



Excellence With Caring

**Florida A&M University**  
Student Health Services  
Division of Student Affairs  
1735 Wahnish Way, Suite 104  
Tallahassee, Florida 32310  
Phone: 850-599-3777 Fax: 850-412-5643

## New Student Healthcare Information

Florida A&M University's Student Health Services is a primary care clinic staffed by physicians, nurse practitioners, nurses, medical assistants, other support and administrative staff to serve FAMU students. Our purpose is to provide education and clinical services to help you stay healthy as you pursue your academic goals.

### Immunization Requirements

All incoming students are required to complete the FAMU Health History and Immunization form. This information must be submitted directly to Student Health Services (do not submit to Admissions or other departments) and accepted before you will be allowed to register for classes. Please pay careful attention to immunization requirements. Students must provide the following documentation in English:

- MMR:** 1) Proof of two (2) Measles, Mumps, Rubella (MMR) shots received at least 28 days apart
- Vaccinations must have been received after your first birthday
  - Vaccinations must have been received in 1968 or later.

**OR**

- 2) Proof of Rubella, Rubeola and mumps immunity by way of lab results.

**Hepatitis B and Meningitis:** 1) Proof of immunization for Hepatitis B or sign declination and 2) Proof of immunization for Meningitis or sign declination. A booster dose of meningococcal vaccine is recommended for students who received their primary dose before the age of 16 years.

**Recommended Immunizations:** Other immunizations recommended by the American College Health Association (ACHA) and the Advisory Committee on Immunization Practices (ACIP) include: Varicella (chickenpox); Polio; Tetanus, Diphtheria, Pertussis (Td or Tdap); Human papillomavirus (HPV); Influenza; Hepatitis A and Pneumonia.

**Exemptions:** 1) Students born prior to January 1, 1957 are exempt from MMR requirement, 2) Religious exemption must be accompanied by a signed statement from your church and student/guardian completion of vaccine waiver, 3) Medical exemption requires specific, written documentation on office letterhead signed by a physician. The student/guardian must also complete the FAMU vaccine waiver. Temporary deferments will be allowed if condition is documented on office letterhead and signed by a physician, for pregnancy/possibility of pregnancy, breastfeeding or illness.

\*\*\*\*\*Please contact us at 599-3779 if you have questions about acceptable proof of immunization or exemptions\*\*\*\*\*

### Eligibility

Currently enrolled students are eligible for services from Student Health and from the Office of Counseling Services. Students enrolled in online programs do not have access to campus-based clinical and counseling services.

### Clinic Hours and Services

Student Health Services is open 8:00 a.m. - 4:30 p.m. Monday thru Thursday, and 10:00 a.m. - 4:30 p.m. Fridays. The clinic is closed Saturday, Sunday, annual mandatory in-service day and all university observed holidays. Medical services include physical examinations, gynecological examinations, office visits for illness and injury and immunizations. Laboratory services are also available. The College of Pharmacy and Pharmaceutical Sciences operates an on-site pharmacy for your convenience. Health education, prevention programs and events are available to student groups, residence halls, and other departments within the university.

### Referrals/Community Providers

Students are referred to community providers for emergency care, specialty services and for more serious illnesses or injuries. These services are not included as part of the student health fee. Students are responsible for all charges incurred and are expected to use their health insurance or make other payment arrangements with the providers.

### Payment for Services and Insurance:

**FAMU requires students to provide proof of health insurance prior to registration for classes.** Students not covered through a parent's, spousal or other policy, may purchase health insurance through a university-sponsored plan. The health insurance must meet benefit standards established under the Affordable Care Act. Student Health Services does not accept any insurance at this time as payment for services. Upon your request, we will prepare insurance forms for you to submit for reimbursement. At the time of service, charges incurred will be placed on your student account for payment at your convenience before class registration.

## Immunization Information for FAMU Students – *Please Read*

Many extremely valuable vaccines are available to help prevent disease. Preventing any of the following diseases is highly desirable and is best accomplished with vaccinations. Consult with your health care provider or the FAMU Student Health Services at 850-599-3777 for more information about these vaccines.

### Meningococcal meningitis

Meningococcal meningitis is a potentially life threatening bacterial infection of the brain and spinal cord. This bacterial infection, although rare, may cause severe neurological impairment, partial extremity amputation or even death (10-15% mortality rate). The American College Health Association and the Centers for Disease Control and Prevention recommend that students consider getting the meningococcal vaccine. The incidence of meningococcal meningitis is three times greater for college students living away from home than for other young adults of the same age. Meningococcal vaccine enhances immunity to four (4) strains of the bacteria that cause 65-70% of the disease. An additional vaccine is now available that protects against Meningitis Serogroup B for those who wish to obtain it. Meningococcal vaccine may be available from your primary care physician or local health department. The vaccine is available at Student Health Services. If you have a moderate or severe illness, you should wait until you recover to receive the shot. Please consult with your physician.

