Dear Students and Parents,

Welcome to Wilmington College. Below you will find a checklist that will help direct your efforts toward completing all the necessary forms that we need in the Wilmington College Health Center. This information is confidential. It is most helpful if the information is specific and complete regarding any of the student’s medical conditions. First time freshman: your forms are due PRIOR to registering for classes at your Summer Orientation date.

Transfer students: your forms are due 14 days from the time you receive them.

The staff of the Health Center and Counseling Services provides primary health care to Wilmington College students. Our goal is to keep the student healthy and prepare him/her to be an advocate for their own health.

This form can also be found by going to www.wilmington.edu “click” Current Student and “click” Health and Counseling. Choose Health Forms. While you are on the Health and Counseling page take plenty of time to read the current issue of Student Health 101. Parents can sign up for a special parent version of this health and wellness magazine at the time of orientation.

Submit completed forms to:

Wilmington College Health Center
Pyle Center Box 1231
1870 Quaker Way
Wilmington, OH 45177

Questions? 937-481-2217

OR by FAX 937-481-2217 or email – confidentiality cannot be guaranteed with these methods

1. Complete all pages of the Student Health Form.

2. If you are under the age of 18, your parent or guardian MUST sign your Student Health Forms. There are multiple locations where a signature is required.

3. Required Immunizations MUST BE COMPLETE. Please review page 8 carefully. Residents: prior to move-in. Commuters: prior to the 1st day of class. A minimum of 2 doses of Hepatitis B is required by this time with the 3rd dose due by Nov. 1st. The minimum time interval between #1 and #2 is 4 weeks, 8 weeks between #2 & #3. Please plan ahead.

4. Attach a copy of the front and back of your insurance card.

5. Please mail all forms to the ABOVE ADDRESS or bring them to your Summer Orientation date for review.

Tips on Immunizations:

1. Start NOW CONTACT YOUR HIGH SCHOOL BEFORE THEY CLOSE FOR THE SUMMER and request copies of your records.

2. If you do NOT have all of your required immunizations you can go to your local health department or a local pharmacy.

Get information about immunizations at http://www.cdc.gov/vaccines/pubs/vis/default.htm#hpv
Risk of Meningitis http://www.cdc.gov/meningitis/high-risk/college.htm
HPV Facts and vaccination (not just for females anymore) http://www.cdc.gov/hpv/
COMMUNITY HELP/INFORMATION

Wilmington College Student Health Center: 937-382-6661 ext. 217 Location: Basement of Bailey Hall
See our web-page for services and hours

Wilmington City Cab Service: 937-382-7961 $2.00 per stop within the city limits

Clinton County Health Department: 937-382-7221 Immunizations

Clinton County Chamber of Commerce: 937-382-2737

Clinton Memorial Hospital: 937-382-6611

Family Health Center: 937-383-3402 Sliding Fee Scale M-F 8:00am – 5:00pm

Family Planning Clinic: 937-382-0845 or 1-800-243-7703 Sliding Fee Scale

CLINTON COUNTY FAMILY PLANNING: STD screenings, Birth Control, Yearly Exams, Pregnancy tests
62 East Sugartree St., Wilmington, OH
First and Third Wednesday of each month 8:00am – 6:00pm

Mental Health Counselors:

ON CAMPUS COUNSELOR: Mary Lynn Barber 937-382-6661 ext 272

SOLUTIONS COMMUNITY COUNSELING CENTER: 937-383-4441
Hours: M –TH 8AM – 6 PM, F 8 AM – 4 PM Location: Next to Community Market Rt. 68
CRISIS HOTLINE: 1-877-695-NEED (6333)

Pregnancy Help:


New Life Clinic: Pregnancy tests/NOW offering non-diagnostic ultrasound for gestation 7-13 weeks
937-382-2424
815 S South Street, Wilmington, OH
M/TH 1:30 PM – 4:30 PM
T 10:30 AM – 1:30 PM 6:00 PM – 8:00 PM
W 10:30 AM – 1:30 PM
F 10:30 AM – 4:30 PM

Premier Urgent Care: 937-366-1082 Location: 2845 Progress Way, Wilmington (next to Wal-Mart) 10:00 AM -8:00 PM seven days a week.

