Oregon TECH
Integrated Student Health Center

HEALTH HISTORY FORM

KLAMTH FALLS CAMPUS

Please complete and print, then mail, FAX, or bring to the ISHC prior to registering. Non-completion will result in a hold on your account which will prevent you from registering.

3201 Campus Dr., Klamath Falls, Oregon 97601; Phone: 541-885-1800 Fax: 541-885-1866

NAME:_____
First Last Middle

OIT ID # 918-_____DATE OF BIRTH: _____BIRTH PLACE: _____

GENDER: _____If gender other than birth sex, what was birth sex?_____ Telephone number we can call to reach you_____

Person to be notified in an emergency: _____ **Relationship:** _____**Phone**:_____

Medications: List any medicines you take regularly, including over the counter medications or supplements _____

_____

Allergies: Medications, latex, food, insects etc.: ☐ Yes ☐ No Please list: _____

Are you a tobacco smoker? Yes ☐ No ☐ If so, how often?_____ How much?_____What age did you start? _____

Do you drink alcohol? Yes ☐ No ☐ If so, how often? 3 or fewer times a month Once a week or more **How many drinks/week?** 1 to 2 3 to 5 6 to 9 10+

Personal Medical History:

Please check any of the following as it applies to you:

- ☐ Allergies (seasonal)
- ☐ Anemia
- ☐ Asthma
- ☐ Back Problem
- ☐ Blood Disorder
- ☐ Chicken Pox
- ☐ Diabetes
- ☐ Headaches
- ☐ Head Injury or Concussion
- ☐ Heart problems
- ☐ Hepatitis
- ☐ High blood pressure
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Lung disease
- ☐ Muscle/Joint problems
- ☐ Physical Limitations
- ☐ Rheumatoid Arthritis
- ☐ Seizure Disorder
- ☐ Serious Injuries (with date)
- ☐ Sexually Transmitted Infection
- ☐ Skin Disorder
- ☐ Splenectomy
- ☐ Stomach or Intestinal Problem
- ☐ Thyroid Problem
- ☐ Tuberculosis
- ☐ Visual Problems
- ☐ Other

Please explain any items you have checked above and date of occurrence:_____

Hospitalizations and Surgeries (with reasons and dates): _____

Mental Health History

Please check any of the following as it applies to you:

- ☐ Act of Self-Harm (cutting, branding, etc)
- ☐ ADD/ADHD
- ☐ Alcohol or Substance abuse or dependence
- ☐ Anger Problems
- ☐ Anti-Social or Conduct Disorder
- ☐ Anxiety Disorder
- ☐ Autism Spectrum
- ☐ Bipolar Disorder
- ☐ Depression
- ☐ Eating Disorder
- ☐ Learning Disability
- ☐ Obsessive-Compulsive Disorder
- ☐ Panic Disorder
- ☐ PTSD/History of trauma
- ☐ Sleep Disorder
- ☐ Suicidal Ideation
- ☐ Other

Are you now taking or have ever taken medication for any of the above? ☐ Yes ☐ No

Specific medications and dates_____

Do you intend to begin or continue counseling during college? ☐ Yes ☐ No

Have you been hospitalized for a psychiatric disorder? ☐ Yes ☐ No

Have you been treated for alcohol and/or drug addiction? ☐ Yes ☐ No

Family Medical History

Please mark the following if there is a history in your immediate blood relatives, e.g. parents, siblings or grandparents.

	Relationship		Relationship		Relationship
☐ Breast Cancer	_____	☐ Heart Disease	_____	☐ Convulsions/Seizures	_____
☐ Other Cancer	_____	☐ Death before 50	_____	☐ Bleeding Disorders	_____
☐ Stroke/Blood Clots	_____	☐ High Cholesterol	_____	☐ Mental Health Condition	_____
☐ High Blood Pressure	_____	☐ Diabetes	_____	☐ Alcohol or Drug Abuse	_____

***All information disclosed on this form will be kept confidential and will be shared with appropriate college personnel on a need-to know basis only.**

Office Use
TB complete _____
MMR complete _____

(over)

Name _____Student ID # 918_____

Required Vaccinations for Admission:

Per Oregon Administrative Rule 333-050-0130: All entering university students born on or after January 1, 1957 will have **two doses of MMR** (measles, mumps, rubella) which are at least 24 days apart and the first dose was up to 4 days prior to or after the student's first birthday. **Documentation is required for these immunizations.** Acceptable documentation (copies are acceptable):

- ☐ Doctor's office or medical clinic records
- ☐ Your high school or previous college immunization records
- ☐ Public Health Department Records
- ☐ Personal immunization card which is signed by clinic staff
- ☐ Serological Confirmation of Immunity: Lab test (titer) for Measles, Mumps, and Rubella may be substituted as proof of immunity in lieu of vaccinations. Copies of lab work must be attached.

If the information submitted regarding MMR vaccinations is incomplete or insufficient, a hold will be placed on your account, preventing you from registering. The ISHC does have this vaccination available on campus. You may refer to "University Services" in the Oregon Tech General Catalog for more information. **International students**: **You must have at least 1 documented MMR vaccine on file before being able to register for classes.**

Required Tuberculosis Exposure Information:

1. Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No
2. Were you **Born** in one of the countries listed below that have a high incidence of active TB disease*? ☐ Yes ☐ No
   If yes, check "**B**" below beside your birth country.
3. Have you had frequent/prolonged **Visits** to 1 or more of the countries listed below? If so, check "**V**" for each ☐ Yes ☐ No

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

** Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of ≥20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata*

4. 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
5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB? ☐ Yes ☐ No
6. 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 someone who abused drugs and/or alcohol? ☐ Yes ☐ No

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

If the answer is YES to any of the above questions, Oregon Tech requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent quarter. Please see our website for details.

7. If you are providing documentation of a TB skin test, was it performed after exposure to any of the above identified risks in Questions 1 through 6? ☐ N/A ☐ Yes ☐ No