Tdap required for all freshmen, TD within the last 10 years) 1. _____

POLIO (a series of 3. If over the age of 18 not required) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR-Measles, Mumps and Rubella (a series of 2. The first dose must have been given on or after the first birthday. Not required after the age of 50). Serological titers acceptable to verify immunity. 1. _____ 2. _____

HEPATITIS B (a series of 3. If born after 1994) 1. _____ 2. _____ 3. _____

HEPSLIVA B 1. _____ 2. _____ if > 18 y/o & 4 weeks apart

NEGATIVE TB SCREENING OR TB SKIN TEST (required within the past year.) Tuberculin lot # _____ Exp. date _____ Given by: _____ Date given: _____ Date read: _____ Result: _____

T. Spot Date _____ Result _____ or Quantiferon Gold: Date _____ Result _____

****If there is a history of a positive TB test in the past, please provide chest x-ray results. ****

VARICELLA 1. _____ 2. _____

Positive Titer _____ Documentation from MD/Designee _____

MENINGOCOCCAL (2 doses. If the first dose was given on or after the 16th birthday, a booster dose is not required) 1. _____ 2. _____

Which dose administered? (Please check) Menactra _____ Menveo _____

**An individual born before January 1, 2003, shall not be required to receive a meningococcal conjugate vaccine. **

RECOMMENDED IMMUNIZATIONS

HPV-GARADSIL (a series of 3 for females and males up to the age of 26) 1. _____ 2. _____

HEPATITIS A (series of 2) 1. _____ 2. _____

COVID Vaccine 1. _____ 2. _____

Name of Dose administered: Moderna _____ Pfizer _____ J&J _____

PHYSICIAN SIGNATURE OR CLINIC STAMP _____ DATE _____

Address _____ Phone Number: _____



Print Legibly/Name: _____ Student ID # _____ Date _____

Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? [] Yes [] No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) [] Yes [] No

- Afghanistan, Algeria, Angola, Anguilla, Argentina, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, China, Hong Kong SAR, China, Macao SAR, Colombia, Comoros, Congo, Côte d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Greenland, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, New Caledonia, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Sao Tome and Principe, Senegal, Serbia, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Tanzania (United Republic of), Thailand, Timor-Leste, Togo, Tunisia, Turkmenistan, Tuvalu, Uganda, Ukraine, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of >= 20 cases per 100,000 population. For future updates, refer to http://www.who.int/tb/country/en/.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) [] Yes [] No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? [] Yes [] No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? [] Yes [] No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? [] Yes [] No

If the answer is YES to any of the above questions, Livingstone College requires that you receive TB testing and results as soon as possible but at least prior to the start of the subsequent semester.

If the answer to all of the above questions is NO, no further testing or further action is required.

* The significance of travel exposure should be discussed with a health care provider and evaluated.



Demographics (TO BE COMPLETED BY THE STUDENT)

NAME: Last _____ First _____ Middle Initial _____ Date of Birth _____

Home Address: _____ City _____

State _____ Zip _____ Cell/Home Phone: _____

Email Address: _____

Emergency Contact: (name, phone number) _____

Proposed Registration (please check) Fall ___ Spring ___ Summer ___ Year ___ Previously enrolled? Y ___ N ___ Year ___

Are you covered by Medical Insurance? Y _____ N _____ If yes, please provide a copy of the front and back of your insurance card.

Are you allergic to any medications? Y _____ N _____ If so, please list the name and type of reaction. _____

Is there any disease or treatment that should be evaluated periodically? If so, please explain. _____

Personal Health History

Do you have a history of any of the following? Y=yes N=no

Anorexia _____

Gastrointestinal Disorder _____

Arthritis _____

Heart Disease _____

Asthma/Hay Fever/Hives _____

Hepatitis _____

Diabetes _____

High Blood Pressure _____

Ear/Nose or Throat trouble _____

Kidney Disease _____

Eczema _____

Migraine Headache _____

Emotional Conditions _____

Mononucleosis _____

Epilepsy (Seizures) _____

Sickle Cell Trait _____

Statement by student, Parent or Legal Guardian (if student under the age of 18): I attest that the submitted health information above is true and complete to the best of my knowledge. I hereby give permission to any physician, Hospital or other medical agency as appropriate to advise and render medical treatment as necessary.

Signature of Student _____ or Legal Guardian



HPV (Human Papillomavirus) Vaccine Waiver Form

MUST BE COMPLETED AND SUBMITTED IF STUDENT DOES NOT RECEIVE VACCINE

HPV (human papillomavirus) vaccine can prevent infection with some types of human papillomavirus.

HPV infections can cause certain types of cancers, including: cervical, vaginal, and vulvar cancers in women penile cancer in men anal cancers in both men and women cancers of tonsils, base of tongue, and back of throat (oropharyngeal cancer) in both men and women.

HPV infections can also cause genital warts.

HPV vaccine can prevent over 90% of cancers caused by HPV.

HPV vaccine is routinely recommended for adolescents at 11 or 12 years of age to ensure they are protected before they are exposed to the virus. HPV vaccine may be given beginning at age 9 years and vaccination is recommended for everyone through 26 years of age. **Most children who get the first dose before 15 years of age need 2 doses of HPV vaccine. People who get the first dose at or after 15 years of age and younger people with certain immuno-compromising conditions need 3 doses.**

HPV is spread through intimate skin-to-skin or sexual contact. HPV infections are so common that nearly all people will get at least one type of HPV at some time in their lives. Most HPV infections go away on their own within 2 years. But sometimes HPV infections will last longer and can cause cancers later in life.

Additional information can be obtained on the Centers for Disease Control and Prevention (CDC) website at: <http://www.cdc.gov/health/diseases.htm>.

Student Name (please print) Last _____ First _____ MI _____

Student ID number _____ **Date of Birth** _____

If student is under the age of 18, parent or legal representative please sign:

Name: _____ relation to student _____

I have read the information on HPV (Human Papillomavirus) and:

(Mark either A or B)



A. I **DO NOT** wish to receive the HPV vaccine.



B. I have already received the vaccine on this date: _____.

Student Signature (over the age of 18) _____