



## Student Emergency Information

Print or type answers to all questions. The confidential information on this form is strictly for the Office for Student Life and will not be released to anyone without written consent except to authorized personnel in the event of an emergency.

### Personal Information

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone (\_\_\_\_\_) \_\_\_\_\_

### Persons to Notify in Case of Emergency

Name #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

### Permission for Treatment

I consent to any necessary first aid by appropriate OCU personnel, and I further consent to such necessary health care treatment and medical procedures that may be deemed appropriate by a licensed physician in a medical facility. I also authorize to disclose necessary information to off campus health care providers as needed to treat an injury or illness.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_  
(If student is under the age of 18)

**Insurance Information:** Students should have an insurance card to bring to campus for emergency situations.

Policy Holder \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Company ID # \_\_\_\_\_



Student Immunization Information

Student Name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

The Indiana State Health Department recommends that students entering college for the first time have the following immunizations.

Recommended Immunizations:

Hepatitis A

Requires 2 vaccinations
#1 Date: \_\_\_\_\_

#2 Date: \_\_\_\_\_

Hepatitis B

Requires 3 vaccinations
#1 Date: \_\_\_\_\_

#2 Date: \_\_\_\_\_

#3 Date: \_\_\_\_\_

MMR

All entering college students born after 1956 should have two doses of live measles vaccine.

Requires 2 vaccinations
#1 Date: \_\_\_\_\_

#2 Date: \_\_\_\_\_

Polio

Requires 3 Vaccinations
#1 Date: \_\_\_\_\_

#2 Date: \_\_\_\_\_

#3 Date: \_\_\_\_\_

Tetanus-Diphtheria or Tdap

TD in the last 10 years.
Date: \_\_\_\_\_

Tdap Date: \_\_\_\_\_

Varicella (Chickenpox)

Yes, I had chickenpox. Date: \_\_\_\_\_

No. If you have not had the Varicella disease you will need 2 vaccinations.

#1 Date: \_\_\_\_\_

#2 Date: \_\_\_\_\_

Tuberculin PPD (within the last 6 months)

A tuberculin skin test is strongly encouraged within six months before initial entrance into college.

Please give date of results below. (If skin test is positive a chest x-ray is recommended.)

Mantoux Skin Test (PPD Test) (If you have a positive PPD Test, a chest X-ray is required. Attach a copy of the X-ray report to the health form.)

Date Read: \_\_\_\_\_

Read By: \_\_\_\_\_

Result: \_\_\_\_\_

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