

Bethel 
University

Health
Form

Be true. Be blue. Be you.

BETHEL UNIVERSITY WELLNESS CENTER

The Bethel University Wellness Center offers counseling services, student health services and wellness programs. The staff is dedicated to helping meet the physical, emotional and spiritual needs of Bethel students. The goal of the Wellness Center is to extend God's compassion and healing power to the campus community by providing a broad range of preventive and problem-focused services from a Christian perspective. The desire is that services offered meet the needs of the whole person. The staff seeks to provide intentional growth experiences that are supportive and challenging so that each person may reach his/her God-given potential.

COUNSELING SERVICES

Confidential counseling services are available to all Bethel students. There is no cost for full-time students (12+ hours) and there is a minimal fee for part-time students; appointments are required. Marriage/couple counseling, premarital counseling and personal counseling are available; sessions usually last 45 minutes. Patients typically have between four to eight sessions per school year. Students requiring more sessions will be referred to an area agency for counseling.

STUDENT HEALTH SERVICES

The campus nurse promotes health and wellness for Bethel students. The campus nurse can do assessments, first aid, and referral for ill and injured students is provided. The campus nurse can recommend appropriate over the counter treatments and provide guidance on when the student should seek further care with a local physician, walk-in clinic, or urgent care. Nurse visits are by appointment, but walk-ins are welcome.

HEALTH INSURANCE

For the safety of the campus community, and in compliance with federal law, all students are required to hold current health insurance coverage. Traditional full-time students should list coverage information in the Insurance Verification section of their Campus Profile. Verification of insurance must be provided within 15 days after classes begin (fall and spring semesters). Students who do not have health insurance coverage will not be allowed to register for the following semester until proof of coverage has been provided. Any questions about insurance should be directed to the Student Life Office at 574.807.7440.

ATHLETES

All student-athletes (recruits and walk-ons) will be required to have a complimentary sports physical. Physicals are held in the Wiekamp Athletic Center and directed by athletic trainers and certified sport doctors during the first week of school. The Athletic Department covers the cost of these physicals; however, this physical does not replace the one all students are required to have before coming on campus. It is also mandatory that all student-athletes have secondary athletic insurance coverage, which is available through Bethel. Coaches and/or athletic trainers can provide information on fees for this coverage.

WELLNESS CENTER

Phone: 574.807.7370 Fax: 574.807.7373

BethelCollege.edu/Wellness

Office Hours: Monday, Wednesday, Thursday 8 a.m.-5 p.m.
Tuesday 8 a.m.-8 p.m.
Friday by 9 a.m. - noon.

Campus Nurse/Health Service Office Hours:

Monday - Thursday 9:30 a.m.-4 p.m.

Friday - Campus Nurse is unavailable.

Appointments can be made for the following week.

WELLNESS CHECKLIST

Health Form

- Medical history
- Physical examination
- Immunizations
- Consent for treatment

(Please make copies of all information for your files.)

Health Insurance

- Complete the Insurance Verification section of the Campus Profile.

**All sections of the health form must be completed, signed and returned prior to your classes beginning:
Student Health Services • Bethel University • 1001 Bethel Circle • Mishawaka, IN • 46545**

HEALTH FORM

A complete medical history is required of all traditional, undergraduate students. This information is kept confidential for the use of student health services and will not be released without written consent (except in an emergency).

**All immunizations must be current before moving into campus housing.
This completed form must be returned prior to classes beginning.**



Name

Last

First

ID #

(Please print)

Name _____ Gender Male Female
Last First Middle (full) Maiden

Marital status Married Single Divorced Date of birth ____/____/____ Cell phone ____ (____) ____
Month Day Year Area code Number

Home address _____
Street City State ZIP code

Father's name (or spouse, if married) _____ Phone ____ (____) ____
Area code Number

Address (if different) _____
Street City State ZIP code

Mother's name _____ Phone ____ (____) ____
Area code Number

Address (if different) _____
Street City State ZIP code

Your physician _____ Phone ____ (____) ____
Area code Number

Address _____
Street City State ZIP code

Family History (to be filled out by student before examination and checked by physician)

Relation	Age	State of Health	Cause of Death	Age at death
Father				
Mother				
Siblings				
Has any blood relative had:				
				Yes No
Asthma, hay fever				
Kidney trouble				
Hypertension				
Diabetes				
Heart trouble				

