

RICE UNIVERSITY HEALTH DATA FORM - Instructions (do **not send this page),**

- All undergraduate, graduate, and MBA students must fully complete all sections of this form.
- Please schedule a visit with your physician to complete all parts of the form.
- Other classifications of students only need to submit the meningitis vaccination form. Please note that **all** students, regardless of classification, must comply with Texas State law regarding meningococcal vaccination.
- You **MUST** include your student ID number in order for us to process your form.
- Please note a student may not register for classes until this form is **completed**. The registration account hold will be released once ALL parts are complete.
- Once you have sent your form, you may check to see if it has been processed. Log into your ESTHER account to confirm. Your holds will be released within one week of receipt. The VA hold signifies need for proof of the meningitis vaccine, while the ME hold indicates an incomplete or missing health form.

Deadlines

- Undergraduates should submit their forms by June 1 for the fall or Dec 1 for the spring. You may certainly submit your forms after this, but your campus housing assignments will be delayed.
- Graduate students should submit forms by July 1 for the fall and Dec 1 for the spring.

Returning students

- If you are a RETURNING STUDENT and have been away from Rice for LESS than ONE YEAR, you may use your previous form. Please call to advise us of your choice and to confirm that your vaccines remain up to date.

Submission of the form - Options (Emailed forms will not be accepted)

- **Mail** to Rice Student Health **6100 Main Street, MS 760 Houston, TX 77005**
- **Fax** to **713-348-5427**
- Graduate students must submit health forms to STUDENT HEALTH. Please do NOT submit to your department.
- You may also **upload your form to our secure online box** – Available on the website.

Physical exam and vaccine record

- Information from a physical exam performed in the PAST YEAR must be ENTERED on the form. A parent may not be the signing physician.
- If you have lost your vaccination records, you need to obtain boosters and provide documentation for MMR (measles, mumps, rubella), and Meningococcal meningitis. You may provide lab testing to indicate immunity.
- If you have a medical condition or contraindication for a specific vaccination, your physician, who must be licensed in the United States, must submit an affidavit stating why the vaccination is medically contraindicated.
- Please attach a copy of your complete vaccine records as we utilize them when completing your travel abroad consults, internship or volunteer forms and employment physicals.

Meningitis Vaccine Requirement

- MENINGOCOCCAL vaccination (Quadrivalent A,C,Y, W-135) must occur 10 days or more in advance of arrival on campus. If you had a single vaccination but it has been more than 5 years (using the date classes start), then you will need another vaccination. Students not in compliance will not be able to register for classes. If delinquent beyond the first 10 days of classes, the student will be withdrawn from enrollment. Although only the quadrivalent meningitis vaccine is required in Texas, Rice University Student Health highly recommends that students also receive the Meningitis B vaccine.
- Texas law - <https://www.dshs.texas.gov/immunize/school/college-requirements.aspx>
Texas law allows 3 types of waivers to the vaccination requirement:
 - The student is 22 years of age or older
 - Physician affidavit of harm/medical contraindication
 - Exemption waiver for reasons of conscience – must be filed with the Texas State Department of Health Services and documents sent to Rice University Student Health

RICE UNIVERSITY STUDENT HEALTH DATA FORM

Last name First Name Middle

Date of Birth Place of Birth Sex

Department (Graduate Students) Entering year at Rice

Undergraduate Graduate MBA Student ID

Address City State Zip

Country Telephone E-mail

In Case of EMERGENCY, please contact Telephone Relationship

HEALTH HISTORY

Current Medical/Psychological Conditions: _____

Surgeries _____

Current Medication (include supplements/herbal medications) _____

Allergies DRUG _____

FOOD _____

INSECT _____ LATEX _____

PAST HISTORY – Circle if you have had any of these below

Allergies	Anemia	Anxiety	Arthritis	Asthma
Sickle cell disease or trait	Bleeding / clotting disorder	Bone/joint problems	German measles (Rubella)	Chicken Pox (varicella)
Inflammatory Bowel Disease	Gastrointestinal disorder	Diseases- mouth, teeth or gums	Eye disease or injury	Malaria/Tropical disease
Migraines	Headaches	Heart disease	Heart murmur	Neurological disease
Hypertension	Eating disorder	Kidney disease	Hepatitis	Diabetes
Psychiatric illness	Mononucleosis	Pneumonia	Parasites	Cholera
Measles (Rubeola)	HIV	Depression	Typhoid fever	Syphilis
Back problems	Cancer	Tuberculosis		

Do you use tobacco? If yes, type and amount per day _____Do you drink alcohol? If yes, amount and frequency _____

Do any of your family members have any health problems? _____

Please comment on any positive responses to the health history and your plan to address these while living in Houston.

