

Belmont University Health Form

**Completed form must be sent directly to Health Services prior to registration*

1900 Belmont Blvd. Nashville TN 37212
Phone 615.460.5506 • Fax 615.460.6131

Full Name _____ Gender: Male Female
Last First MI

Local/School Address _____ ()
Street City State Zip Code Phone

Social Security No. _____ Birth Date _____ Enrollment Term Summer Spring Resident
 Fall 20____ Commuter

Name of Parent, Guardian or Spouse (circle one) _____

Home Address _____ ()
Street City State Zip Code Phone

Health Insurance Information

• Please submit a copy of both sides of insurance ID card •

Name of Insurance Co. _____

Address/Phone # of Insurance Co. _____

Subscriber's Name/Relation to Student _____

Policy/ID No. _____ Group No. _____ Plan No. (if applicable) _____

Physical Exam

Immunization record on the reverse side of this health form must be completed & signed by a health care provider.
Documentation of a physical exam is recommended within one calendar year prior to date of enrollment.

Height _____ Weight _____

Urinalysis _____

Hemoglobin or Hematocrit _____

Current Medications _____

Allergies to Medications _____

Medical Conditions _____

System Evaluation	Normal	Abnormal	Comments
Eyes, Ears, Nose, Throat			
Integumentary			
Respiratory			
Cardiovascular			
Genito-urinary			
Musculoskeletal			
Metabolic / Endocrine			
Neurological			

Name of Provider _____

Signature of Provider _____ Date _____

Address _____

Name: _____

Immunization Record

A-D Required for All Students; E Required for All Campus Residents; F-H As noted for College of Health Sciences Students

A. TUBERCULIN SKIN TEST within past 12 months

Date ___/___/___ Results _____ Date ___/___/___ Results _____

Date ___/___/___ Results _____ Date ___/___/___ Results _____

**This Section
is Required for
All Students**

B. TETANUS within past 10 years (within past 5 years for College of Health Sciences students)

Date ___/___/___

C. MEASLES, MUMPS, AND RUBELLA

1) Combined Shot (Date Given): MMR #1 ___/___/___ MMR #2 ___/___/___

The state of Tennessee requires all students, born on or after January 1, 1957, entering colleges and universities to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine on or after the first birthday or proof of immunity to measles.

D. HEPATITIS B (HBV) immunization: Required for ALL NEW students & those students in the College of Health Sciences.

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death.

Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of (3) doses of vaccine are required for optimal protection.

Missed doses may still be sought to complete the series if only one or two have been acquired. To comply with this immunization requirement, proof of at least one Hepatitis B dose must be submitted. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I have received the initial dose of the vaccine and provided proof as noted.

_____ I decline receipt of vaccine to protect for Hepatitis B.

Signature _____

Hepatitis B Vaccine (Date Given)

#1 ___/___/___ #2 ___/___/___

#3 ___/___/___

E. MENINGITIS VACCINE Required for ALL NEW CAMPUS RESIDENTS

College students, especially freshman living in residence halls, are at an increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Immunization can prevent up to 80% of meningococcal meningitis in young adults. The vaccine is safe and effective against 4 of the 5 types of bacteria responsible for meningococcal meningitis in the United States and for the majority of the cases in the college age population. Protection lasts approximately 3-5 years, the length of time that most students are in university.

_____ I have received the meningococcal meningitis vaccine and provided proof as noted.

_____ I decline receipt of vaccine for meningococcal meningitis.

Signature _____

Meningitis Vaccine (Date Given)

#1 ___/___/___

F. HEPATITIS A Recommended for Nursing Students

(Date Given) #1 ___/___/___ #2 ___/___/___

G. VARICELLA Proof of Immunization Required for Students in the College of Health Sciences: OT, PT, Social Work, Nursing

1) Varicella IgG Titer

Date ___/___/___ Results _____

OR

Date of Immunization

Varivax #1 ___/___/___ Varivax #2 ___/___/___

H. RUBELLA IgG TITER Required for ALL Nursing Students

Date ___/___/___ Results _____

RUBEOLA IgG TITER Required for ALL Nursing Students

Date ___/___/___ Results _____

MUMPS IgG TITER Required for ALL Nursing Students

Date ___/___/___ Results _____

HEPATITIS B TITER Required for ALL Nursing Students

Date ___/___/___ Results _____