PERSONAL HISTORY

Have you had?	Yes	No	Have you had?	Yes	No	Have you had?	Yes	No
ADD/ADHD			Headaches, frequent			Organ transplant		
Arthritis			Head injury			Pleurisy		
Anemia			Heart murmur			Poliomyelitis		
Appendicitis			Heart trouble			Rectal trouble		
Asthma			Hepatitis			Rheumatic fever		
Back trouble			High blood pressure			Scarlet fever		
Bloody urine			Histoplasmosis			Sinusitis		
Chickenpox			Irritable bowel syndrome			Skin disorder		
Chronic cough			Jaundice			Spitting blood		
Deafness			Kidney trouble			Tendency to bleed		
Diabetes			Measles			Thyroid trouble		
Earache			Meningococcal Meningitis			Tonsillitis		
Epilepsy/seizures			Menstrual problem			Tuberculosis		
Fainting spells			Migraine			Ulcer		
German measles			Mononucleosis			Whooping cough		
Hay fever			Mumps			Other disorders (list below*)		

*Other disorders or illnesses (list) _____

Do you have a history of any chemical dependency (including alcohol), eating disorder (including anorexia or bulimia), depression or any mental health problem? Please explain _____

Injuries, surgeries, fractures, etc. (include date of occurrence) _____

Allergy to drugs, food, plants, others _____

Medication taken regularly _____

Absence of paired organ (kidney, eyes, reproductive organs, etc.) _____

Date of last dental exam (recommended before coming to campus) _____

- I certify that the above information is complete and accurate.
- I have reviewed the accompanying information on Meningococcal Meningitis. I understand that the Meningococcal Meningitis vaccine offers protection against certain strains of Neisseria Meningitis and is required for students in residence halls and that the vaccine is available through physicians offices, clinics and local health departments.
- I authorize the release of medical information to my parent(s) or legal guardian as deemed necessary by the Student Health Services staff for medical treatment and follow-up care.

Student signature _____ Date _____

Parent signature _____ Date _____

(MUST be signed by parent if student is under age 18)

PHYSICAL EXAMINATION

TO BE COMPLETED BY YOUR PRIMARY HEALTHCARE PROVIDER

Student name _____ Date of birth ____/____/____ Date of exam ____/____/____
Month Day Year Month Day Year
 Blood pressure _____ Pulse _____ Weight _____ Height _____

Student athletes: have you been assured a position on an athletic team by a Bethel coach? Yes No If yes, what sport? _____

Check appropriately and describe abnormality

	Normal	Abnormal		Normal	Abnormal
Head, scalp, face			Abdomen		
Eyes			Genitalia (pelvic if indicated)		
Ears, nose, throat			Rectal		
Teeth			Hernia		
Neck/thyroid			Adenopathy		
Chest & Lungs			Skin		
Heart			Extremities & joints		
Urinalysis (if indicated)			Neurological		
Breasts (if indicated)Abdomen			Emotional status		

IMMUNIZATION STATUS

Proof of immunity is required prior to class attendance at Bethel University. Specify month/day/year.

REQUIRED

Diphtheria-Tetanus-Pertussis

Initial series completed _____ (mo/day/yr)
 Booster within last 10 years. _____ (mo/day/yr)
 Td/Tdap (circle one)

MMR (Measles, Mumps, Rubella)

#1 After age 12 months. _____ (mo/day/yr)
 #2 Booster 30 days after initial _____ (mo/day/yr)

Polio

Type of vaccine Oral Injectable
 Initial series completed _____ (mo/day/yr)
 Last booster _____ (mo/day/yr)

Meningococcal vaccine _____ (mo/day/yr)

Booster (if indicated) _____ (mo/day/yr)
 (if first dose given before age 16)

RECOMMENDED

Hepatitis B #1 _____ (mo/day/yr)
 #2 _____ (mo/day/yr)
 #3 _____ (mo/day/yr)

Hepatitis A #1 _____ (mo/day/yr)
 #2 _____ (mo/day/yr)

RECOMMENDED, cont.