### Hepatitis B

Hepatitis B is a serious viral infection of the liver that can lead to chronic liver disease and cancer. Anyone who comes in contact with blood or other body fluids (semen, vaginal fluids, and saliva) of an infected person is at risk for this disease. The virus can also be spread from mother to baby during pregnancy and delivery. The Hepatitis B vaccine (given in 3 injections over 6 months) is a very safe. People should not receive Hepatitis B vaccine if they have ever had a life threatening allergic reaction to baker's yeast or to a previous dose of Hepatitis B vaccine. Anyone who is moderately to severely ill at the time of the shot should wait until they recover before getting the vaccine.

### Influenza

The flu is a serious viral disease that spreads by coughing, sneezing and respiratory secretions from infected persons. Yearly flu shots (October thru March) are available for everyone, but are especially indicated for persons with asthma, diabetes, chronic heart or lung disease or other health problems that compromise the ability to fight infection. Flu shots are available for students at no cost at Student Health Services.

### Human Papilloma Virus (HPV)

HPV is a common virus passed through oral, anal or vaginal sexual contact. Infection by some types of HPV can cause genital warts which may lead to cervical cancer. The HPV vaccine (given in 3 injections over 6 months) has been found effective in preventing diseases caused by the HPV types 6, 11, 16 and 18. The vaccine is less effective if a person has already been exposed to one of these four types. The vaccine is recommended for males and females age 9-26. It is not recommended for pregnant women.

### Hepatitis A

Hepatitis A is another viral disease that affects the liver and is most often transmitted through contaminated food and water. The disease is prevalent in developing countries and numerous outbreaks occur throughout the U.S. Hepatitis A is not the cause of chronic liver disease, however infected persons can become extremely ill and lose significant time from work or school.

### **Confidentiality and Collection of Social Security Numbers**

Student Health Services follows all applicable state and federal regulations and university policies regarding the privacy and confidentiality of medical records. Information will not be divulged without appropriate written consent from the patient except in case of emergency or as required by law. In compliance with the provisions of Section 119.071(5), Florida Statutes, Student Health Services collects social security numbers for legitimate business purposes, as specifically authorized by law and in the performance of the duties and responsibilities for the following reasons:

- \*Completion of the Florida Department of Health Practitioner Disease Report Form
- \*To secure healthcare services and/or insurance benefits for the individual



Student ID # \_\_\_\_\_

Florida Agricultural and Mechanical University  
 Student Health Services  
 1735 Wahnish Way, Suite 104  
 Tallahassee, FL 32310  
 Phone: 850-599-3777 Fax: 850-412-5643

**Health History Form**

*To Be Completed by Student*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ SSN \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Area Code/Phone # \_\_\_\_\_

Date of Birth (mo/day/yr) \_\_\_\_\_ Gender:  M  F  T Email \_\_\_\_\_

CLASS YOU ARE ENTERING:  
 FR SO JR SR Grad Prof

PREVIOUSLY ENROLLED AT FAMU?  
 \_\_\_ Y \_\_\_ N If yes, when? \_\_\_\_\_

SEMESTER ENTERING  
 Fall Spring Summer Year \_\_\_\_\_

**Emergency Contact**

Name of emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Home/cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Family Health History**

Has any person, related by blood, had any of the following:

	Yes	No	Relationship
Alcohol/drug problem			
Allergy			
Asthma			
Blood or clotting disorder			
Cancer (type)			
Convulsions			

	Yes	No	Relationship
Cholesterol or blood fat disorder			
Diabetes			
Glaucoma			
Heart attack before age 55			
High Blood Pressure			

	Yes	No	Relationship
Obesity			
Psychiatric illness			
Stroke			
Suicide			
Tuberculosis			
Other _____			

**Personal Health History**

**Do you have allergies? \_\_\_ Yes \_\_\_ No Are you receiving allergy injections? \_\_\_ Yes \_\_\_ No Please specify allergy:**  
 \_\_\_ Aspirin \_\_\_ Sulfa drugs \_\_\_ Penicillin \_\_\_ Insect sting \_\_\_ Food allergy (which?) \_\_\_ Other drugs (list) \_\_\_\_\_

Have you had or do you have now any of the following? Please indicate Y (yes) or N (no) and the year of first occurrence.