A.A. MEETINGS:

Monday 10:45 AM –The Center, 953 S. South St. (Discussion)
7:30 PM – Friends Church, 66 N. Mulberry Street (Discussion)
Tuesday 7:30 PM – Immanuel Baptist Church, 550 Virginia Circle (Big Book Discussion)
Wed. 7:00 PM – Women’s Meeting, Crossroads Community Church, Walnut St.
8:30 PM – Presbyterian Church, 840 Timber Glen Drive
Thursday 7:30 PM – Miracles First Church of God, 200 A Street (Discussion)
Friday 10:45 AM –The Center, 953 S. South Street (Discussion)
7:00 PM – Teen AA (adults welcome) Friends Church Basement, 66 Mulberry
Saturday 7:00 PM – Catholic Church Basement (12&12 Study)
8:30 PM – Presbyterian Church (Closed Discussion), Timberglen Drive

AL-ANON:

Tuesday 7:30 PM – Immanuel Baptist Church, St. Rt. 134, Corner of Lincoln and Lorish
Saturday 8:30 PM – Presbyterian Church, Randolph Street, Southridge

N.A. MEETINGS:

Monday 7:00 PM – Sabina Municipal Building, 101 N. Howard St. (Open)
Tuesday 7:00 PM – St. Columbkille Church, 73 N Mulberry St. (in parish building)
Friday 7:00 PM – St. Columbkille Church, 73 N Mulberry St. (in basement)
## SECTION ONE: DEMOGRAPHIC INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<thead>
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<th>Date of Birth</th>
<th>Student Cell Phone</th>
<th>Home Phone</th>
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<th>Zip</th>
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<th>Sports of Participation</th>
<th>Fall</th>
<th>Winter</th>
<th>Spring</th>
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<tr>
<th>Known Drug Allergies:</th>
<th>No Known Drug Allergies ☐</th>
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## SECTION TWO: EMERGENCY CONTACT INFORMATION

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<th>Personal Physician</th>
<th>Phone</th>
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<th>Physician’s Address</th>
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<table>
<thead>
<tr>
<th>Father/Guardian</th>
<th>Parent Email</th>
<th>Mother/Guardian</th>
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<tr>
<th>Employer</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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<th>If different from above:</th>
<th>Home Address</th>
<th>If different from above:</th>
<th>Home Address</th>
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<th>Zip</th>
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<tr>
<th>Alternate Contact</th>
<th>Relationship</th>
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<th>Home Phone</th>
<th>Cell Phone</th>
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## SECTION THREE: (optional) CULTURAL INFORMATION

Wilmington College recruits student from a variety of countries and cultures around the world. Your culture is important to the medical staff. Please answer the following questions so SHC staff can better assist you with your health care needs.

1. Country of origin (place of birth)  
2. How long have you lived in the United States?  
3. Ethnic origin (Asian, Black, Hispanic, Native American, White, other)  
3. What languages do you speak fluently?  
What specific information would you like your health care provider to know about you with regard to your culture?

Please make a copy of all forms for your personal record.
SECTION FOUR: INSURANCE INFORMATION

Student’s Full Name               Date of Birth

I am a WC Athlete  Yes ☐    No ☐

Primary Insurance Information

Copies of your insurance card (front and back) can be submitted instead of completing the information below

Name of Insurance Company
Address for Insurance Claims
Policy Holder’s Name
Relationship to Student
ID #  Group #  Policy #

Secondary Insurance Information

Copies of your insurance card (front and back) can be submitted instead of completing the information below

Name of Insurance Company
Address for Insurance Claims
Policy Holder’s Name
Relationship to Student
ID #  Group #  Policy #

CONSENT FOR TREATMENT AND TO OBTAIN MEDICAL INFORMATION

I authorize the Wilmington College Health Service to administer outpatient medical, surgical, and/or dental services, immunizations and to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated, including transfer to outside hospitals.

