Welcome to Coe College!

The Student Health Center staff is here to support you during your time at Coe! You are about to embark on an exciting journey over the next few years, and we want you to know that we are here for your health and wellness needs! If you have a special request, or require assistance with a medical problem, please contact us at 319-399-8617 or by email: o-healthservices@coe.edu.

Coe Student Health is a campus health clinic that provides primary medical care, acute illness and chronic disease management, women's health and mental health services, as well as wellness, sexual health, nutrition, and certain immunizations. Our clinic is staffed by nurse practitioners and a medical assistant. We are an appointment based clinic, and we are located on the below the PUB, across from Gage building. Students enrolled at Coe College are automatically assessed a Student health fee in their tuition cost, which entitles them to many services at no cost. Any charges that are incurred for prescriptions, immunizations, lab tests, X-ray, or referrals to other clinics and/or the ER, will require that you submit your personal health insurance or pay for the costs incurred.

Coe College requires that all students have a current health history, physical (within the last 12 months), health insurance information, and immunizations on file in the Health Services clinic. These forms are confidential and are used by the Health Services team to provide the best possible healthcare to you. (If you will be participating in Coe Athletics, please refer to their requirements for physical and forms they need, in addition to submitting the above forms to Health Services.)

An important action for you to take now is to download and print the health forms from the Coe College website (http://www.coe.edu/healthforms). The physical and immunization forms need to be filled out by your health care provider. Please take time to review your immunization history and make sure you have received the required and recommended vaccinations (http://www.coe.edu/prematriculation) before you arrive on campus. You will not be allowed to register for subsequent semesters if we do not have your immunization records. Check with your health care provider, health department, or your high school for these records. Submit the records by email, fax or mail to Health Services before the start of classes.

Please complete and submit all five health forms by July 1, 2016 to:

Coe College Health Services
1220 First Ave NE
Cedar Rapids, Ia 52402

Forms can also be emailed to o-healthservices@coe.edu or faxed to 319-399-8269

Thank you and we look forward to meeting you soon! Go Kohawks!
Lindsay Shedek, ARNP, Director of Health Services

New Student Health Services Checklist: due by July 1st:

- Medical History and Insurance form: to be completed by the student. Please verify that your health insurance coverage is valid in Cedar Rapids while you are a student at Coe.
- Physical Exam: to be completed by your Healthcare provider w/in the last 12 months prior to classes starting (athletes need physical w/in the last 6 months)
- Tuberculosis screening form: required for all students, domestic and international.
- Immunization records: note required and recommended vaccines
- Minor students: please make sure your parent/legal guardian signs forms where appropriate.
Medical History and Insurance Form

This form is to be completed by the student. Please provide any information about chronic illness, health problems, medication allergies or disabilities. All of the information given to Health Services is confidential and will not be released to any other department without your knowledge and consent. Return form to: Coe College Health Services by JULY 1st 1220 First Ave. NE, Cedar Rapids, IA 52402 Phone: 319-399-8617 Fax: 319-399-8269. Forms may be scanned and emailed to: o-healthservices@coe.edu

Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Birth Date</th>
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Preferred Name (if different from given name)

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

Student Cell Phone (with area code) Social Security Number

Notify in Emergency:

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Home Phone</th>
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</thead>
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</table>

Address City State Zip

Phone number Alternate phone number

Health Insurance Information

It is strongly recommended that students have health insurance that provides them coverage in Cedar Rapids, IA. The Affordable Care Act allows students to stay on their parents’ policy through age 26. Some insurance companies also require that “Care Away From Home” is established prior to the student coming to College. Do you have health coverage under a family or individual policy? (please circle) Yes / No

Health Insurance Company Name Name of Policy Holder

Policy Holder’s Name Policy Holder’s Birthdate SSN of Policy Holder

You MUST carry a copy of your medical insurance card. The student also needs to carry a copy of the prescription drug card if it is different than the medical insurance card. This information will be needed should you require health care outside of Coe Health Services or to obtain prescribed medication at the pharmacy.

ATTACH A COPY of the front and back of your insurance card.

Please attach a copy of the front of your insurance card here.

Please attach a copy of the back of your insurance card here.

Consent for treatment: (to be signed by student; if student is a minor, parent/legal guardian signature also required):

I authorize the Advanced Registered Nurse Practitioner to treat me in the case of medical need while a student at Coe College.

Student: ______________________ Date: ______________ Parent: ______________________
Family Medical History

<table>
<thead>
<tr>
<th>Relative</th>
<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age at Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sibling</td>
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<tr>
<td>Sibling</td>
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<tr>
<td>Sibling</td>
<td></td>
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</tr>
</tbody>
</table>

Have any of your relatives (parent/grandparent/sibling) had/have?

