



Centenary

COLLEGE OF LOUISIANA

Dear New Student,

On behalf of Health Services, I want to welcome you to Centenary College and let you know that Health Services is available to all students in a walk-in clinic setting. Health Services can treat minor injuries and illnesses and assist you in accessing care by a physician as needed.

Centenary College follows immunization guidelines set by the American College Health Association. In addition to these guidelines, we require all incoming students to have the Meningococcal vaccine as they are at a higher risk of developing Meningitis. Required immunizations include the following:

- 2 doses of MMR (Measles, Mumps, Rubella)
- 1 TD (Tetanus, Diphtheria) booster dated within the last 10 years
- 1 Meningococcal vaccine

Health Services also **recommends** you talk to your health care provider about having the HPV (females), Hepatitis B series and Varicella (chickenpox) vaccines if you have no history of the diseases.

Centenary College requires that **all** full time students have medical insurance coverage. All international students are **required** to have the EIIA student medical insurance. You are automatically enrolled and charged for the student health insurance. Student health insurance is available at a fee of \$290.00 per year. If you do not wish to have the insurance your parent/guardian or spouse **must go online** to the Centenary College website (www.centenary.edu/services/health) to waive the insurance fee. Once on the health services site, you will find a link to EIIA student insurance program. **The insurance waiver dates are January 1 through January 31, 2012. NO exceptions will be made, except late enrollment. The insurance fee is non-refundable. A copy of your insurance card must be turned in along with your Report of Medical History, and dates for all required immunizations.** If you have any questions about coverage, you can contact NAGHA Claim Services at 800-952-4320.

Please be sure your **completed** health and insurance information are turned into Health Services. If the clinic is closed, the Office of Student Life will accept the forms. (If the information is inadvertently turned into another location on campus, it will be your responsibility to replace it and turn it into Health Services.) Failure to provide all the required information will result in a hold being placed on your record preventing you from registration or beginning classes!

If you have any questions, please contact the Health Services Coordinator at (318) 869-5466.

Sincerely,

Mark Miller
Dean of Students

REPORT OF MEDICAL HISTORY

MANDATORY: All full-time incoming freshmen and transfer students entering Centenary College **MUST** fill out this form upon acceptance.

Name (print)

LAST FIRST MIDDLE STUDENT ID NUMBER (If unknown, leave blank) SEX M/F

HOME ADDRESS CITY / STATE / ZIP DATE OF BIRTH

STUDENT CELL PHONE HOME TELEPHONE MOM'S CELL DAD'S CELL

PERSONAL EMAIL ADDRESS

Does your religion prohibit treatment? Yes No

This information is strictly for Health Services use and will not be released without your knowledge and consent.

PERSONAL HISTORY (Please answer all questions. Comment on all positive answers in space below or on an additional sheet.)

HAVE YOU HAD:	YES	NO	HAVE YOU HAD:	YES	NO	HAVE YOU HAD:	YES	NO	HAVE YOU HAD:	YES	NO
Scarlet Fever			Depression			Chronic cough			Dizziness/fainting		
Measles			Recurrent headache			Heart palpitations			Fatigue		
Chicken Pox			Recurrent colds			High/low blood pressure			Weakness/paralysis		
Gum/tooth trouble			Head injury/concussion			Rheumatic fever			Diabetes		
Eye trouble			Hay fever			Heart murmur			Frequent urination		
Ear, nose, throat trouble			Tuberculosis			Joint injury/disease			Alcohol/drug problems		
Surgery: Appendectomy			Shortness of breath			Back problems			Migraine		
Tonsillectomy			Allergy to the following:			Tumor/cancer/cyst					
Hernia Repair			Penicillin			Jaundice			Females Only:		
Other			Sulfa			Seizure/epilepsy			Irregular periods		
Asthma			Foods (which)			Sickle cell			Severe cramps		
Eating disorder			Other			Recurrent diarrhea			Excess flow		
Mono			Require an epi-pen			Gallbladder/gallstones					
Insomnia			Sinusitis			Stomach/intestinal trouble					
Anxiety			Chest pain/pressure			Recent weight gain/loss					

YES	NO	USE ADDITIONAL SHEET FOR REMARKS OR MORE INFORMATION IS NECESSARY
		Has your physical activity been restricted during the past five years? (Give reasons and duration.)
		Have you had difficulty with school, studies, or teachers? (Give details)
		Have you received treatment or counseling for a nervous condition, personality or character disorder or emotional problem?
		Have you had any illness or injury or been hospitalized other than already noted? (Give details)
		Have you consulted or been treated by clinics, physicians, healers or other practitioners within the past five years? (Other than routine checkups?)

