

Student Health Services

The information requested on this form is needed to complete state and federal government reporting requirements and does not affect your enrollment or your admission to Texas State Technical College. Please fill-in all blanks and spaces on this form and return it with your completed application.



Name: _____ Social Security # _____
Please Print (Last) (First) (Middle)

Planned entry date: (check one) Fall Spring Summer I Summer II Summer II Year _____

Immunization Requirements

No official immunization record is required for admission to TSTC. However, if there is an epidemic of vaccine-preventable disease in or near the community in which the campus is located, school officials may require immunizations, or boosters, to provide protection for students attending TSTC, as specified by local health authorities. Foreign students are required to provide proof of immunization against diphtheria and tetanus. (See reverse side)

Permission to Authorize Emergency Medical Treatment

In case of sudden illness or accident, and in the event a relative cannot be reached by phone, I (check one) do do not authorize a representative of TSTC to refer me to the following named physician. In the event my physician is not available, I consent to treatment by the professional medical/nursing staff of TSTC Health Center or by a physician/nurse designated by them.

(Signature of Student) Date

Physicians' Name: _____ Telephone # _____

Health History

Address in case of emergency (Someone who will know your whereabouts at all times):

Name: _____ Telephone # _____

Address: _____ City: _____ State: _____ ZIP: _____

By law you are not required to provide the following information. However, this information may assist us to help you with related problems while attending TSTC. The information is confidential, and there is no penalty for not supplying the information.

	Yes	No		Yes	No		Yes	No
Head or spinal injuries			Stomach Ulcers			Convulsions		
Heart Disease			Asthma			Allergies		
Diabetes			Kidney Disease			Chronic Illness		
Tuberculosis			Rheumatic Fever					
Anxiety of depression			Incurable Disease					

For any yes answers above, please give detailed description including date, continued problems, special medical treatment received, etc. List all medications you take. Attach additional page if necessary. _____

Medical Accident & Health Insurance

Each student must: (1) have accident and health insurance coverage, or (2) enroll in the TSTC Student Insurance Plan, (3) or accept full financial responsibility. Please fill in the blank or check the appropriate responses and sign.

(1) I have accident insurance coverage Yes No
 Insurance Company: _____ Policy # _____

(2) I plan to enroll in the TSTC Student Insurance Plan. Yes No

(3) If I have no insurance, I understand that I will accept full financial responsibility for medical expenses incurred in giving emergency medical treatment.

Students who are minors must have parent's or legal guardian's signature. Others may sign for themselves in lieu of parent or guardian.

(Applicant's Signature)

(Parent's/Legal Guardian Signature)

Equal opportunity shall be afforded within the Texas State Technical College System to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. TSTC will make reasonable accommodations for persons with disabilities. 02/05

Immunizations

Measles (also known as Rubeola, Red Measles, Hard Measles, 10-Day Measles)

Measles is a highly contagious viral disease. Antibiotics are not available to treat persons infected with this organism. Recent outbreaks of this illness have included many hospitalizations and several deaths among college-aged persons. For these reasons, it is strongly recommended that students of institutions of higher education have two doses of the vaccine prior to beginning classes. Most young adults have had only one dose.

The measles vaccine most often is given in combination with the vaccines for mumps and rubella, which also are caused by viruses.

Tetanus (also known as Lockjaw)

The illness caused by tetanus results from the poison produced by a bacterium. Again, this is a very difficult illness to treat when it occurs, and prevention is the most appropriate choice. The vaccine is effective for about 10 years, and should be boosted at that interval. It now is common for older adults to develop tetanus in the United States, as many adults do not receive the recommended 10-year boosters.

The tetanus vaccine should be given in combination with the diphtheria vaccine.

Poliomyelitis

In the United States, polio immunization is not routinely recommended for persons 18 of age or older. However, if you plan to travel to other parts of the world, you should contact a physician for specific recommendations.

Immunization is an integral part of your health care.

This part is called prevention...

It means that, to stay healthy, you must do something before you become ill.

Don't be part of the problem... Be part of the solution.

Make sure that your immunizations are current now!

For more information on immunizations, contact your physician, public health clinic, or Student Health Services. Health students, please read below for information on immunization requirements and recommendations.

Student Classification	Immunizations Needed	Schedule for Immunizations
Medical interns and residents, fellows, and students enrolled in health-related courses who have or will have any direct patient contact	Tetanus/Diphtheria (T/D)	Must have had one dose within past ten years.
	Mumps and Measles	Those born since January 1, 1957 must have two doses since 12 months of age. The two doses must be at least 30 days apart.
	Rubella	At least one dose since 12 months of age is required.
Dental and medical students, interns, residents, and fellows	Hepatitis B	A primary series must be begun or, preferably, completed prior to beginning direct patient care (if not already immune).
All students enrolled in health-related courses that have or will have direct patient contact, especially contact with patient's blood	Hepatitis B	A complete series or proof of immunity is encouraged prior to beginning direct patient care.
Dental	TB Screening	

For more information, see the amended Sections 2.09 and 2.09a of the *Texas Education Code* and the *Texas Board of Health Rules*, including the revisions adopted July 20, 1991, or call the Texas Department of Health, Immunization Division, at 1/800/252-9152.