Varicella

#1 _____ (mo/day/yr)
 #2 _____ (mo/day/yr)
 or history of disease

Meningococcal B _____

Tuberculosis (TB)

(See TB Screening form to determine need for TB test or chest X-ray)

PPD (Mantoux) test within the last 6 months (Tine or Monovac not acceptable):
 Date given _____ (mo/day/yr)
 Date read _____ (mo/day/yr)
 Read by _____ Results _____ mm

Chest X-ray (required if positive PPD; include X-ray report)
 _____ (mo/day/yr) Positive Negative
 BCG vaccine (not required) _____ (mo/day/yr)

I have verified immunization records Yes No

Physician _____ Title/degree _____
First name Last name

Address _____
Street City State ZIP code

Signature _____ Phone (____) _____
Area code Number

TUBERCULOSIS SCREENING FORM

Please answer the following questions:	Yes	No
Have you ever had a positive TB skin test?		
Have you ever had close contact with anyone who was sick with TB?		
Were you born in one of the countries listed below? (If Yes, please list the country).		
Have you ever traveled* to/in one or more of the countries listed below? (If Yes, please list the country/countries.)		
Have you ever been vaccinated with BCG?		
Are you immunocompromised? (e.g., HIV, cancer, etc.)		
Have you been in a homeless shelter or correctional institution for more than 72 hours in the last 12 months?		

If the answer is **Yes** to any of the above questions, Bethel University requires that a **health care provider complete a tuberculosis risk assessment and TB skin test** (to be completed six months prior to the start of classes). If the answer is **No**, no further testing or further action is required.

*The significance of the travel exposure should be discussed with a health care provider and evaluated.

COUNTRY LIST

Afghanistan, Algeria, Angola, Armenia, Azerbaijan, Bangladesh, Belarus, Benin, Bhutan, Bolivia, Botswana, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China (including Taiwan), Congo, Congo, Democratic Republic, Cote d'Ivoire, Djibouti, Dominican Republic same, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Ethiopia, Fiji, Gabon, Gambia same, Georgia, Ghana, Greenland, Guam, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hong Kong (SAR of China), India, Indonesia, Iraq same, Kazakhstan, Kenya, Kiribati, Korea, People's Rep (North), Korea, Republic of (South), Kyrgyzstan, Lao, Lesotho, Liberia, Libya, Lithuania, Macau (SAR of China), Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Micronesia, Moldova, Mongolia, Morocco, Mozambique, Myanmar (Burma), Namibia, Nauru, Nepal, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Romania, Russian Federation, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Swaziland, Tajikistan, Tanzania, Thailand, Timor-Leste (East Timor), Togo, Turkmenistan, Tuvalu, Uganda, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Yemen, Zambia, Zimbabwe.

CONSENT FOR MEDICAL AND MENTAL HEALTH TREATMENT OF A MINOR CHILD

FOR STUDENTS WHO WILL BE UNDER 18 YEARS OF AGE WHEN STARTING CLASSES

I (We) do hereby state that I am (we are) the parent(s) or legal guardian(s) of _____, *Student name*
a minor born / / , who is a student at Bethel University, Mishawaka, Ind.
Month Day Year

I (We) do hereby give consent to any necessary emergency examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine.

I (We) do hereby give consent to any necessary emergency mental health evaluation, treatment, and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician, psychologist or counselor licensed to practice medicine, psychotherapy or counseling.

I (We) understand this is to be used only if I (we) cannot be reached. I (We) understand this is to allow emergency treatment to be initiated without delay and the staff will continue efforts to contact me (us).

This consent will be valid as long as the above-named is a minor and a student at Bethel University.

Signature(s) of parent(s) or guardian(s)

Date

Signature(s) of parent(s) or guardian(s)

Date

OVERVIEW OF MENINGOCOCCAL DISEASE

MENINGOCOCCAL INFORMATION

Meningococcal disease is an acute bacterial infection that strikes nearly 3,000 Americans each year. Adolescents and young adults are particularly vulnerable to the disease, accounting for nearly 30 percent of all cases in the United States. A recent study found one in four adolescents infected will die, and of those who survive, up to 20 percent will experience permanent disability.

Meningococcal disease, although rare, is devastating because early symptoms resemble the flu, making it difficult to recognize. However, unlike the flu, the disease can progress rapidly and within hours of initial symptoms may cause hearing loss, brain damage, limb amputation and even death. Symptoms include high fever, headache, stiff neck, confusion, nausea, vomiting and exhaustion. In later stages, a rash may appear. Adolescents and young adults should seek medical attention immediately if they notice unusually sudden or severe symptoms of the disease.

The infection usually manifests itself as an inflammation of the membranes around the brain and spinal cord (meningococcal meningitis) or an infection of the blood (meningococemia), and they are caused by the same bacteria (*Neisseria meningitidis*).

Meningococcal bacteria are transmitted through the air droplets of respiratory secretions and direct contact with the persons infected with the disease.

MENINGOCOCCAL VACCINATION

Meningococcal vaccines help protect against all five serogroups (A, B, C, W and Y) of meningococcal disease, commonly seen in the United States.

