

Health Profile - Southeast Missouri State University

Please note the following:

Completing this form is optional not mandatory.

If completed, this form must be legible to be accepted. Please Type or Print only.

Once complete, keep copy of health profile with your passport.

This information will help in case you become ill any time during your studies in the United States.

If you have this information on another paper or document, that is also acceptable.

Recommended vaccines vary by country; though **meningitis vaccination** (required for all those living in on-campus housing) **and tuberculosis tests are required** by the State of Missouri. Tuberculosis tests must be completed upon arrival only. Those requesting a medical or religious exemption must complete a waiver.

Student Name: _____ Date of Birth: _____

| Vaccine | Date of Dose 1 | Date of Dose 2 | Date of Dose 3 | Date of Dose 4 |
|--|----------------|----------------|----------------|----------------|
| Meningococcal (MANDATORY) | | | | |
| Varicella (Chicken Pox) | | | | |
| Meales, Mumps, Rubella (MMR) | | | | |
| Hepatitis A | | | | |
| Hepatitis B | | | | |
| Tetanus, Diptheria, Pertussis (td/Tdap) | | | | |
| Human papillomavirus (HPV) | | | | |
| Polio | | | | |
| Influenza | | | | |

Did you have any of these diseases as a child?

Measles? Yes ___ No ___

Rubella? Yes ___ No ___

Chicken Pox? Yes ___ No ___

Mumps? Yes ___ No ___

Did you have any surgery or stay in the hospital before?

Yes _____ No _____

If yes, please give short description and date:

Do you have any other medical issues? (i.e. any allergies, illness, or condition) Current medicines?

Doctor's Signature (optional): _____