List all current medication(s)

Please check one of the following boxes below

All students are required to have health insurance. See page 3 for more details.

- I would like to use my own insurance. (Please provide a copy of your insurance card)
- I would like to use the EIA insurance that Centenary offers.
- I would like to use both my own insurance and EIA.

Have any of your relatives ever had any of the following:

	YES	NO	RELATIONSHIP
Tuberculosis			
Diabetes			
Cancer			
Alcohol/Drug Addiction			
Asthma/Allergies			
Epilepsy/Convulsions			
Heart Disease/Stroke			
Depression			

REPORT OF MEDICAL HISTORY

IMMUNIZATION REQUIREMENTS

Failure to complete and return this form will prevent enrollment at Centenary College. Return of completed form is mandatory for all entering students.

1. DT (diphtheria-tetanus) Booster required within 10 years of admission. Date given: _____
2. MMR (measles, mumps, and rubella) – Two (2) doses required after age 15 months. Void if born before 1957.
Dose 1: _____ Dose 2: _____
3. Menactra (meningitis – required as of June 2003): Date: _____

RECOMMENDED

1. Hepatitis B Dose #1 _____ Dose #2 _____ Dose #3 _____
2. Polio Series complete: _____ Date of last Booster: _____
3. HPV Dose #1 _____ Dose #2 _____ Dose #3 _____
4. Tuberculosis testing required within one year of admission.
Date given: _____ Date read: _____ Results: _____ mm
If positive (>10mm) attach copy of chest x-ray report. Was BCG vaccine given: _____ Date: _____

STUDENT'S SIGNATURE

PHYSICIAN'S SIGNATURE (Acknowledging review and immunizations)

DATE

REQUEST FOR IMMUNIZATION EXEMPTIONS (MMR, TD, and Meningococcal)

If you request an immunization exemption for medical or personal reasons, please check the appropriate blank and provide the requested information.

- Medical** (physician's statement—use space below)
- Personal** (state reason below)

PRINT NAME (PHYSICIAN)

PHYSICIAN'S SIGNATURE

DATE

TELEPHONE

I have chosen to sign this exemption from the immunization requirement and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccinations. I understand that if I claim exemption for personal or medical reasons, that in the event of an outbreak, I may be excluded from attendance of all campus activities, including classes, until the appropriate disease incubation period has expired or until I submit proof of immunization. I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccinations.

I do further hereby now and forever free and release Centenary College of Louisiana and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccinations.

STUDENT'S SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN (IF REQUIRED)

DATE



Centenary

COLLEGE OF LOUISIANA

INSURANCE/WAIVER INFORMATION

Centenary College requires full time students to have health insurance coverage. Student health insurance is provided through EIIA. Your account is automatically charged the \$290.00 insurance fee.

You may review the summary of the health insurance online at www.centenary.edu/services/health. If you have your own insurance, the student health insurance coverage is secondary.

If you do not choose the EIIA insurance, you must go online to waive the insurance fee at www.centenary.edu/services/health. The dates to waive the insurance are **January 1, 2012 through January 31, 2012**. **** You will not be able to waive the EIIA student health insurance after the waiver dates under any circumstances!! Please submit a copy of your insurance card with your medical records.**

Any questions regarding EIIA insurance coverage or claims should be directed to NAGHA claim services at 800-952-4320 or eiia@nahga.com.

IMPORTANT: I, _____, understand that this letter is *not* an official waiver for the EIIA student health insurance. I also understand that I will have to go online during the above waiver dates in order to waive EIIA student health insurance.

Print Name _____

Signature _____

Date _____