	Y	N	Year		Y	N	Year		Y	N	Year		Y	N	Year
Abdominal pain (severe/recurrent)				Chronic cough				Hepatitis				Rheumatic fever			
Alcohol/Drug Use				Concussion				High blood pressure				Serious skin disease			
Anemia or Sickle Cell Anemia or Trait				Depression				Insomnia				Seizures/convulsions			
Anorexia/Bulimia				Diabetes				Intestinal Problems				Sinusitis			
Anxiety				Dizziness or fainting				Irregular menses				STDs			
Asthma				Ear-chronic infection				Kidney stone or kidney disease				Major Surgeries			
Arthritis				Emotional Problems				Lupus/Other Autoimmune				Thyroid trouble			
Back/Neck Injury				Eye problem				Malaria				Tuberculosis			
Bladder or kidney infection				Fatigue				Mononucleosis				Testicles-problems			
Blood transfusion				Headaches				Menstrual cramps-severe				Tobacco Use			
Bone, joint problem, fracture or deformity				Head injury (severe)				Physical disability				Vomiting-frequent			
Breathing problems				Hearing loss				Pain-chronic				Current	Height	Weight	
Cancer or Tumor				Heart disease or murmur				Pneumonia				Other (specify)			
Chest pain				Hernia (specify)				Rectal disease							

**FLORIDA A&M UNIVERSITY IMMUNIZATION RECORD**

All students born after 1/1/1957 must provide proof of two (2) MMR (measles, mumps, rubella) immunizations. The first MMR must have been given on or after the first birthday. The second MMR must be given 28 days or more after the first one. Positive titers for Measles (Rubeola), German Measles (Rubella), and Mumps antibodies are acceptable if documented by completed lab results showing positive titers. Students born prior to 1/1/1957 need only to complete the Health History on the other side of this form **and** Part 2 below. This form must be received in our office prior to registration. Call 850-599-3779 if you have questions.

**PART 1: REQUIRED – THIS SECTION MUST BE COMPLETED BY MEDICAL OR AUTHORIZED PERSONNEL ONLY**

In order to be considered official, this section must contain a signature of authorizing person AND an office stamp. Copies of official records may be attached and must include the student's name on front cover of all documents. Any changes, additions, write-overs, use of different ink/handwriting or use of white-out must be re-signed by the authorizing person providing proof. We reserve the right to interpret the validity of all documents.

REQUIRED IMMUNIZATIONS	
MMR Immunizations	Positive Titer (must be accompanied by lab results)
1 <sup>st</sup> MMR _____ / _____ / _____	Rubella: _____ / _____ / _____ <b>and</b>
2 <sup>nd</sup> MMR _____ / _____ / _____	Rubeola: _____ / _____ / _____ <b>and</b>
	Mumps: _____ / _____ / _____
<i>Students must have immunizations for meningococcal meningitis and hepatitis B vaccine OR complete the waiver for each below in Part 2.</i>	
Meningococcal meningitis _____ / _____ / _____	Hepatitis B Dose 1: _____ / _____ / _____
<b>Booster dose needed if first dose given before age 16</b>	Dose 2: _____ / _____ / _____
Meningitis booster dose _____ / _____ / _____	Dose 3: _____ / _____ / _____

RECOMMENDED FOR ALL STUDENTS, BUT NOT REQUIRED	
Td or Tdap (latest booster) _____ / _____ / _____	Polio (most recent dates) _____ / _____ / _____
Chicken Pox (varicella)#1 _____ / _____ / _____	TB skin test (PPD) _____ / _____ / _____
#2 _____ / _____ / _____	mm _____ Pos _____ Neg _____
Hepatitis A dose 1: _____ / _____ / _____	TB treatment dates: _____
dose 2: _____ / _____ / _____	Prophylactic INH _____ / _____ / _____ to _____ / _____ / _____
HPV dose 1: _____ dose 2: _____ dose 3: _____	Therapeutic treatment _____ / _____ / _____ to _____ / _____ / _____

The signature verifies all shots documented above – please mark out any blank spaces. Shots given after the form has been signed must be documented on an enclosed separate sheet of paper with new signature, date and office stamp.

\_\_\_\_\_  
 PHYSICIAN OR AUTHORIZED SIGNATURE (MANDATORY) OFFICE STAMP (Address/Phone/Fax # MANDATORY)

**PART 2: TO BE COMPLETED BY ALL STUDENTS**

I have read and understand the immunization requirements on this form. I have received the required information regarding the risks of acquiring meningococcal meningitis and hepatitis B and the benefits of receiving immunizations to reduce those risks. I also understand that I am required to receive these immunizations or actively decline these immunizations.

- I decline receiving the meningococcal meningitis vaccine.
- I decline receiving the hepatitis B vaccine.

**I HAVE READ AND UNDERSTAND THE IMMUNIZATION REQUIREMENTS ON THIS FORM.** This form has been truthfully completed to the best of my knowledge and I freely consent to this form being used for my treatment at FAMU Student Health Services and for registration here.

\_\_\_\_\_  
 Student's Signature Last 4 digits of SSN Date of Birth Today's Date

<p><b>REQUIRED AUTHORIZATION FOR CARE OF STUDENTS UNDER AGE 18:</b> I concur with the above and authorize, at the discretion of health services personnel, medical and surgical care including examinations, treatments, immunizations and the like for my son or daughter. In the event of serious disease or injury or the need for major surgery, I understand that all reasonable efforts will be made to contact me, but failure to make contact will not prevent emergency treatment if necessary to help preserve life or health.</p>	
_____ Signature of Parent or Guardian	_____ Date