Name (Last, First): Miner, John Student ID#: _____

DOMINICAN UNIVERSITY OF CALIFORNIA Student Health Center
50 Acacia Ave, San Rafael, CA 94901
415-485-3208

Return these forms directly to the Student Health Center in the envelope provided no later than August 1, 2018.
Students will be dropped from classes and not allowed to move into the dorms if records are incomplete.

Please check to make sure you and your medical provider have provided all the requirements.

Health REQUIREMENTS for ALL STUDENTS:

☑ **Medical History Form** ----------☐

☑ **Immunization & TB Screening Form** ----------☐

- ☑ **MMR** - Proof of 2 MMR (measles, mumps, and rubella) vaccines or immunity by titers
- ☑ **TB Screening** - via PPD testing within **12 months** prior to arriving at DUC; or if previously positive, negative chest x-ray within the last 5 years and a symptom check; if completed prophylaxis treatment, please provide note; a Quantiferon test is acceptable in lieu of skin testing
- ☑ **Tetanus/Diphtheria/Pertussis** - To be updated every 10 years

Additional REQUIREMENTS for RESIDENT students:

☑ **Meningococcal Meningitis Vaccination**
A booster is needed if the original vaccine was given more than 5 years ago or at age 15 or younger

☑ **Varicella Vaccine** (Chicken pox)
Proof of 2 Varicella vaccines or blood titer showing proof of immunity
Hx of disease **must be verified** by blood test proving immunity

In addition, though not required WE STRONGLY RECOMMEND:

☐ **Meningococcal Group B Vaccine** – A series of 2 or 3 injections depending on vaccine used.
This is a newly licensed vaccine that provides protection against the meningitis strain recently found to have caused outbreaks on college campuses.

☑ **Hepatitis B Vaccine** - A series of 3 injections over 6 months

☑ **HPV Vaccine** - 3 injections ~ Men & women younger than 26 years given 08-01-2019 @ 1450 hrs

☐ **Hepatitis A Vaccine** – 2 injections

☐ **Stress Management and/or Psychological Evaluation (as needed)**

- Attending college can be very stressful, and even students with no history of, or mild mental health issues often have new or worsening symptoms of depression and anxiety, especially at exam times. We recommend proactive planning to deal with issues that may come up.

☐ **Minors:** If you will be under 18 when you arriving at Dominican, please see the last page for consent to treat.

MEDICAL HISTORY ~ All info is confidential!

TO BE COMPLETED BY STUDENT

Name: John (First) Miner (Last) D (MI) **Birth date:** 02/13/2001 **Age:** 18

Address: 753 E West #2 (Street) Kotzebue (City) AK (State) 99752 (Zip)

Intend to live on campus? YES ☑ **NO** ☐ **Cell Phone:** (907) - 371 - 3892 **Email:** John.Douglas.Miner.IV@gmail.com

PERSON TO CONTACT IN CASE OF AN EMERGENCY

- **Name:** Elizabeth Johnson **Relationship:** Mother
  Cell Phone: 907-378-9844

RECENT HEALTH CARE PROVIDER

Provider's Name: Kathryn Buffey DO **City:** Kotzebue, AK **Phone:** 907-442-3321

Current Medical Insurance Provider: BlueCross BlueShield Federal Employee Program **Policy #** RG0834105

Please complete the following:

YES	NO	
☐	☑	Current, chronic or ongoing medical problems: If yes, describe:
☐	☑	Serious birth, developmental or childhood illnesses? If yes, describe:
☐	☑	Other past medical problems? If yes, describe:
☐	☑	Operations or severe injuries? If yes describe:
☐	☑	Medications taken regularly. If yes, describe:
☐	☑	Allergies. If yes, specify:

Specific conditions – please check if you have had problems in the past or present and describe if checked:

YES	NO	
☐	☑	Neurologic problems (seizures, headaches)
☑	☐	Psychological problems (depression, anxiety, eating disorders, bipolar, autism, ADHD, Was diagnosed with Major depressive about 4 years ago, have not Needed treatment in 2 years
☐	☑	Substance abuse or alcoholism
☐	☑	Endocrine disorders (diabetes, thyroid disease)
☐	☑	Gastrointestinal disorder (irritable bowel syndrome, gallstones, liver disease)
☐	☑	Cardiovascular disorders (high blood pressure, heart disease, venous/arterial disorders)
☐	☑	Pulmonary disorders (asthma, TB, cystic fibrosis
☐	☑	Blood or immune disorders (bleeding, clotting disorders)
☐	☑	Ear/nose/throat/mouth/eyes disorders (hearing or vision problems, ear infections, mono, strep)
☑	☐	Dermatologic (severe acne, eczema, psoriasis, rashes) Had very severe acne as a teen
☐	☑	Urinary tract (kidney, bladder)
☐	☑	Musculoskeletal (joint, back, muscle problems)
☐	☑	Other not mentioned above
☐		For women – gynecological problems

Family History: Please list any significant medical problems in close family members such as diabetes, cancer, heart disease, addiction or alcoholism, psychiatric illness, etc.

Bipolar disorder in younger brother

Issues or special needs that you want us to be aware of? _____

_____

Completed by: John Miner John Miner Date: 8/7/2019

VAC TRAK

State of Alaska Official Patient Vaccination Record

All Recorded Vaccinations

Organization (IRMS): 1461 - MANIILAQ ASSOCIATION
Facility: KOTZEBUE STATE HEALTH/MANIILAQ PHN
Date: August 5, 2019
Patient ID: 2444944
Name: JOHN D MINER IV
Birth Date: 02/13/2001
Sex: MALE
Physician:
Medicaid No:
Guardian: ELIZABETH JOHNSON

Phone:
Street:
City:
State:
Zip Code:
Country:
WIC ID:

Note: x= Invalid Dose

Vaccine Name	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DTaP, unspecified formulation	04/18/2001	06/11/2001	08/28/2001	08/29/2002	07/17/2005
HPV9	11/16/2016	08/01/2019			
Hep A, ped/adol, 2 dose	11/16/2016				
Hep B, unspecified formulation	03/01/2001	08/28/2001	04/14/2002		
Hib, unspecified formulation	04/16/2001	06/11/2001	08/28/2001	02/14/2002	
MMR	08/07/2003	07/17/2005			
PPD Negative Result : 0 mm	08/05/2019				
Pneumococcal conjugate PCV 13	04/18/2001	06/11/2001	08/28/2001	02/14/2002	
TST-PPD intradermal	08/02/2019				
Tdap	02/22/2012				
meningococcal MCV4P	02/22/2012	08/01/2019			
polio, unspecified formulation	04/18/2001	06/11/2001	11/14/2001	07/17/2005	
varicella	08/29/2002	08/25/2007			

Signature of physician or authorized representative of health agency:

Maniilaq PHN
P.O. Box 170
Kotzebue, Alaska 99752
(907) 442-7144

ALASKA DIVISION OF Public Health