Benedictine University

STUDENT HEALTH SERVICES
INTERNATIONAL STUDENT FORM

All students are required to complete the health form. All information is confidential and for Student Health Services use only. THIS IS A FILLABLE FORM. ENTER INFORMATION BEFORE PRINTING.

Term of Entry: Year: 20____ ☐ Fall ☐ Spring	☐ Resident ☐ Commuter	☐ Male ☐ Female	☐ Undergraduate ☐ Graduate

PERSONAL HISTORY *All information must be in English*

Name _____ Benedictine ID# _____
(Last) (First) (Initial)

Local U.S. address _____ City _____ State _____ Zip code _____

Mobile Phone _____ Email address: _____ Date of birth ____/____/____

Name of parents, guardian or spouse _____

Who should we call in an emergency? Name _____ Phone (H) _____ (W) _____

MEDICAL HISTORY

Are you allergic to any food or medication? ☐Yes ☐No
If yes, please list: _____

Are you taking any medications (including oral contraceptives) on a regular basis? ☐ Yes ☐ No Please list all prescriptions and the reason for taking these: _____

Do you currently have an illness or disability that requires medical treatment? ☐ Yes ☐ No Please list: i.e., diabetes, seizure disorder, heart condition, ADD/ADHD, anxiety/depression or asthma, etc.: _____

Have you had any major illnesses (medical, surgical or psychiatric) in the past? ☐ Yes ☐ No
Please list any hospitalization or operations:

FAMILY HISTORY

_____

	Age	Occupation	Health Status	If no longer living, cause of death
Father				
Mother				
Siblings				

CONSENT FOR EMERGENCY TREATMENT

I consent to medical care and/or emergency treatment while I am enrolled as a student at Benedictine University. Care will be determined on the judgment of the doctors, nurses or counseling staff selected by the University. I agree to be responsible for any financial costs associated with any of the above mentioned care.

Date ___/___/___ Signature of student: _____ / _____
(Print) (Signature)

Date ___/___/___ Parent/guardian if student under 18: _____ / _____
(Print) (Signature)

5700 College Rd., Lisle, IL 60532-0900 Phone: (630) 829-6046 Fax: (630) 829-6035

Benedictine University

STUDENT HEALTH SERVICE
INTERNATIONAL IMMUNIZATION RECORD

YOU COMPLETE ONLY THE INFORMATION IN THIS SECTION:

Name: _____ **Date of Birth** _____ / _____ / _____

Benedictine ID# _____ **Country of Birth** _____

YOUR HEALTH CARE PROVIDER COMPLETES THE INFORMATION IN THIS SECTION:

No physical exam is required. However, Illinois law requires that students who enroll at a post-secondary educational institution shall present to the designated record keeping office proof of immunity evidencing the following immunizations: 1) Diphtheria, Tetanus, Pertussis 2) Measles 3) Rubella 4) Mumps 5) Meningococcal Vaccine. Please provide month, day and year for each dose administered and provide signature of licensed health care provider OR include a copy of your immunization record, signed by a licensed healthcare provider.

REQUIRED IMMUNIZATIONS

If you have no verification of your immunization history, you will need to be revaccinated.

	Month	Day	Year	Month	Day	Year	Month	Day	Year
DPT (primary series of three doses) Students shall provide dates of any combination of three or more doses of Diphtheria, Tetanus, and Pertussis containing vaccine. One dose must be Tdap vaccine. **The last dose of vaccine (DPT, DTaP, DT, Td, or Tdap) must have been received within 10 years prior to the term of current enrollment.**									
Tdap (tetanus – diphtheria acellular pertussis) One dose required within last 10 years.									
Meningitis/Meningococcal Vaccine – One dose given on or after 16 years of age. Required for individuals under the age of 22.									
MMR – Two doses required after first birthday and at least one month apart. Also should be after 1968 or show proof of live vaccine given without gamma globulin.									
If MMR not given: List the dates of each individual vaccination or the list the date of lab titer with results verified by a doctor.									
Measles (Rubeola) – Two doses required both after first birthday and after 1968.									
Mumps – Two doses required after first birthday.									
Rubella (German Measles) – Two doses required after first birthday. Diagnosis not accepted.									
Tuberculosis screening: QuantiFeron Gold test preferred – Done 6 months prior to arrival in the United States.				Results: ☐ Negative ☐ Positive			Chest X-ray: ☐ Negative ☐ Positive		

NOT REQUIRED BUT RECOMMENDED

Hepatitis B series									
Varicella Vaccine									

When immunization dates are written on this form, verification with a doctor's signature and office stamp is required.

_____ ____ / ____ / ____ **OFFICE STAMP HERE:**

Signature of health care provider (M.D., D.O., R.N.) verifying immunization record — Date

FOR OFFICE USE ONLY

Incomplete Information: _____ Complete Information: _____ Date ____ / ____ / ____

Student Notified: ☐ in person ☐ voicemail ☐ spoke w/ on phone ☐ postcard

Please return form to: Student Health Services • Benedictine University - 5700 College Rd., Lisle, IL 60532-0900 • Fax: (630) 829-6035

Clear Form

Enter information in the fillable fields before sending to the printer Print Form