Medical Information

Letter from the Associate Director of the Health Center

Dear New Kenyon Student:

The Health and Counseling Center at Kenyon is committed to providing students with the best possible medical and counseling services during the academic year. To help us prepare for your personal health care, we ask that you carefully fill out the Medical Health History form. It is very important that your telephone number(s) be clearly marked and your health care provider(s) name, address(s) and telephone number(s) be placed appropriately.

I strongly encourage you to have a complete physical examination before you leave home. Take the Medical Health History form with you and your health care provider may complete it.

Send the completed form to the Health and Counseling Center by **June 15, 2019** so that a folder may be established for you.

The information that will accumulate in your chart is completely confidential and will be released to no one, including College personnel and family members, without your written consent.

Current immunizations are mandatory for matriculation at Kenyon. The Ohio Revised Code Section 1713.55 states that any institution of higher education shall not permit a student to reside in on-campus housing unless the student discloses vaccination status of both Hepatitis B and Meningoccal Disease. The following immunizations are mandatory: Hepatitis B, MMR, Polio and updated Diptheria/Pertussis (within the last 10 years). Even though the meningitis vaccine is not required, I highly recommend that you read the attached information sheet and strongly consider receiving this vaccination before arriving at Kenyon. For students who need to complete vaccinations already started, we will refer them to our local Knox County Health Department located 5 miles from campus in Mount Vernon, Ohio. If you are traveling from a country where Tuberculosis is common (endemic) a PPD test and/or Chest Xray is required.

A medical waiver for immunizations is posted on the Health Center website for those wishing to be exempt from the required immunizations.

If you are undergoing long-term care for a chronic condition, please enclose a brief description of your current medical condition along with a list any medications you are currently taking.

Since our staff at the Health & Counseling Center will be providing your primary care while you are at Kenyon, we expect you to provide us with a complete description of your medical and mental health concerns.

Medical Checklist
$\hfill\Box$ Completed Medical Health History Form (including photograph)
$\hfill\Box$ Complete list of any and all medications you are taking
$\hfill\Box$ Provide Counseling or Psychiatric history and/or needs
☐ Documentation of any learning disabilities
$\hfill\Box$ Copy of your home medical insurance card (front/back)

This will help us to determine if we have the resources to help you or if we may need to refer you to a specialist in the area. Please contact me prior to arrival if you require specialized medical care.

Accident insurance coverage part I is mandatory for all students and is part of your tuition and mandatory fees. This ensures unlimited access to the Kenyon Health and Counseling Center and provides \$5000 accident policy for any covered injury on campus. Part II is a comprehensive, ACA-compliant insurance plan that is optional if you have medical insurance through your parents and **mandatory** if you are uninsured. It comes at an additional cost. After the final health insurance roster is created, you will receive a link in your Kenyon email. This will include a full explanation of the insurance plan and the ability to create an online account in order to print insurance cards. If you have medical insurance through your parents, please include a front and back copy of the insurance card when you return the Medical Health History form. For more information about insurance coverage, visit our website kenyon.edu/student-life/health-counseling and click on "Student Insurance."

While you are at Kenyon, you may have a need for prescription medications. We are able to provide you with prescriptions for medications which you may fill at pharmacies in nearby Mount Vernon. These include CVS, Conway's, Foster's, Kroger, Rite Aid, and Wal-Mart. The Health Center also stocks several commonly used antibiotics, oral contraceptives, and asthma medications that we sell "at cost" to students. I recommend that you bring any over the counter cough/cold medications that you normally take to campus with you since the selection is limited in the Village of Gambier.

Conway's Eastside Pharmacy in Mount Vernon can make deliveries of prescriptions to Kenyon student PO Box. The copay and a small delivery fee will need to be charged to a credit or debit card and the bill will be enclosed with the prescription. This is a courtesy service and requires the cooperation of the student, the pharmacy, and the Health Center. For more information about this service, contact Conway's Eastside at

https://stores.healthmart.com/fosterseastsidepharmacy.

If you have any questions, feel free to contact us. Thank you for taking the time to fill out the Medical Health History form. We look forward to working with you.