- Cancer
- High Blood Pressure
- Sickle Cell Trait
- Tuberculosis
- Diabetes
- Kidney Disease
- Heart Disease
- Asthma/Seasonal Allergies
- Seizure Disorder
- Mental Health Disorder
- Substance Abuse

Student Medical History

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>Back Problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache/Migraines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye Disease</td>
<td></td>
<td></td>
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<tr>
<td>Mononucleosis</td>
<td></td>
<td></td>
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<tr>
<td>Urinary Tract Infections</td>
<td></td>
<td></td>
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<tr>
<td>Gastrointestinal Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle Cell Trait</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery (describe below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use drugs?</td>
<td></td>
<td></td>
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<tr>
<td>Do you drink alcohol?</td>
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<tr>
<td>Do you smoke?</td>
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</tbody>
</table>

Comment on all positive answers, include dates, below:

I have this “Med-Alert” condition:

On-going chronic illness:

List medication allergies:

List other allergies:

Do you have physical or learning disabilities?

Are you taking any medications regularly?

Do you consider your weight to be healthy?

Have you traveled outside of your native country in the past 12 months? If so where:

Coe makes it possible. You make it happen.
Physical Examination Form

This form must be submitted by July 1st to Coe College Health Services
Forms may be scanned and emailed to o-healthservices@coe.edu

It is recommended that all students have a physical exam on file, in order to receive the best possible health care, while at Coe College. The physical exam must be completed by your health care provider within the past 12 months. Student Athletes must have a physical within the past 6 months. Student Athletes must complete health record requirements for Health Services and Athletics.

Student’s Name: ___________________________ Birth Date: ___________ Gender: Male ______ Female ______
Temp ______ Height ______ Weight ______ Heart Rate/Pulse ______ RR ______ BP ______
Vision R 20/_________ L 20/_________ Corrected: Y N Pupils: Equal ______ Unequal ______
Hearing: R_________ L_________ Dental Care Needed: Y N Hgb/Hct (if indicated) ______

Exam Normal Abnormal
(please check normal or abnormal. No mark= no exam)
1. General Appearance ______ ______
2. Skin ______ ______
3. Head/Face ______ ______
4. Eyes ______ ______
5. Ears ______ ______
6. Nose & Sinuses ______ ______
7. Mouth/Throat ______ ______
8. Neck ______ ______
9. Thorax ______ ______
10. Breasts ______ ______
11. Lungs ______ ______
12. Heart ______ ______
13. Abdomen ______ ______
14. Genitalia ______ ______
15. Rectal ______ ______
16. Musculoskeletal ______ ______
17. Lymphatics ______ ______
18. Blood Vessels ______ ______
19. Neurological ______ ______
20. Psychological ______ ______
21. Depression ______ ______
22. Anxiety ______ ______
23. Eating disorder ______ ______
24. Student Athlete’s only—Sickle Cell trait status: unknown ______ positive ______ negative ______

• Any allergies?

• Current medications:

• Is the student currently being treated for an emotional disorder? If Yes please explain:

• Recommendations for treatment, restriction of academic load or physical activity. Please indicate period of time for restriction and comments on history:

Are you this student’s regular healthcare provider? Yes ______ No ______
Name (print) __________________ Signature __________________ Date ______
Phone ______ Fax ______
Address __________________ City ______ State ______ Zip ______

CLEARANCE FOR ATHLETICS: Only to be completed if student will participate in Coe Athletics

_________________________ Cleared
_________________________ Cleared after completing evaluation/rehabilitation for:
_________________________ Not Cleared for: ________ Reason: ________

I give Coe College Health Services permission to release copies of this form to the Athletic Department and/or the Nursing Department at Coe College.

(If applicable) Student Signature __________________ Date ______

Coe makes it possible. You make it happen.
Tuberculosis (TB) Screening Form
(To be completed by the student)

Note: The tuberculin skin test needs to be read by a healthcare professional in 48-72 hours. If you are unable to return to the clinic in 48-72 hours, you should delay this test until a return visit is possible within this timeframe. If you are an international or health sciences student and choose to do the PPD skin test, a 2-step process is required, meaning one skin test placed, read at 48-72 hours, followed by a second skin test placed at least one week later, and then read at 48-72 hours.

Name ____________________________ Date ____________

Please indicate the following:

1. I have been in close contact with someone who has active tuberculosis. _____ _____
2. I am foreign-born from, or have traveled to an endemic region (Africa, Asia, Russia, Eastern Europe, Central or South America). _____ _____
3. I have been a resident or employee of high-risk congregate settings (ie. Correctional facilities, long-term care facilities, homeless shelters) _____ _____
4. I am a health care worker (ie. Nursing or athletic training student). _____ _____
5. I have had BCG vaccine (if yes, IGRA blood test recommended instead of PPD skin test). _____ _____

If you answered YES to any of the above questions, Coe College requires that you receive TB testing as soon as possible.
If you answered NO to the above questions, no further testing or action is needed.

