

Student Last Name _____

Student ID# _____

HEALTH FORM
Incoming undergraduate students - Upload completed form and immunization records to your goBAYLOR account

All other students - submit completed form and immunization records via fax, email or mail:
Baylor University Health Services

Attn: Health Form • One Bear Place #97060 • Waco, TX 76798-7060

Phone: 254-710-1010 • Fax: 254-710-2499 • Health_Services@baylor.edu

(For Office Use Only)

 Complete Health Form

 Incomplete for _____

 Email Sent on _____

 Name: _____
Please Print (Last) (First) (Middle)

 Date of Birth: ____/____/____ Phone: (____) _____ Gender: **F M**
Circle One

 Address: _____
Number and Street City State ZIP

Parent(s) Name: _____ Parent(s) Phone: Home (____) _____ Work (____) _____

 Medical Insurance Company _____ Insured's Name _____
(Attach copy of front and back of insurance card)

If previously attended Baylor, please give the semester and year of last attendance: _____

Enrolling: _____ Year

-
- Fall
-
- Summer I
-
-
- Spring
-
- Summer II

Applying for admission to:

-
- Undergraduate School
-
- Law School
-
- Truett Seminary
-
-
- Graduate School
-
- Nursing School, Dallas Campus
-
- Other _____

MEDICAL HISTORY Have you been treated for:

	YES	NO		YES	NO		YES	NO		YES	NO
ADD/ADHD			Eating Disorder			MRSA			Allergy:		
Anemia			Eye Disorder			Pain/Pressure in Chest			Aspirin		
Anxiety			Head Injury			Peptic Ulcer			Codeine		
Arthritis			Hearing Difficulty			Recent Weight Change			Penicillin		
Asthma			Heart Disorder			Seizure Disorder			Sulfa		
Back Injury			Hepatitis			Shortness of Breath			Latex		
Bleeding Disorder			Hernia			Sinusitis			Wasp/Bee Stings		
Bone or Joint Disease			High Blood Pressure			Tuberculosis			Foods (specify)		
Cancer			Irritable Bowel Syndrome						Other Allergies:		
Chicken Pox			Infectious Mononucleosis						Surgery:		
Depression			Irregular Sleep Patterns						Appendectomy		
Diabetes			Kidney/Bladder Disease						Tonsillectomy		
Dizziness, Fainting			Migraine Headaches						Hernia Repair		
Ear, Nose, Throat Disorder			Menstrual Disorder						Other Surgeries:		

Other condition(s) not listed: _____

Give details of positive (Yes) answers: _____

Current Medications: _____
 (Please list) _____

FOR ALL STUDENTS UNDER 18 YEARS OF AGE: I authorize the Baylor University Student Health Center to administer medical and surgical services, immunizations, and therapeutic procedures as deemed necessary by duly licensed personnel.

 (Parent's or Guardian's Signature)

 (Date)

FOR ALL STUDENTS: By signature, I verify that the information provided on this form is true and I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for me.

 (Student's Signature)

 (Date)

IMPORTANT: Copy this form for your personal records.

(over)

Name: _____ Date of Birth: ____/____/____
Please Print (Last) (First) (Middle)

REQUIRED IMMUNIZATIONS FOR ALL STUDENTS (*Attach legible copy of official immunization record*)

1. Tetanus-Diphtheria:

TD Booster / Tdap _____/_____/_____
Circle One (within 10 years from first class day)

2. MMR (Measles, Mumps, Rubella) (Both doses must be after 1st birthday):

1st immunization _____/_____/_____
Date

2nd immunization _____/_____/_____
Date

3. Meningococcal Meningitis (Texas State law requires this for new students under age 22.):

Menactra / Menveo _____/_____/_____
Circle One (within 5 years from first class day)

(Only necessary if official copy is not attached) _____
Health Care Personnel Signature Date

TB TESTING - All students must answer the following questions:

- 1. Were you born in a high risk country (see list on page 3)? Yes No
- 2. Have you lived in a high risk country for more than 8 weeks continuously? Yes No
- 3. Do you have a medical condition that suppresses the immune system? Yes No
- 4. Have you had a known exposure to someone with active tuberculosis? Yes No

If ANY answers to the above questions are "Yes", the following MUST be filled out and signed by health care personnel

Skin test (Mantoux) within last 12 months _____/_____/_____
Date Given Date Read

Results: Negative / Positive (10mm or greater)
Circle One

If positive, induration _____mm

OR

TB blood test (Tspot TB or Quantiferon Gold) within last 12 months _____/_____/_____
Circle One Result Date

Treated with INH? Yes No If yes, how long? _____

If either TB test result is positive, a chest x-ray is required*

Chest x-ray: _____/_____/_____
Date Results: Negative / Positive
Circle One

**If skin test is positive but subsequent blood test is negative, chest x-ray is not required.*

Health Care Personnel Signature Date

Attach copy of official immunization record

Health care personnel must sign if you answer "Yes" to any question

Do not submit this page with your health form.

List of high risk countries

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2017. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to www.who.int/tb/country/en.