



## HOUSING AND RESIDENCE LIFE HEALTH FORM

### PART I – REPORT OF MEDICAL HISTORY

Please complete (*print all sections*). **International students: please provide all health documents translated into English.**

<b>Student Name:</b> _____ <small style="margin-left: 40px;">Last</small> <small style="margin-left: 100px;">First</small> <small style="margin-left: 100px;">Middle</small> <b>Home Address:</b> _____ <b>City/State/Zip:</b> _____ <b>Home Phone:</b> _____ <b>Email Address:</b> _____ <b>Program/Major:</b> _____ <b>Semester:</b> <input type="checkbox"/> FA <input type="checkbox"/> SP <input type="checkbox"/> SU    Year _____	<b>Student ID #:</b> _____ <b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <b>Preferred:</b> <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <b>Cell Phone:</b> _____ <b>Date of Birth:</b> _____ <b>On Campus Housing:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Campus:</b> <input type="checkbox"/> Main <input type="checkbox"/> Fowler <input type="checkbox"/> Monroe
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#### I. EMERGENCY NOTIFICATION

Name of Contact: _____	Relationship: _____
Address: _____	
Phone: _____	Alternate Phone: _____

#### II. MEDICAL HISTORY – Please answer yes or no to all questions and insert the year for all positive answers:

	Yes	No	Please Explain
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
▪ Drugs			
▪ Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Vision Disorder			
Other (Specify)			

**ACCIDENT AND HEALTH INSURANCE (Recommended)** – Student should upload a copy of current health insurance card (front and back) to myRecordTracker®. It is recommended that students have valid health insurance while using on-campus housing, and notify the Residence Hall Director and/or Health and Wellness Center of any change in health insurance which occurs during the academic year, and upload a copy of the new insurance card. If you choose not to provide this information, please upload a typed or handwritten paper stating that you do not wish to provide health insurance documentation.

*If the above named emergency contact cannot be reached at the time of an emergency, the College is authorized to send the above named student to the nearest hospital and/or to administer necessary emergency care. In addition, I authorize the release of information regarding my health/medical status to the Residence Hall Director and appropriate designee(s), to the Northampton Community College Health and Wellness Center, to the appropriate health care agency, and/or to the above named emergency contact.*

_____	_____
<i>Student signature (Parent/Guardian if under 18 years of age)</i>	<i>Date</i>



## CLINICAL REQUIREMENTS

To meet the requirements set forth by NCC, you will need to obtain and upload to myRecordTracker® documentation for the following immunizations and tests to reside in On-Campus housing.

### IMMUNIZATIONS (Vaccinations)

**All students** are required to UPLOAD **immunization records** to myRecordTracker® for the following:

- ♣ **Varicella** (Chickenpox) – 2 doses after age 12 months
- ♣ **MMR\*** – 1<sup>st</sup> dose after age 12 months, and 2<sup>nd</sup> dose after age 4 years
- ♣ **Hepatitis B** – 3 doses (*Recommended*)
- ♣ **Meningococcal A-C-W-Y** (*After Age 16, and within the past 5 years*)
- ♣ **TDAP** – Tetanus Diphtheria Acellular Pertussis (*Dated within 10 years*)

- ♣ **Influenza** – Current Season (*Recommended*)

**COVID-19 Vaccination** - Students must be **up to date** with COVID-19 vaccination as a condition of living in the residence hall during the 2022-2023 academic year.

**A person is up to date** with their COVID-19 vaccination if they have received all recommended doses in the primary series and [one booster](#) when eligible. Getting a second booster is not currently necessary to be considered up to date at this time, but that may change as CDC recommendations are updated. Please refer to the following link for current CDC recommendations: [Stay Up to Date with Your COVID-19 Vaccines | CDC](#)

### TITERS (Bloodwork)

- ♣ **If immunization records are not available**, students are required to obtain titers to determine immunity status for the above listed requirements. **All titer results must be dated within three years.**
- ♣ Documentation of the Chickenpox disease is not considered acceptable for immunity, and a titer must be drawn.

### SUPPORTING DOCUMENTATION OPTIONS

- ♣ Immunization records can include your childhood and/or school immunization records – or a print out from your medical provider.
- ♣ Lab reports must contain titer results **dated within the past three years** showing level of immunity.

***For questions about health requirements, please contact:***

#### **Health and Wellness Center**

Northampton Community College  
College Center, Room 120  
3835 Green Pond Road  
Bethlehem, PA 18020

**Phone (610) 861-5365**

Name: \_\_\_\_\_  
Last First Middle

Student ID # \_\_\_\_\_

## TUBERCULOSIS SCREENING/TESTING

1. Have you ever had a positive TB skin test?  Yes  No
2. Have you ever had close contact with:  Yes  No
  - Anyone who was told they had TB?  Yes  No
  - Anyone who was tested by the health department or their physician because they were suspected to have tuberculosis?  Yes  No
  - Anyone who is currently in jail or has been in jail during the last 5 years?  Yes  No
3. Does your child currently have contact with anyone who is HIV-infected, homeless, resident of a nursing home, user of illegal drugs, or migrant farm worker?  Yes  No
4. Were you born in a country other than the United States?  Yes  No  
 If yes, list the name of the country \_\_\_\_\_
5. Have you ever traveled\* to/lived in another country(ies)?  Yes  No  
 If yes, list the name(s) of the country(ies) \_\_\_\_\_
6. Have you ever been vaccinated with BCG, a vaccine to prevent tuberculosis?  Yes  No

*\*The significance of the travel exposure should be discussed with a healthcare provider and/or the NCC Health & Wellness Center.*

If the answer to **ALL** of the above questions is **NO**, no further action is required.

If the answer to **ANY** of the above questions is **YES**, Northampton Community College **requires** TB testing for all students living in the Residence Hall. Students must submit results for either a Mantoux tuberculin skin test (TST), QuantiFERON-TB Gold or T-SPOT-TB blood test, or chest x-ray. Testing must be completed **within 6 months of moving into the Residence Hall**.

### Results of a Mantoux Tuberculin Skin Test (done within 6 months of moving into the Residence Hall)

Date Applied	Arm	Device	Antigen	Manufacturer	Signature

Date Read	Results (mm)	Signature
	<input type="checkbox"/> (+) <input type="checkbox"/> (-)    ____mm	

If a QuantiFERON-TB Gold or T-SPOT-TB blood test, or chest x-ray was performed, please **submit lab results** dated within 6 months of moving into the Residence Hall.

**Please print, type or stamp:**

Name of Licensed Provider \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Licensed Provider \_\_\_\_\_ Date \_\_\_\_\_