Name

REQUIRED VACCINES

MMR - REQUIRED

Measles, Mumps, Rubella	Must have received 2 vaccines or submit titers to all 3	#1 _____(m/d/y) #2 _____(m/d/y) Or titers attached _____
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MENINGOCOCCAL VACCINATION - REQUIRED

Quadrivalent vaccine (A,C,Y,W-135)

Date of most recent vaccination – (m/d/y) (must be within 5 years of the first day of classes)

OR

Exemption to meningitis vaccination (check appropriate box)

- Student is 22 years of age or older
- Physician affidavit of harm/medical contraindication-attach form from a physician licensed in the US
- Exemption waiver filed with Texas State Dept of Health Services (attach)

RECOMMENDED VACCINES

Health Services recommends that students have Meningitis B, Hepatitis A, Hepatitis B, Varicella, HPV and TdaP vaccines. The seasonal influenza vaccine is recommended during the school year. Please attach the current vaccine record. We use this often during the student's time at Rice for volunteer forms, study abroad, job physicals, etc.

Vaccine record is attached – ATTACHMENT IS **REQUIRED**. **Must be clear copy. This will be used to confirm your dates and vaccines for MMR and Meningitis.**

Texas law requires that this record be

- **A form showing the signature or stamp of a physician or his/her designee, or public health personnel that shows the month, day and year the vaccination dose was administered.**
- **An official immunization record generated from a state or local health authority that shows the month, day, and year the vaccination was administered.**
- **An official record received from school officials.**

Students from Texas may contact the Texas Immunization Information Line at 1-800-252-9152 to ask for records kept in ImmTrac2, the Texas Immunization Registry.

Name

TUBERCULOSIS SCREENING

QUESTION	YES	NO
Have you had tuberculosis or had a positive screening test (PPD, TB quantiferon, or t-spot)		
Have you had chest radiographs suggesting inactive or past TB?		
Have you had HIV, AIDS, diabetes, leukemia, lymphoma, an organ transplant or chronic immune disorder?		
Have you had a recent close contact with someone with TB?		
Have you had immunosuppression due to medication?		
Are you an injection drug (recreational not medical) user?		
Have you worked or volunteered in a high risk setting (prison, long term care facility, hospital, shelter)		
Do you have end stage renal disease, malabsorption syndrome, low body weight or have you had a gastrectomy?		
Do you have symptoms of TB (persistent cough, fever, night sweats, loss of appetite, weight loss)		
Were you BORN IN, LIVED IN or VISITED FOR MORE THAN 1 MONTH – *countries listed at bottom of page		

If you answered **NO to all of the above questions, then you are finished.** If you answered **YES** to any of the above questions, **then your medical provider must complete the TB testing below.** You can do this at a doctor's office or a pharmacy.

ATTENTION HEALTH CARE PROVIDER – If the patient answered YES to any of the above, then testing is required. Testing must be done within the past 6 months. If a student has a history of positive testing, then a chest x-ray is required. History of BCG vaccination does not prevent testing. If the PPD or Quantiferon/T spot testing is POSITIVE then a chest x-ray is REQUIRED. Please attach the chest x-ray REPORT and the MANAGEMENT PLAN including medication.

PPD	Date placed _____	mm of induration _____
Or Quantiferon-TB or T-spot	Date of testing _____	Result (attach) _____

PPD Measurements:

≥ 5 mm	Positive for recent contacts with TB patients, abnormal chest x-rays suggesting TB, HIV/AIDS, Organ transplant patients, and immunosuppressed patients
≥ 10 mm	Positive for recent US immigrants (<5 years) from the areas listed above, injection drug users, employees/volunteers in high risk settings, or those with medical conditions associated with risk of progressing to TB disease if infected
≥ 15 mm	Positive for persons with no known risk factors for tuberculosis

SIGNATURE OF MEDICAL PROFESSIONAL _____ **DATE** _____

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

Name

PHYSICAL EXAM

HEIGHT WEIGHT Body Mass Index

BLOOD PRESSURE PULSE

VISION right _____ left _____ both _____ (UNCORRECTED)

VISION right _____ left _____ both _____ (CORRECTED IF NEEDED)

SYSTEM	NORMAL	ABNORMAL
Eyes		
Ears		
Nose		
Mouth/Throat		
Dental		
Neck		
Respiratory		
Heart		
Abdomen		
Skin		
Neurological		
Psychiatric		
Musculoskeletal		

Physician please comment on any abnormalities _____

Does this student have any medical or psychiatric conditions that would interfere with functioning in a rigorous academic environment? _____

Does the student have any condition that would limit participation in sports? _____

Will the student need ongoing care with a specialist while in Houston and have arrangements been made for that? _____

Name of examining physician (may not be student's parent)

Address City State Zip

Country Telephone E-mail

Signature of physician and date _____