BRADLEY UNIVERSITY

REQUIRED STUDENT HEALTH FORM

809 N. Tobias Ln., Markin Center Bradley University, Peoria, IL 61625 Ph: (309)677-2700 Fax: (309)677-3534 E-mail: bradley/healthservices@fsmail.bradley.edu

SEMESTER ENTERING YEAR	FA	ም	_FR.	SO.	JR.	SR.	GRAD.	BRADLEY ID#_		
PLEASE PRINT: NAME										
(LAST, FAMILY SURNAME)				(FIRS	(FIRST, GIVEN)					THER)
BIRTH DATE:/// MO DAY YR	GENDER					SOCIA	AL SECUR	ITY NUMBER	-	
HOME ADDRESS										
				STRE	ΞT					
ату PHONE ()				STAT STU	-	T CEL	L PHONE)		ZIP
PAST MEDICAL HISTORY										
DRUG ALLERGIES										
CURRENT MEDICATIONS										
HOSPITALIZATIONSOR SURGERIES										
MEDICAL CONDITIONS										

IMMUNIZATION HISTORY STUDENT'S NAME:

IF YOUR BIRTH DATE IS BEFORE JANUARY 1, 1957, PLEASE CONTACT HEALTH SERVICES AT 309-677-2700.

SECTION 1: TUBERCULOSIS (TB) SCREENING REQUIRED BY BRADLEY UNIVERSITY

	ECK ANY THAT APPL						
	FROM OR HAVE	LIVED FOR TWO	2 MONTHSOR	MOREINAS	A, AFRIC	A, CENTRAL, OR SC	OUTH AMERICA OR
	EASTERN EURO	PE					
	IF YES WHICH (COUNTRY:					
	HAVE BEEN DIA	GNOSED WITH A	A CHRONIC ME	DICAL COND	ITION TH	HAT MAY IMPAIR YO	- DUR IMMUNE SYSTEM
	IF YES, WHAT O	ONDITION:					
	A HEALTH CARE						
	A VOLUNTEER (OR EMPLOYEE C	FANURSING	HOME, PRISO	N, OR OT	THER RESIDENTIAL	INSTUTION
	CONTACT WITH	I A PERSON KNC	WN TO HAVE	ACTIVETUBE	RCULOS	3S	
	NONE OF THE A	BOVE APPLY					
	NY OF THE ABOVE D						
1.)	SCHEDULE AN APPC	INTMENT AT ST	UDENT HEALT	'H FOR PPD S	CREENIN	GTEST	
2.)	PROVIDE DOCUMEN	ITATION OF NEC	GATIVE TB SKIN	N TEST DONE	IN THE U	JNITED STATESWIT	THIN THE LAST 12
	MONTHS	PPD TEST	DATE	_//		DATE READ/	/
		MILLIMETERSI	NDURATED	MM	POS	NEG	
3.)	PROVIDE DOCUMEN	ITATION OF PRI	OR TREATMEN	IT OF ACTIVE	TBDISEA	Æ	

SECTION 2: REQUIRED VACCINATIONS

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS VERIFIED BY A PHYSICIAN. THE STATE OF ILLINOIS REQUIRESTHE FOLLOWING IMMUNIZATIONSFOR STUDENTSAT HIGHER EDUCATION INSTITUTIONS

1) DIPHTHERIA, TETANUS, AND PERTUSSIS

STUDENTS SHALL PROVIDE DATES OF ANY COMBINATION OF THREE OR MORE DOSES OF DIPHTHERIA, TETANUS AND PERTUSSISCONTAINING VACCINE. ABBREVIATIONSFOR THESE VACCINESINCLUDE DTP, DTAP, DT, TD, OR TDAP. ONE DOSE MUST BE A TDAP. THE LAST DOSE MUST HAVE BEEN RECEIVED WITHIN 10 YEARSPRIOR TO ENROLLMENT.

2) MEASLES, MUMPS, AND RUBELLA STUDENTSSHALL PROVIDE DOCUMENTATION OF RECEIPT OF TWO DOSESOF MEASLES, MUMPS, AND