Sincerely yours,

Kimber L. Cullers, CRNP Certified Nurse Practitioner Associate Director, Health Center

Current immunizations
☐ Measles: Must have (2) Measles or (2) MMR
☐ Tetanus-diphtheria booster within last 10 years
☐ Hepatitis B series
☐ Tuberculin skin test (PPD), if from endemic area or high-risk group
☐ Any other pertinent immunizations: Polio, Hepatitis A,
Varicella(Chicken Pox), HPV, Pneumonia

MENINGOCOCCAL DISEASE AND COLLEGE STUDENTS

What is meningococcal disease?

Meningococcal disease is a serious vaccine-preventable disease caused by the bacteria Neisseria meningitidis. The bacteria can cause meningitis (an inflammation of the lining of the brain and spinal cord) or sepsis (an infection of the bloodstream). There are at least 12 types of N. meningitidis, called "serogroups." Most meningococcal disease is caused by Serogroups A, B, C, W and Y. Approximately 1,000 cases of meningococcal disease occur in the United States each year.

What are the symptoms of meningococcal disease?

Symptoms of meningitis include stiff neck, headache, fever, nausea, vomiting, confusion and drowsiness. Indications of sepsis include fever, rash, hypotension (low blood pressure), shock and multi-organ failure. Meningococcal disease can be very serious, even life-threatening, in 48 hours or less. Death from sepsis can occur within a few hours of the beginning of the illness. Meningococcal disease can be treated with antibiotics, but quick medical attention is important. Even with antibiotic treatment, 10–15% of people infected with meningococcal disease will die. Long-term disabilities, including loss of limb(s), deafness, nervous system problems, or brain damage affect approximately 11–19% of survivors.

How is meningococcal infection spread?

Meningococcal disease is spread from person to person by exchanging respiratory and throat secretions during close or lengthy contact (for example, coughing or kissing), especially if living in the same dorm or household. Many people carry the bacteria in their throats without getting meningococcal disease. Since so many people carry the bacteria, most cases of meningococcal disease appear to be random and aren't linked to other cases. Who is at risk? Anyone can get meningococcal disease, but it is most common in infants less than one year of age, adolescents, young adults, and people with certain medical conditions. College freshmen, particularly those who live in dormitories, have a slightly increased risk of contracting meningococcal disease. Meningococcal vaccination is a safe and effective way to reduce the risk for contracting meningococcal disease. Updated: March 2017

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. There are two meningococcal vaccines that protect against the five serogroups: MenACWY and MenB. All adolescents should receive MenACWY at age 11–12. A second dose (booster) is needed at age 16. The MenB series can also be given to teens and young adults starting at age 16. Adolescents may receive MenACWY and MenB vaccines at the same time.

What else do I need to know?

The risks associated with meningococcal vaccine are much smaller than the risks associated with contracting the disease. People who are mildly ill at the time the immunization is scheduled can still get the vaccine; however, those with moderate or severe illnesses should usually wait until they recover. People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine. Some people who get the vaccine may develop redness or pain where the shot was given, and a small percentage of people develop a fever. These symptoms usually last for one or two days.

For more information about the meningococcal vaccine, access the Vaccine Information Statements at the Centers for Disease Control and Prevention (CDC) website: http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html

http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html

Adapted from the CDC website: http://www.cdc.gov/meningococcal/vaccine-info.html

Return this form to the Health and Counseling Center at the address listed above.

here

PLEASE DO NOT FAX THE FORMS For other submission options, or for any questions, call 740-427-5525.

This form is **CONFIDENTIAL**. The information you provide on this form is for the use of Kenyon Health and Counseling Center only and will not be released to anyone without your knowledge. All students must complete and sign this form. **Please copy your medical insurance card (front and back) and attach. Include a consent to treat form (located on our website) if you are under the age of 18.**

CHOSEN/ PREFERRED NAME: City City State CITIZENSHIP: SOCIAL SECURITY NUMBER: If you would like, please provide the information below to ensure that we can individualize Sex assigned at Birth: Current Gender Identity: PARENT OR LEGAL GUARDIAN: NAME: ADDRESS: (If different from above) EMERGENCY CONTACT IF PARENT NOT AVAILABLE:	CELL PHONE: (Area con Zip Code GRADUATION: e your health care support:	/Day/Year
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	(Area con	ue) number
	TELEPHONE:	
Who is your primary physician or healthcare provider?	(Area co	ode) number
NAME: TE	ELEPHONE:	
ADDRESS:	(Area cod	ode) number
Who is your mental health care provider?		
NAME: TE	TELEPHONE:	
ADDRESS:	(Area co	ode) number
Photo Please attach a recent photo of yourself and submit ALL Medical Health Information to the Health Center.		

