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## IMPORTANT MEDICAL FORMS

Dear Parent, Guardian, or Student,

Enclosed are the medical information forms that need to be completed by your medical provider. These medical forms are confidential, and will only be seen by those staff members who are directly involved in your child's care. Please disclose any medical or psychological issues fully, so we may best address your child's needs. Please return the forms by June 1. Don't forget to make a copy for your own records. If a student has not completed the health form, they will not be able to attend classes until completed. There will be a charge of \$85.00 to complete the form at the Student Health and Wellness Center and there will be an additional charge for any vaccine that is required.

The Student Health Center services will be available to your child while participating in the Pre-College Programs. There is no charge for these services except for some medical supplies and prescription medications, if needed. If outside services, such as lab work or x-ray, are utilized, they will be billed separately by that specific agency. **Visiting students should note that if they wish to have access to the Student Health Center while on campus they must complete and return this form.**

All Pre-College students are required to carry health insurance. International students should purchase medical insurance, valid in the United States, in their home country. **Please provide us with a photocopy of the front and back of your child's insurance card. Please enclose the copy with these forms.**

You may have heard about college students and the risk of meningitis. At JHU summer program, the risk of bacterial meningitis is extremely low. There has never been a documented case in our summer programs, and we do not require that students get the meningitis vaccine. However, as our students do live in the residence halls, we are providing you with the following information as recommended by the American College Health Association: Bacterial meningitis is a serious disease of the membranes surrounding the brain and the spinal cord. The most common cause of the disease in young adults is the bacterium *Neisseria meningitidis*, also known as meningococcus. Recent evidence shows that college students residing in dormitories are at higher risk for meningitis than are college students as a whole. Due to this finding, the CDC has recently recommended that undergraduates planning to reside in dormitories consider getting the meningococcus vaccine. Please ask your doctor or medical provider for more information and advice about the vaccine.

Thank you,

Gail McLean, C.R.N.P.  
Summer Programs Health Coordinator  
Johns Hopkins University  
Student Health and Wellness Center  
Tel – 410-516-4786  
E-mail [gmclean@jhu.edu](mailto:gmclean@jhu.edu)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you lived outside the U.S. for more than 4 consecutive weeks? \_\_\_\_\_ If yes, when and where? (Attach additional pages, if necessary) \_\_\_\_\_

**TO BE COMPLETED BY MEDICAL PROVIDER**

MEDICATION	Dose	Reason (attach additional pages, if necessary)

ALLERGIES (List medications, food, insect bites, pollens, etc)		
1.	2.	3.

HEALTH HISTORY Check boxes to indicate present illness or history of any of the following. Please provide details for any positive answers, chronic illnesses, or health problems that may require treatment while at Hopkins								
Yes	No		Yes	No		Yes	No	
		Anemia (including sickle cell)			Kidney disease			High blood pressure
		Asthma			Rheumatic fever			Gastrointestinal disease
		Bleeding disorder			Tuberculosis			Mononucleosis
		Seizure disorder			Mental health problems			Immunodeficiency disorders
		Cancer			Hearing loss			Migraine headache
		Chicken pox			Heart murmur			Thyroid disease
		Cystic fibrosis			Heart disease			Skin disorders
		Diabetes			Hepatitis			Other

IMMUNIZATIONS Please provide dates for all shots listed below		
<b>MMR (Measles, Mumps, Rubella)</b> Must have 2 shots <b>after the age of 12 months</b> or a titer which shows immunity to measles, mumps, rubella.		
Date # 1:	Date # 2:	
<b>Tetanus Booster</b> (Must be within 10 years of registration) Date:		
<b>Tuberculosis Skin Test</b> (PPD, Mantoux, QuantiFERON, or T-SPOT) within 6 months of registration is required for any student who has lived outside the United States for more than 4 consecutive weeks. TB testing required regardless of prior BCG vaccine. *You do not need TB screening if the only place you have lived is the US, American Samoa, Antigua and Barbuda, Australia, Austria, Barbados, Belgium, Bermuda, Canada, Cayman Island, Cuba, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Grenada, Iceland, Ireland, Israel, Italy, Jamaica, Jordan, Lebanon, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Puerto Rico, San Marino, Sweden, Switzerland, Trinidad, Tobago and United Kingdom.		
Date:	Result:	Mm of induration* (if PPD):
Type of test:		*If history of a positive TB test, a chest X-ray is required. Attach copy of report

**PHYSICAL ACTIVITIES TO BE RESTRICTED (give details, including reasons)**

\_\_\_\_\_

\_\_\_\_\_

Name of Physician or Medical Provider:		
Address:	Phone Number:	Fax Number:
Physician or Medical Provider signature:		Date:

**CONSENT TO MEDICAL AND/OR SURGICAL PROCEDURE**

**\*\* Must be signed by ALL students or by a parent/legal guardian if student is under 18. \*\***

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

The laws of Maryland require that surgical and medical treatment of minors (individuals less than 18 years of age) be at the request of and with the approval of their parents (and spouse of a married minor). The right to request and approve may be delegated to officials of the University. It is our policy to notify parents as soon as possible in the event of major illness or injury. We find it impractical to notify for every minor illness or injury requiring treatment. It will help us to protect the health of your son or daughter if you will delegate to us discretion in these matters.

Requests are received from hospitals, other physicians, other universities, and insurance companies for information about conditions treated by us. Parents of minors (and spouse of a married minor) must approve the release of such information and may delegate this discretion to physicians of the Student Health and Wellness Center. It is our policy to disclose medical information at the request of the student in the belief that it will be used for ordinary medical and insurance purposes.

I/We hereby authorize the professional staff of the Homewood Student Health and Wellness Center of The Johns Hopkins University and /or any one of the Deans and/or the Director or official coaches of the Department of Physical Education of said University, in the event I/we shall not be readily available in connection with the need for the consent hereinafter referred to, to consent to, and authorize, in my/our behalf, medical treatment and/or the performing of any operative and surgical procedure and under any anesthetic, either local or general, for myself/our son/daughter, \_\_\_\_\_ while a student at said  
(Name of student)

University, as may be considered necessary or advisable by the physician performing such treatment or surgery, and/or to release to other physicians who may be treating me/our son/daughter, relevant medical information as to treatment accorded me/him/her through the University's Student Health and Wellness Center.

Print Full Name of Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_