

Guidelines for Completing the  
Report of Medical History and Consent of Medical Treatment form

Completion of this form is required for enrollment. When completed, the form should be returned with the student's admission application or to the address in the upper right hand corner.

The purpose of the Medical History and Consent of Medical Treatment form is to have a complete medical history on each student, including immunizations, so that prompt, accurate medical treatment may be provided when needed.

**Please print or type all information.** Non-legible forms will be considered incomplete.

1. Complete students full name, permanent home address, ss#, phone #, d.o.b., sex, marital status and citizenship.
2. Emergency contact: This should be someone who has knowledge of the student's medical history (parent, grandparent, guardian)
3. If you have previously attended McMurry, please enter date of past enrollment. If this is your first semester at McMurry, please enter the semester and year you are starting (example: Fall, 2004).
4. Documentation of these immunizations is required for enrollment. You may attach a copy of the student's shot record, but please review it first to see if it is complete. Do not assume that all required immunizations will be included on their record. (Example: your student may not have a current TB test, or have been previously required to have the Hepatitis B vaccine series).
  - a. **TB skin test:** must have had within past one year prior to enrollment. A chest x-ray is only required if the skin test is positive. If the student has received a BCG vaccine, this will cause a strong positive TB skin test result.
  - b. **Hepatitis B vaccine:** This is a series of three injections over six months. This series must at least be started prior to enrollment, and completed by or before the end of the first semester of enrollment.
  - c. **Tetanus Booster:** Student must have received a booster within the past ten years prior to enrollment.
  - d. **MMR:** Two doses are required since age of one year. A blood test showing a protective titer is acceptable.
5. These vaccines **are not** required for enrollment, but are highly recommended. **Hepatitis A** is a series of two injections. **Menomune** is the vaccine for immunization against bacterial meningitis. This vaccine is offered through the

- McMurry Health Office to all freshmen each fall semester for a fee. Only one vaccine is necessary for immunity up to ten years.
6. The student's physician, school nurse, or public health nurse may sign. The signature on a copy of the student's shot record is acceptable, as long as said shot record is attached.
  7. Please list any food, environmental, or medication allergies that the student has.
  8. The student may sign for consent for medical treatment if 18 years or older; otherwise, the parent or guardian is required to sign.
  9. Please answer all questions concerning the student's health history as completely as possible.
  10. Please complete the family history accurately. This enables us to be aware of possible health risks for the student.
  11. **Health insurance is required on all students.** If you do not have health insurance, pamphlets are available through the Student Affairs office, or the Health Office. An attached copy of the insurance card is acceptable. Medicare or Medicaid is acceptable.