Are you presently experiencing any of the following symptoms?

1. Fever _____ _____
2. Night sweats _____ _____
3. Cough lasting 3 weeks or longer _____ _____
4. Coughing up blood _____ _____
5. Chest pain _____ _____
6. Unexplained weight loss _____ _____
7. Unusual fatigue _____ _____

Medications you are taking ____________________________

Allergies to medication ____________________________

Student’s signature ____________________________________
Immunizations

Coe College requires proof of immunizations on file in Health Services prior to class registration. This information must be submitted by JULY 1st to Coe College Health Services. The documents may be scanned and emailed to o-healthservices@coe.edu. Student registration is held until proof of immunizations has been submitted to Health Services at Coe College.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Birth Date</th>
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**REQUIRED IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>#1</th>
<th>#2</th>
<th>#3</th>
<th>#4</th>
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<tbody>
<tr>
<td>DTP (Primary Series Dates)</td>
<td>#1 Polio</td>
<td>#2 (3 Dose Primary Series and Booster)</td>
<td>#3 MMR</td>
<td>#4 Rubella</td>
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<tr>
<td>(Td or Dtap)</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td>#4</td>
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**Meningococcal (Highly Recommended)**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date</th>
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<tbody>
<tr>
<td>MenACWY</td>
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<td>MenB</td>
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**Hepatitis B Series**

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<thead>
<tr>
<th>#1</th>
<th>#2</th>
<th>#3</th>
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**Hepatitis A**

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<th>#1</th>
<th>#2</th>
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**Varicella**

<table>
<thead>
<tr>
<th>Date of chicken pox</th>
<th>(Indicate history of chicken pox)</th>
<th>#1</th>
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**Hepatitis and Athletic Training**

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**HPV**

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**Influenza**

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**Other**

<table>
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<tr>
<th>Healthcare Professional Signature</th>
<th>Date</th>
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**INTERNATIONAL STUDENTS – PLEASE COMPLETE THIS PORTION**

- **DO NOT HAVE A TUBERCULOSIS SKIN OR BLOOD TEST DONE PRIOR TO COMING TO COE COLLEGE. TB SCREENING MUST BE DONE IN THE UNITED STATES.**
- If you have been treated for TB infection or disease, bring a copy of your treatment report written in English.
- You must have tuberculin skin test (Mantoux 5 TU/PPD), that is, swelling greater than or equal to 10mm as read within 48-72 hours of being tested.
- Bring documentation validated by the signature and stamp/seal of an authorized immunization official.
- BCG vaccination prior to coming to Coe College
- Do not have a BCG vaccination prior to coming to Coe College
- Do not have a chest x-ray.

For positive TST test result individuals only:

- TST given-date: / / 
- TST read-date: / / 
- Reaction in mm:

Do you have a history of BCG vaccinations? Yes / No

- Date of most recent BCG: / / 
- cdc.gov/tb and who.int/tb/en/ 
- BCG test result individuals only: 
- Date

**Meningitis Vaccine Information**

Meningococcal disease is a potentially life-threatening bacterial infection caused by Neisseria meningitides, a leading cause of bacterial meningitis in older children and young adults in the United States. The disease most commonly is expressed as either meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococcemia, a serious infection of the blood. Since 1991, cases of meningococcal disease among 15-24 year olds have increased. Studies show that students residing in on campus dormitories, especially first-year students, appear to be at up to a six-fold increase risk for meningococcal disease than other college students overall. Vaccinations are available against five of the most common strains of N. meningitidis in the United States. Iowa law requires that we provide this information on Meningitis and the vaccine. MCV4 or MPSV4, which protects against serogroups A, C, W or Y, is given to preteens and teens beginning at age 11-12 years. A second dose is needed at age 16. Teens and young adults age 16–23 may also be given MenB which is a vaccine for protection against meningococcal serogroup B disease. Please talk to your health care provider about these vaccines.

Do you have meningococcal vaccine? Yes / No

- Date

**Immunization Exemption for medical or religious reasons:**

MEDICAL EXEMPTION - Separate documentation signed by a medical professional must be provided

CONSCIENTIOUS/RELIGIOUS EXEMPTION – separate notarize documentation must be provided.

The form may be found at coe.edu under the Health Services tab.

Coe makes it possible. You make it happen.

1220 First Avenue NE  ■  Cedar Rapids, Iowa  52402  ■  phone 319.399.8617  ■  fax 319.399.8269  ■  o-healthservices@coe.edu