



Mars Hill University Infirmary
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 Mars Hill, NC 28754
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Due by 8/1/17

PHYSICAL EXAMINATION (Please print in black ink) **To be completed and signed by physician or clinic**

Last Name	First Name	Middle Name	Date of Birth (mo/day/year)	Social Security Number
Permanent Address			City	State
			Zip Code	Area Code/Phone
Vision: Corrected: Right 20/ Left 20/ Uncorrected: Right 20/ Left 20/ Color Vision: _____ Hearing (gross) L _____ R _____			UA: Glucose _____ Protein _____ Leukocytes _____ Micro _____ Hgb: _____ or Hct: _____	
Height _____ Weight _____ Temp _____ Pulse _____ Respirations _____ BP ____/____				

Examination	Normal	Abnormal	DESCRIPTION (attach additional sheets if necessary)
1. Head, Ears, Nose, Throat			
2. Eyes			
3. Respiratory			
4. Cardiovascular			
5. Gastrointestinal			
6. Hernia			
7. Genitourinary			
8. Musculoskeletal			
9. Metabolic/Endocrine			
10. Neuropsychiatric			
11. Skin			
12. Mammary			

A. Is there loss or seriously impaired function of any paired organs? Yes No
 Explain _____

B. Is student under treatment for any medical or emotional condition? Yes No
 Explain _____

C. Recommendation for physical activity (physical education, intramurals, etc.) Unlimited Limited
 Explain _____

D. Is student physically and emotionally healthy? Yes No
 Explain _____

E. **ALL MHU Athletes must show proof of Sickle Cell Testing.** **Student Athlete? Yes No**

Required: Attach a copy of the Hemoglobin Solubility Test Result Sport: _____

***For Students Admitted to a HEALTH SCIENCES PROGRAM* (See technical standards)**

Based on my assessment of this student's physical, mental, and emotional health, he/she meets the standards to participate in the activities of a health profession in a clinical setting and to provide safe client care. Yes _____ No

Additional comments: _____

Signature of Provider completing exam: _____ Date _____

Print Name of Provider, address and phone number OR office stamp: _____

IMMUNIZATION RECORD (Please print in black ink) To be completed and signed by physician or clinic. A complete immunization record from a physician or clinic may be attached to this form.				
Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)	Social Security Number
_____	_____	_____	_____	_____

Required within 12 months prior to the first day of classes. • Tuberculin (PPD) Test mm induration: _____	Date Applied: _____	Date Read: _____
Chest x-ray, if positive PPD Date: _____ Results: _____		
Treatment, if applicable	Dates: _____	

SECTION A: REQUIRED IMMUNIZATIONS These immunizations are required by North Carolina State Law. For further information, please visit the website <http://www.immunize.nc.gov/schools/collegesuniversities.htm> or contact the Director of Medical Services at Mars Hill University.

	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
• DTP or Td (series of three required)				
• Tdap Booster (at least 1 REQUIRED within last 10 years)				
• Polio (series of three required)				
• MMR (series of 2 required after first birthday as a combination shot) OR...				
• Measles (after first birthday) TWO DOSES REQUIRED			Disease Date	Titer Date & Result
• Mumps TWO DOSES REQUIRED			Disease Date	Titer Date & Result
• Rubella ONE DOSE REQUIRED			Disease Date Not Accepted	Titer Date & Result
Hepatitis B (Series of 3 required if DOB is after July 1, 1994)				

The CDC recommends college students, especially freshmen living in dormitories, receive the meningococcal vaccine. Information concerning meningitis and immunization for this disease has been provided by the University.

I choose to decline the meningococcal vaccine. _____ (Initial here to decline or place date in blank below indicating date vaccine was given).

	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Meningococcal			

SECTION B: RECOMMENDED IMMUNIZATIONS

The following immunizations are recommended for all students and may be required by certain departments (i.e. Health Sciences).

	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
Varicella (chicken pox) series of two doses or immunity by positive blood titer		Disease Date	Titer Date & Result
Gardasil (series of 3)			
HPV			
Other			

Signature and office stamp is **REQUIRED**

Signature of Provider _____ Date _____

Print Name of Provider _____

Office Stamp:

Serogroup B Meningococcal Vaccine (MenB): What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning—even among people who are otherwise healthy.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household.

There are at least 12 types of *N. meningitidis*, called “serogroups.” Serogroups A, B, C, W, and Y cause most meningococcal disease.

Anyone can get meningococcal disease but certain people are at increased risk, including:

- Infants younger than one year old
- Adolescents and young adults 16 through 23 years old
- People with certain medical conditions that affect the immune system
- Microbiologists who routinely work with isolates of *N. meningitidis*
- People at risk because of an outbreak in their community

Even when it is treated, meningococcal disease kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, or severe scars from skin grafts.

Serogroup B meningococcal (MenB) vaccines can help prevent meningococcal disease caused by serogroup B. Other meningococcal vaccines are recommended to help protect against serogroups A, C, W, and Y.

2 Serogroup B Meningococcal Vaccines

Two serogroup B meningococcal vaccines—Bexsero® and Trumenba®—have been licensed by the Food and Drug Administration (FDA).

These vaccines are recommended routinely for people 10 years or older who are at increased risk for serogroup B meningococcal infections, including:

- People at risk because of a serogroup B meningococcal disease outbreak
- Anyone whose spleen is damaged or has been removed
- Anyone with a rare immune system condition called “persistent complement component deficiency”
- Anyone taking a drug called eculizumab (also called Soliris®)
- Microbiologists who routinely work with isolates of *N. meningitidis*

These vaccines may also be given to anyone 16 through 23 years old to provide short term protection against most strains of serogroup B meningococcal disease; 16 through 18 years are the preferred ages for vaccination.

For best protection, more than 1 dose of a serogroup B meningococcal vaccine is needed. The same vaccine must be used for all doses. Ask your health care provider about the number and timing of doses.

3 Some people should not get these vaccines

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**
If you have ever had a life-threatening allergic reaction after a previous dose of serogroup B meningococcal vaccine, or if you have a severe allergy to any part of this vaccine, you should not get the vaccine. *Tell your health care provider if you have any severe allergies that you know of, including a severe allergy to latex.* He or she can tell you about the vaccine’s ingredients.
- **If you are pregnant or breastfeeding.**
There is not very much information about the potential risks of this vaccine for a pregnant woman or breastfeeding mother. It should be used during pregnancy only if clearly needed.

If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.



4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own within a few days, but serious reactions are also possible.

More than half of the people who get serogroup B meningococcal vaccine have **mild problems** following vaccination. These reactions can last up to 3 to 7 days, and include:

- Soreness, redness, or swelling where the shot was given
- Tiredness or fatigue
- Headache
- Muscle or joint pain
- Fever or chills
- Nausea or diarrhea

Other problems that could happen after these vaccines:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your clinic.

Afterward the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement Serogroup B Meningococcal Vaccine

08/09/2016

42 U.S.C. § 300aa-26

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