

Return all information to:  
 Illinois Wesleyan University  
 Arnold Health Service  
 PO Box 2900  
 Bloomington, IL 61702

Illinois Wesleyan University Arnold Health Service  
 Ph. (309) 556-3107 Fax (309) 556-3805

This form is due:  
**August 1** for Fall Semester  
**December 1** for Spring Semester and/or May Term

Sex: Male  Female

Last Name (Print) First Name Middle

Date of Birth Social Security Number E-Mail Address Cell Phone Number

Home Address (Number and Street) City or Town State Zip Code

Parent or Guardian Cell Phone Number Home Telephone

Alternative Emergency Contact – Name, Relationship Cell Phone Number Home Telephone

**MEDICAL HISTORY TO BE COMPLETED BY STUDENT**

Allergies to Drug(s)/Medication(s)  No  Yes (list) \_\_\_\_\_

Allergies to foods, nuts, insects, environmental  No  Yes (list) \_\_\_\_\_

Have you ever been diagnosed with any of the following: If Yes provide details below:

	Yes	No		Yes	No		Yes	No
Anemia (including sickle cell anemia)			Epilepsy or other seizure disorder			Inflammatory bowel, Crohn's		
Arthritis			Fracture/Dislocation			Kidney or bladder infection, stone		
Asthma			Guillain Barre			Migraine headache		
Bleeding disorder			Head injury			Pneumonia		
Cancer (incl. leukemia, Hodgkin's)			Heart murmur/Valve problem			Positive TB test/Tuberculosis		
Diabetes			High blood pressure			Psychiatric/Psychologist care		
Disordered eating (anorexia or bulimia)			Immunodeficiency disorder			Thyroid disorder		
Drug or alcohol dependency			Infectious mononucleosis			Serious accident or injury		

Women's Health			Men's Health		
Condition	Yes	No	Condition	Yes	No
Removal of breast lump or cyst \breast cancer			Lump or mass in testicle		
Missed periods more than four months					
Excessive flow					

**FAMILY MEDICAL HISTORY**

Check each item	Yes	No	Relationship	Yes	No	Relationship
Father living			Heart disease			
Mother living			High blood pressure			
Alcoholism			Nervous or mental disorder			
Cancer			Thyroid disease			
Diabetes			Tuberculosis			

Have you consulted or been treated by clinics, healthcare provider(s), healer(s) or other practitioners within the past five years?  
 (Other than routine checkups.)  Yes  No If Yes, provide details below.

Details \_\_\_\_\_

Attach additional sheet if necessary.

Signature of Student or Parent/Guardian (if under 18 years of age) Date

*This information is strictly for the use of the Health Service and will not be released to anyone without your knowledge and written consent.*  
 Illinois Wesleyan University  
 Arnold Health Service



## IMMUNIZATION RECORD (CONT.)

Last Name (Print)	First Name	Middle	Date of Birth
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**Part 4 RECOMMENDED IMMUNIZATIONS**

**MENINGOCOCCAL TETRAVALENT**

(A, C, Y, W-135 / One dose – for college freshmen living in dormitories/residence halls, persons with terminal complement deficiencies or asplenia, laboratory personnel with exposure to aerosolized meningococci, and travelers to hyperendemic or endemic areas of the world. Non-freshmen college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.)

Tetavalent conjugate (preferred; data for revaccination pending; administer simultaneously with Tdap if possible):

Date     /    /      
M D Y

Tetavalent polysaccharide (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues):

Date     /    /      
M D Y

Date     /    /      
M D Y

**QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)**

(Three doses of vaccine for female students 11-26 years of age at 0, 2, and 6 month intervals.)  
Immunization (HPV)

#1     /    /      
M D Y

#2     /    /      
M D Y

3     /    /      
M D Y

**HEALTH CARE PROVIDER**

\_\_\_\_\_  
Print Name of Health Care Provider

\_\_\_\_\_  
Address

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider Telephone

Mail completed form to:

Illinois Wesleyan University, Arnold Health Service, P.O. Box 2900, Bloomington, IL 61702-2900

For office use only:

Entered     Email/note sent    Date \_\_\_\_\_     Incomplete     Completed