Also, I authorize the physician, healer, practitioner, clinic, or hospital to furnish to the Wilmington College Health Service all information concerning my case history and the treatment, examinations, or hospitalization which I received in the past, including copies of hospital and medical records.

I hereby state that I am capable of safely participating in vigorous physical activity offered through physical education, intramural, and intercollegiate athletics unless otherwise noted in this health inventory.

I understand that as a WC resident my medical records will be shared with Residence Life. If I am an intercollegiate athlete my record will also be shared with the athletic department. I understand that my student e-mail may be used for the purpose of sharing important health education information through our subscription to Student Health 101 or the use of Constant Contact.

______________________________    __________________________
Signature (student)                Date

______________________________
Parent Signature (If student under the age of 18)
### SECTION FIVE: HEALTH HISTORY

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Type (food, environmental)</th>
<th>Reaction</th>
</tr>
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<tbody>
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<tr>
<th>Current Medications</th>
<th>Dose</th>
<th>Reason for medication</th>
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<tr>
<th>Hospitalizations and/or Surgeries</th>
<th>Date</th>
<th>Description</th>
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Please check each health problem that you have or have ever had.

- Acne requiring prescription medication
- Alcohol/Drug addiction Treatment
- Anemia
- Anorexia Nervosa
- Anxiety
- Arthritis
- Asthma
- Back or joint problems
- Binge eating
- Blackouts
- Blindness
- Bulimia
- Cancer
- Cerebral palsy
- Chickenpox
- Chronic cough

- Depression
- Diabetes
- Ear, nose, throat problems
- Emotional/mental illness
- Eye problems/disease
- Gastrointestinal problems
- Head injury with loss of consciousness
- Hearing loss
- Heart murmur or irregular rhythm
- Heart problem
- Hepatitis
- Hypertension (high blood pressure)
- Kidney/bladder problems
- Malaria
- Measles
- Menstrual problems
- Migraines requiring prescription medications
- Multiple sclerosis
- Mumps
- Ovarian cyst
- Rheumatic fever
- Scarlet fever
- Seizure disorder or epilepsy
- Sexually Transmitted Disease
- Skin problems
- Sudden death in family
- Suicide attempt
- Stomach intestinal trouble
- Thyroid disorder
- Urinary tract infection
- Other

Explain any checked answers:

Do you have any health problem that has not been listed on this form? Give details. (attach a separate sheet if necessary)

### Learning Disabilities/Difficulties

- I would like to be referred to the Academic Services Director.

<table>
<thead>
<tr>
<th>Social Habits</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Do you smoke?</td>
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<td>Do you use alcohol?</td>
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<tr>
<td>Are you on a diet?</td>
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<tr>
<th>Family History</th>
<th>YES</th>
<th>NO</th>
<th>Relationship</th>
<th>Explanation (e.g., heart attack)</th>
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<tbody>
<tr>
<td>Sickle cell anemia</td>
<td></td>
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<td></td>
<td>If yes, have you been tested for Sickle cell anemia?</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Heart trouble</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Kidney disease</td>
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<tr>
<td>Psychiatric disorder</td>
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<tr>
<td>Substance abuse</td>
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SECTION SEVEN: MENINGOCOCCAL AND HEPATITIS B VACCINATION STATUS FORM

The state of Ohio requires all institutions of higher education to have a disclosure of vaccination status on file for meningitis and hepatitis B. The law does not require students to be vaccinated (WC does require) but does require universities and colleges to keep a Meningococcal and Hepatitis B Vaccination Status Form on file for each student living in the residence halls/campus housing. The intent of the law is to educate young adults on the risks of meningococcal disease and hepatitis B and to encourage prevention by vaccination. If you have questions talk with your family doctor, local Health Department or call the Wilmington College Student Health Center at 937-481-2217. For more information about the new law, meningitis, and hepatitis B, visit http://codes.ohio.gov/orc/3701.133.

