**IMMUNIZATION INFORMATION SHEET!**

**THIS IS FOR YOUR OWN RECORDS! DO NOT TURN INTO UHS!**

**Here at Southern Arkansas University the three requirements for ANY international students are a T-spot and 2 MMRs (Measles, Mumps, and Rubella). If any MMRs have been received before entering SAU, students can submit a copy to be filed in their chart. We do not accept TB Skin tests (Mantoux Test) nor do we accept T-spots performed outside of the U.S. Any T-spot performed outside of University Health Services MUST be within the United States. Some locations refer to a T-spot as a Quantiferon TB Gold test. Either of these will be accepted at University Health Services.**

 **It is the student’s responsibility to make sure and make arrangements for any of the three requirements they are missing. Here at University Health Services we do offer T-spots and MMRs and can perform these on the day of your orientation.**

**T-SPOT (**[http://www.T-spot.com/about-the-test/](http://www.tspot.com/about-the-test/)**) (**<http://www.questdiagnostics.com/home/physicians/testing-services/by-test-name/quantiferon>**)**

**Students can go to either website above and learn more about a T-spot or Quantiferon test as well as locations that provide these services. Results for a T-spot take 36-48 hours after collection whereas results for a Quantiferon can be as quick as 24 hours. If a student needs a T-spot by a certain date, arrangements must be made accordingly. All T-spots have to be packaged and ready to go by 4:00 PM Monday-Thursday. If a student walks in at 4:00 PM, a T-spot will not be performed.**

**MMRS (**[http://www.cdc.gov/vaccinesafety/vaccines/MMR-vaccine.html](http://www.cdc.gov/vaccinesafety/vaccines/mmr-vaccine.html)**)**

**Students can go to the website above and learn more information about an MMR vaccination. If a student has not received ANY MMRs please note that the 1st and 2nd MMR must be 30 days apart. If a student has at least 1 MMR and it has been more than 30 days since receiving the MMR, they can receive the 2nd vaccination at any time. [Unlike the T-spot, UHS can give MMRs up until closing time].**

**Locations in Magnolia that perform T-spots/Quantiferon**

**UAMS: Address: 1617 North Washington, Magnolia, AR 71753**

**Phone: 870-234-7676**

**Hours: 8am-5pm**

**Locations in Magnolia that give MMR vaccinations**

**UAMS: Address: 1617 North Washington, Magnolia, AR 71753**

**Phone: 870-234-7676**

**Hours: 8am-5pm**

**Walgreens: Address: 1644 E. Main Street, Magnolia, AR 71753**

**Phone: 870-234-3493**

**Hours: 8am-10pm**

MEDICAL HISTORY REPORT

PLEASE PRINT

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Name First Name Middle Name SAU ID #**

 **Fall-Spring-Summer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex Birth Date (mm/dd/yyy) Circle One E-mail Address (quickest one to reach you at)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address (U.S. Address) City State Zip Cell Phone #**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Campus Address (If residing on campus exp: *Fincher Hall or SAU Village Apt 5D*)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and phone number of person to be contacted in case of an emergency and relationship to you**

Because the University is interested in providing a good learning environment for students, it is helpful to know of factors that could affect the accommodations made by the University for adjusting to the special needs of students. **Please circle yes or no and if you answer yes to any question below please explain in the space provided.**

1. Are you allergic to any medications? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please list on the line provide if your answer was yes)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a diabetic? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have high blood pressure? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have any seasonal or food allergies? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have any behavior or emotional disabilities? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you have any speech or language disabilities? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you have any vision or hearing disabilities? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you have any orthopedic or mobility impairments? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Do you have any learning or emotional impairments? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Have you ever been diagnosed with depression? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Are you currently taking any medication for depression? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Are you an SAU athlete? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PATIENTS CONSENT FOR TREATMENT

I, am suffering from a condition requiring University Health Service care and do hereby voluntarily consent to such care encompassing routine diagnostic procedures and medical treatment by a physician, as is necessary in his/her judgment.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examination in the infirmary.

This form has been fully explained to me and I certify that I understand its contents. I have executed this consent, intending to be legally bound thereby.

**PATIENTS AGREEMENT TO IMMUNIZATION INFORMATION SHEET**

I, , have received the Immunization information sheet and understand that it is my responsibility to get all three requirements fulfilled by the deadline set by University health Services.

If I fail to do so I understand that I will be held responsible and could face disciplinary actions that result in termination from Southern Arkansas University.

SIGNATURE:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date