MEDICAL HISTORY

Allergies: Type (medication, food, environmental)		Reaction
1.		
2.		
3.		
Medications: Name	Dosage	Reason for medication
1.		
2.		
3.		

Personal History

Please answer all questions. Indicate age of onset for all yes answers. If you have a significant health problem or need to clarify any positive answers, please attach an additional sheet.

Have you had:	Yes	No	Age	Have you had:	Yes	No	Age	Have you had:	Yes	No	Age
Measles				Asthma				Recurrent headache			
German measles				Pneumonia				Concussion			
Mumps				Hearth disease				Epilepsy (seizure)			
Chickenpox High blood pre		High blood pressure				Eating disorder (anorexia, bulimia)					
Frequent colds				Skin disorder				Thyroid trouble			
Malaria	Stomach/intestinal trouble Learning disability										
Meningitis				Kidney/bladder disease				Attention deficit disorder			
Mononucleosis				Back problems				Dyslexia			
Sinusitis				Injury/disease of joint				Frequent UTI			
Rheumatic fever				Anemia				Surgery:			
Scarlet fever				Difficulty sleeping				Appendectomy Tonsillectomy			
Tuberculosis				Frequent anxiety				Other (list)			
Tumor, cancer, cyst				Frequent depression				Chronic medical conditions			
EENT trouble				Worry/nervousness				Hearing loss			
Hay fever	Loss or seriously impaired function of any organ Other:										

Family History (\square *Check here* if you are adopted and do not know your family health history.)

Relative	Age	State of Health	Health problems	Age at death	Cause of death
Parent (Male/Female)					
Parent (Male/Female)					
Biological Siblings:					
Brother/Sister (circle)					
Brother/Sister (circle)					
Brother/Sister (circle)					
Brother/Sister (circle)					

Immunization History

Signature of Student

Signature of parent or guardian (if under legal age of eighteen in the state of Ohio)

This information is **mandatory** for attendance at Kenyon College. Please provide month, day and year of each immunization. You do not need to fill this in if you have a printed copy of all immunizations from your home provider. If you have started some immunizations but need to finish, we will refer you to the Knox County Health Department in Mount Vernon to complete.

Type of vaccine	1 st dose: Mo/Dy/Yr	2 nd dose: Mo/Dy/Yr	3 rd dose: Mo/Dy/Yr	4 th dose: Mo/Dy/Yr	5 th dose: Mo/Dy/Yr
Diptheria, Tetanus, and acellular pertussis (DTaP <7 years old)				*	
Diptheria, Tetanus, acellular pertussis Booster (DTap age 11-12)					
Tetanus/Diptheria Booster (every 10 years)					
Polio (IPV, OPV). 4 doses. <i>Required</i>					†
Measles, Mumps, and Rubella (MMR). Two Doses. <i>Required</i>					
Hepatitis B (Hep B). Three doses. <i>Required</i>					
Varicella (chickenpox). Two doses or history of disease					
Meningitis (MenACYW). First shot age 11-12. Booster age 16					
Meningitis B. Age 16-18. Three doses recommended					+
Human Papillomavirus (HPV) 2 or 3 doses based on age					
Hepatitis A (Hep A). 2 dose series					
Other:					+
☐ Negative Treat ☐ Positive Chest x-ray required if positive Dura Size of induration: (Must be recorded)	its:tment type:ttion:				
Immunization certification ☐ I certify that this student has received all immunizations ind	licated				
Signature of student, parent/guardian or physician/public clinic				Date	
Other Medical Information Are there any special medical problems you would like to bring to the	attention of the l	nealth center? If	so, please desc	ribe below:	
Medical Insurance Information Please attach a copy of the front and back of your insurance card.					
Statement of Authorization I completed this health history form truthfully and to the best of my kr I authorize and request the Kenyon College Health and Counseling Ce immunizations, and to perform emergency procedures, as necessary, o to outside hospitals.	nter to administe	r out-patient an licensed medica	d in-patient, me	dical, and surgi	cal services, cluding transfe
I authorize any physician, practitioner, clinic, or hospital to furnish to my case history and the treatment, examinations, or hospitalization wh the purpose of my treatment, diagnosis, or other medical care while at	ich I received in	the past, includ			

Date

Date