Meningococcal (Bacterial) Meningitis
Meningococcal (bacterial) meningitis is a potentially fatal bacterial infection that causes inflammation of the membranes surrounding the brain. Symptoms of bacterial meningitis in order of frequency are: stiff neck, fever, headache, rash, extreme fatigue, nausea, vomiting, and sensitivity to light. The disease is transmitted through close, direct contact with the oral secretions of an infected person by sharing glasses or utensils, kissing, and coughing. Meningitis is rare in persons over 30 years old and is more common in the late winter and early spring. In 2005, a new vaccine was released for bacterial meningitis called Menactra, a conjugate vaccine that may produce lifetime immunity and is now the preferred vaccine to prevent bacterial meningitis. For more information on Menactra, visit www.menactra.com.

Hepatitis B
Hepatitis B is a viral infection of the liver that is transmitted from the blood and body fluids of an infected person through another person’s mucous membranes or broken skin, much like AIDS (HIV) is transmitted. Hepatitis B is a vaccine-preventable disease. The vaccination schedule consists of three injections: the initial immunization, the second injection one month from the first injection, and the third injection five months from the second injection for optimum immunity. In the event of disruption of the schedule, the immunizations can still be continued, but a blood titer is recommended to determine if a fourth shot is needed.

Meningococcal vaccine received □ Yes □ No
If yes, please list the date.

Hepatitis B vaccine received □ Yes □ No
If yes, please list the dates. First Dose_________ Second Dose_______ Third Dose _______

As required by the HIPAA privacy rule, WCSHC may not use or disclose your protected health information except as provided in the SHC Notice of Privacy Practices without your authorization. I hereby authorize WCSHC and any of its employees to use or disclose my patient health information to the following person(s), entity(s), or business associates of WCSHC: Wilmington College Student Life Division. Patient health information authorized to be disclosed: Information related to my meningococcal and hepatitis B vaccination status for the purpose of staying in the residence hall. For the specific purpose of: Compliance with Ohio Revised Code, Section 3701.133, (B).

________________________________________________________________________

Student Signature: __________________________ Date: __________________

Parent Signature if STUDENT IS UNDER AGE 18: __________________________ Date: __________________

Make copies of all of your completed forms for your records. Send or Fax completed forms to: Fax: 937-481-2217 or Wilmington College Student Health Center, Pyle Center Box 1231, 1870 Quaker Way, Wilmington, OH 45177
SECTION EIGHT: CERTIFICATE OF IMMUNIZATION

Review records and be sure that ALL immunizations are current. This is for ALL students, residents & commuters.

Students without required immunizations will NOT be allowed to move into campus residence halls. Commuters will not be allowed to begin class.

Tips on getting copies of immunization records:
1. Check with your parents or family members for records of childhood immunizations.
2. Contact your family physician or pediatrician.
3. Contact the clinic or hospital where shots were given.
4. Check your passport or other travel health records for overseas trips.
5. Call your elementary, middle, or high school for copies of immunization records.

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Date completed</th>
<th>Medical Provider’s Stamp or Signature</th>
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</thead>
<tbody>
<tr>
<td>D.T.P. Series</td>
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<tr>
<td>Polio Series</td>
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<td></td>
</tr>
<tr>
<td>MMR</td>
<td>Date #1</td>
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</tr>
<tr>
<td>Hepatitis B</td>
<td>Minimum of 4 weeks between dose #1 &amp; dose #2.</td>
<td>Minimum of 8 weeks between dose #2 &amp; dose #3 and 16 weeks between dose #1 &amp; dose #3</td>
</tr>
<tr>
<td>Meningitis</td>
<td>Date:</td>
<td>Booster is required if dose was prior to age 16</td>
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<tr>
<td>Varicella</td>
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</tr>
<tr>
<td>HPV (Gardasil)</td>
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Get information about immunizations at [http://www.cdc.gov/vaccines/pubs/vis/default.htm#hpv](http://www.cdc.gov/vaccines/pubs/vis/default.htm#hpv)
HPV Facts and vaccination (not just for females anymore) [http://www.cdc.gov/hpv/](http://www.cdc.gov/hpv/)

Not required, but strongly recommended.

Make copies of all of your completed forms for your records. Send or Fax completed forms to: Fax: 937-481-2217 or Wilmington College Student Health Center, Pyle Center Box 1231, 1870 Quaker Way, Wilmington, OH 45177