- Meningococcal conjugate vaccines (Menactra and Menveo) protect against types A, C, W and Y.
- Meningococcal B vaccines (Trumenba and Bexsero) protect against serogroup B disease.

Meningococcal conjugate vaccines are routinely given at age 11-12 for the first dose with a second booster dose typically given at age 16. Bethel requires this two-dose series to be given prior to attending classes. If the series is started after age 16, then only one dose is required.

Meningococcal B disease has been increasing in prevalence with outbreaks noted around the country. This disease is rare, but University students are at increased risk. Meningococcal B disease can be fatal or permanently debilitating. Although meningococcal B vaccination is not required by Bethel, it is **highly recommended**.

MENINGOCOCCAL DISEASE PREVENTIONS

The Centers for Disease Control and Prevention (CDC) issued recommendations calling for routine vaccination with meningococcal conjugate vaccine for University freshmen living in residence halls. University freshmen living in residence halls are at higher risk for meningococcal disease compared to other people of the same age. Additionally, CDC states all other adolescents and University students wishing to reduce their risk may elect to be immunized if they have not previously been vaccinated. The American Academy of Pediatrics, American Academy of Family Physicians and the American University Health Association also supports these recommendations.

The meningococcal meningitis vaccine offers protection against certain strains of *Neisseria Meningitidis*. Meningitis vaccines are available through your family physician or clinics.

Adolescents and young adults should also be aware of other ways to reduce their risk of contracting the disease, including not sharing beverages or utensils, and maintaining regular sleeping patterns.

The following are websites that provide more information about meningococcal disease and immunization:

- National Meningitis Association, nmaus.org
- Centers for Disease Control and Prevention, cdc.gov
- American Academy of Pediatrics, aap.org
- American Academy of Family Physicians, aafp.org
- American University Health Association, acha.org
- National Foundation for Infectious Diseases, nfid.org

This information is accurate as of 2019 and is subject to change. This is intended for general information purposes only — please consult your primary care provider.

STUDENT HEALTH SERVICES FAQs

What health information is required before registration?

- Health form including:
 - Medical history completed by student and family
 - Physical examination completed by family health care provider
 - Consents for medical and mental health treatment of a minor signed by parent or guardian
 - Immunization record completed on health form (see required proof of vaccines below)
- Contact Student Health Services to make arrangements if unable to meet registration deadline.

Which immunizations are required?

- Childhood diphtheria, pertussis and tetanus series
- Tetanus booster in the last 10 years
- Measles, mumps, rubella (two doses after one year of age)
- Polio series
- Meningococcal (Meningitis) (see section on meningitis)

Which immunizations are recommended?

- Hepatitis A series
- Hepatitis B series
- Meningococcal B
- Varicella (chickenpox) or indicate date of disease

What if I cannot find my immunization records?

- You may be required to get blood tests (titers) to show proof of immunity.
- You may need to get boosters at the local health department (low cost at student's expense).

Where can I find my immunization (shot) records?

- Check with your high school
- Check with your doctor or clinic
- Check with your local health department

Where can I receive the meningococcal vaccine?

- The Meningococcal (Meningitis) vaccine is available at the local health department (St. Joseph County, Ind.) for a fee. Call early for an appointment — there may be a waiting list.
- Check with your health care provider or local health department.

Which students need to complete a physical examination?

- All new students, freshmen and transfers,
- New students under age 25 or any residential student, or
- As determined by student health services director.

Do I need a physical every year?

- No, just initially, unless your health changes or as determined by student health services director.
- Nursing students must have an annual physical.

Do athletes need to get a physical before coming on campus?

- Yes. Athletes that will be practicing, conditioning or competing before mandatory athletic physicals are given, will need a physical prior to coming to campus.

Who is required to show proof of a TB (tuberculosis) skin test?

- International students
- Anyone who
 - Has traveled or was born out of the country
 - Worked in a nursing home, hospital or daycare
 - Worked or lived in a prison or homeless shelter
 - Been exposed to someone with tuberculosis
 - Or as determined by student health services director

All students are required to have health insurance. Does Bethel offer a student health insurance plan?

- Bethel does not offer student health insurance. A list of providers can be given to you by the admission staff.
- Proof of insurance coverage must be recorded in each student's Campus Profile. Students will update this information every year.
- All students should keep their current health insurance card and photo ID with them on campus.
- Any student who does not have current health insurance coverage is encouraged to visit HealthCare.gov for more information on what the marketplace offers as alternative insurance options. Any questions about insurance should be directed to the Student Development Office at 574.807.7440.



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