Oregon TECH

Integrated Student Health Center

HEALTH HISTORY & TB RISK SCREENING FORM

INTERNATIONAL STUDENTS

Please complete and then e-mail to health@oit.edu or FAX (541-885-1866) prior to traveling to the United States.

NAME:								
First		Last			Mide	ile		
OIT ID <u># 918</u> DATE OF BIRTH:		BIRTH PLACE:						
GENDER:If gender	other than birth sex, what	was birth sex?	Felephone r	number we can call	l to reach	you		
Person to be notified in an en	nergency:		_ Relations	ship:	Ph	one:		
Medications: List any medicin		-						
Allergies: Medications, latex, f		es No Please list:						<u> </u>
Are you a tobacco smoker? Ye								
Do you drink alcohol? Yes \Box	No \Box If so, how often?	3 or fewer times a month	Once a	week or more H	ow many	drinks/week?	1 to 2	3 to 5
Personal Medical History: Please check any of the followi Allergies (seasonal) Anemia Asthma Back Problem Blood Disorder Chicken Pox Diabetes Headaches Please explain any items you h Hospitalizations and Surgeries Mental Health History Please check any of the followi Act of Self-Harm (cubranding, etc) ADD/ADHD Alcohol or Substance dependence Anger Problems Anti-Social or Condutional conductions of the conductions of the conduction conductions of the con	 Hea Com Hea Hep Hig Kid Live Kid Live Lun Must ave checked above and dates): Must ave checked above and dates): mg as it applies to you: tting, abuse or abuse or 	h blood pressure ney disease er disease g disease scle/Joint problems te of occurrence: Anxiety Disorder Autism Spectrum Bipolar Disorder Depression Eating Disorder Learning Disabi Obsessive-Comp	er n r lity pulsive Disc	Splenectomy	ritis itted		er y of trauma er	roblem oblem iis
Are you now taking or have ev		y of the above? Yes	No No					
Specific medications and dates								
Do you intend to begin or conti Have you been hospitalized for		$\begin{array}{c c} lege? & Yes & No \\ \hline Yes & No \end{array}$						
Have you been treated for alcol								
Family Medical History Please mark the following if th Rela	tionship	nediate blood relatives, e.g Relationshi Disease	•	blings or grandpare		Relation	ship	
Other Cancer		before 50		Bleeding Disor				
Stroke/Blood Clots	📃 High C	Cholesterol		Mental Health	Condition			
High Blood Pressure	Diabete	es		Alcohol or Drug	g Abuse			

*All information disclosed on this form will be kept confidential and will be shared with appropriate college personnel on a need-to know basis only.

<u>Office Use</u> TB complete	
MMR complete	-
1	-



Integrated Student Health Center

Required Vaccinations for Admission:

Per Oregon Administrative Rule 333-050-0130: All entering university students born on or after January 1, 1957 will have **two doses of MMR** (measles, mumps, rubella) which are at least 24 days apart and the first dose was up to 4 days prior to or after the student's first birthday. **Documentation is required for these immunizations.** Indicate which of the following documentation you have attached to this form (copies are acceptable):

Doctor's office or medical clinic records

Public Health Department records

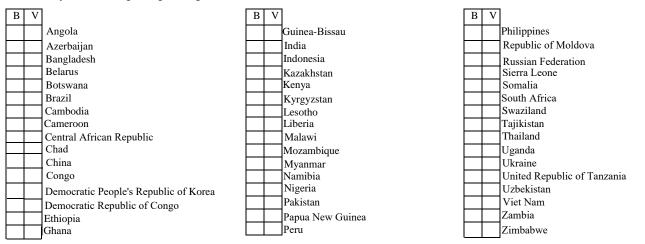
Your high school or previous college immunization records Personal immunization card signed by clinic staff Serological Confirmation of Immunity: Lab test (titer) for Measles, Mumps, and Rubella may be substituted as proof of immunity in lieu of vaccinations. <u>Copies of lab work must be attached.</u>

You must have at least 1 documented MMR vaccine on file before being allowed to register.

Required Tuberculosis Exposure Information:

1. Have you ever had close contact with persons known or suspected to have active TB disease?	\Box Yes \Box No
2. Were you Born in one of the countries listed below that have a high incidence of active TB	\Box Yes \Box No
disease*? If yes, check "B" below next to your birth country.	

3. Have you had frequent/prolonged Visits to 1 or more of the countries listed below? Check "V" for each \Box Yes \Box No



* Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2016-2020 Countries with incidence rates of \geq 20 cases per 100,000 population. For future updates, refer to www.who.int

4. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?	🗆 Yes 🗆 No
5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB?6. Have you ever been a member of any of the following groups that may have an increased incidence of	□ Yes □ No
latent <i>M. tuberculosis</i> infection or active TB disease: medically underserved, low-income, or someone who abused drugs and/or alcohol?	□ Yes □ No
If the answer to all of the above questions is NO, no further testing or further action is required.	
If the answer is YES to any of the above questions, Oregon Tech requires that you receive TB testing as soon	
as possible but at least prior to the start of the subsequent quarter. Please see our website for details.	
7. If you are providing documentation of a TB skin test, was it performed <u>after</u> exposure to any of the above identified risks in Questions 1 through 6?	□ N/A □ Yes □ No

Office Use	
TB complete	
MMR complete	