

MILLSAPS COLLEGE

WESSON HEALTH CENTER

Health History Form

Full Name _____
(Last) (First) (Middle)

Preferred Name _____ Student ID # _____

Gender (please circle) Male Female Gender Non-Conforming

What is the student's first year enrolled at Millsaps College? 20_____

Date of Birth _____ Marital Status _____

Home Address _____ Cell Phone _____

City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Parent/Guardian _____

Cell Phone: _____ Cell Phone _____

Emergency Contact (if different from above)

(Last, First, Middle)

(Cell Phone)

(Relationship to Student)

TO THE APPLICANT AND THE PHYSICIAN:

The Health History Form is *required* for all entering students to complete registration. In order to render more efficient medical care to Millsaps students, the Wesson Health Center (WHC) staff must have an accurate and comprehensive record of each student's present and past medical experience. Any condition which might affect the student's academic progress or require special attention should be reported. Effort will be made to facilitate continuation of a plan of treatment for the welfare of the student if specific instructions are furnished by the personal physician. Please note, the WHC *DOES NOT* file claims to the student's medical insurance.

The Mississippi State Department of Health in conjunction with the Board of Trustees of the Mississippi Institutions of Higher Learning require that all new and transfer students must show documented history of two doses of MMR (measles, mumps, rubella) vaccine. It is **VERY IMPORTANT** that you complete your immunization information. *Please note that documentation must be from a healthcare provider (physician, health department, etc.)*

This form is used as a permanent record during the student's entire time at Millsaps and is strictly confidential. If you have any questions please call the Office of Student Life at 601-974-1200.

THIS FORM MUST BE COMPLETED AND RECEIVED BY AUGUST 1

Please scan and email your immunization record, a copy of your insurance card, and this form to health@millsaps.edu
Or mail to: Wesson Health Center, Millsaps College, Box #151062 1701 N. State St., Jackson, MS 39210.

Do not turn in or fax to any other office or department.

HEALTH QUESTIONNAIRE

Personal Medical History: Please provide date (month/year) of the following medical issues and note if an ongoing medical condition:

Asthma	Eating Disorder	Liver disease, Hepatitis, tumor
ADHD	Epilepsy (Seizures)	Lupus (SLE)
Anemia	Fainting/Dizziness	Menstrual Difficulties
Anxiety/Depression	Heart Disease or condition	Migraines
Cancer (type)	High Blood Pressure	Rheumatoid Arthritis (RA) or (JRA)
Clotting Disorder	High Cholesterol	Sickle Cell Anemia
Crohn's or Ulcerative Colitis	HIV/ AIDS	Stroke or TIA
Diabetes mellitus	Kidney Stone or disease	Thyroid Disorder

Other: _____

Surgeries/Hospitalizations– give dates _____

Have you received treatment or counseling for alcohol, drug abuse, eating disorder, depression, or other mental health concern? _____

Do you wear glasses or contact lenses? (Check) Yes ___ No ___ All the time ___ Reading only ___

Medications taken regularly or periodically (attach another page if necessary):

(Prescription Name)	(Dosage)	(Frequency)
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(Prescription Name)	(Dosage)	(Frequency)
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(Prescription Name)	(Dosage)	(Frequency)
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Do you vape or use tobacco products? (Circle) Yes No

List medication, food, insect or latex allergies: _____

Insurance Company and Number: _____
Subscribers Name: _____

Do you know of any reason why you will not be able to participate in all college activities, including athletics? If so, give reason. _____

EMERGENCY CONSENT FOR MINORS – Signatures Required

Students under 18 years of age cannot give legal consent to be treated in case a medical or psychological emergency arises. In such cases, are you willing to give permission for emergency treatment to be administered?

_____ Yes _____ No

Signature of parent or guardian _____ Date _____

Signature of student _____ Date _____

Certificate of Immunization Compliance

Millsaps *requires* documentation of 2 MMR Immunizations– 1st after 12 months of age, 2nd at 5 years old or later. **A Meningococcal vaccine and a Tetanus booster are strongly recommended.** The Wesson Health Center staff will follow up on this to ensure documentation is provided. **Students will not be allowed to attend class if this form is missing from the WHC records.**

Name of Student _____ Birthdate _____

Millsaps College Student ID # _____

Address _____
Street City State Zip

	Date Each Dose Was Given				
	1 st	2 nd	3 rd	4 th	5 th
Vaccine					
DTP/DTaP/DT/Td					
Polio (OPV or IPV)					
Hepatitis B					
MMR					
Varicella					
Meningococcal (MenACWY or MENB)					
Covid-19					

Health Dept. or Clinic Signature _____

Date Form Completed _____

INTERNATIONAL STUDENTS ONLY: Millsaps requires documentation of a TB Blood Test within the past year from a United States laboratory. If you do not have results, the college will arrange testing upon arrival to campus.

TB Blood Test: Date Given _____ Date of Results _____ Positive Negative

If Positive, CXR Date _____ Results _____

Treatment _____