Guide to the Student Health History Form

There are two pages of the Health History Form that students need to complete.

The first page may be completed entirely by the student. Last name refers to the family name, and first name refers to the student's given name. The box asking for 'SSN or FSUSN' should be left blank. The birthdate should be entered in month/day/year format. For example, someone born on January 23, 1986 should enter 01/23/1986.

Below the personal information box, students complete their medical history by answering a series of questions about allergies, prescribed medication, and family history. Students must also fill in the name of their physician. **It is required** that all questions are fully answered.

The second page is divided into two sections, Section A and Section B. Please note that above the box for Section A, students should fill in their name (in English) and date of birth (month/day/year). The space for the students' social security number can be left blank.

Section A is to be completed by medical personnel only.

Section A must contain proof of two (2) MMR (measles, mumps, and rubella) immunizations. The first immunization must not have taken place before the first birthday. For example, if someone born on January 23, 1986 received his or her first MMR immunization before January 23, 1987 then that immunization shot would not be valid.

Moreover, the second MMR immunization must have been received more than 28 days after the first MMR. Therefore, if someone received their first MMR vaccine on January 23, 1987, the second MMR immunization must have been given after February 20, 1987.

Students may choose to have titer tests instead of the vaccinations; however, **all three titer**s must be positive in order for this to replace the immunizations. If even 1 titer result is negative, the student will have to get the immunizations. Please read the instructions above Section A carefully; it states that actual lab results must be submitted for the titters results to be considered valid.

Section A also contains spaces to fill in dates for the Meningococcal Vaccine and Hepatitis B vaccines. If students do not have these vaccines already, they do not need to get them. If students do not want to get these shots, they must decline receiving the Meningococcal Vaccine and Hepatitis B vaccines by checking the spaces under the 'Waiver' title. If students have received the Meningococcal Vaccine and Hepatitis B vaccines then they will not check these boxes. Students are not required to receive these immunizations, but it is recommended by FSU's Student Health Center, Thagard.

Below the box for Section A, there is another box for a medical signature and office stamp. **These applications will not be processed without the presence of a signature and office stamp.** The signature and office stamp should be in English, and must be very clear so that the staff at the health center can read and determine the validity of the medical office. The office stamp should contain the **office address, phone, and fax number**.

Below these boxes is Section B, a place for the student's signature and the date they have completed the form. Every student should sign here, not just those who declined the vaccines. Please sign in English.

If any student is under 18, then the signature of a parent or guardian is also required and a space is available below section B. For everyone above the age of 18, this step is unnecessary.