

By completing the Health Record and Student Health Insurance Waiver forms, you provide us with information to help us keep you safe and healthy while attending St. Mary's. These forms must be on file before you register for classes. If you are not covered by a family or personal insurance policy, you may purchase a student policy that will cover most basic health-related expenses. **The preferred date for submitting health and insurance forms is no later than two weeks before you attend New Student Orientation.**

### Student Health Center

Please contact our office with your questions about these forms.  
**(210) 436-3506**

If you choose to submit the health forms separately from your enrollment forms and deposits, please send the forms to the St. Mary's University Student Health Center at the address below.

ST. MARY'S UNIVERSITY



Student Health Center, Box 45  
One Camino Santa Maria  
San Antonio, Texas 78228-8545  
[www.stmarytx.edu](http://www.stmarytx.edu)

## STEP 4: Health Forms

### A: Health Record Form

### B: Student Health Insurance Waiver Form

## 4A: Health Record Form

### 2007-2008 Academic Year

All students must complete this form and submit it to the address below prior to or at your scheduled Orientation session and no later than the first day of class. The Dean of Students will impose a nonrefundable fine to students who do not comply.

#### IMMUNIZATION POLICY

A completed immunization record is required of students residing on campus and of all international students. Commuter students do not have immunization requirements.

#### HEALTH INSURANCE POLICY AND WAIVER PROCESS

All students living on campus and all F-1 international students will be automatically billed for the St. Mary's University Health Insurance Plan. If such student has his/her own private insurance, a health insurance WAIVER FORM must be submitted to our office prior to the 12<sup>th</sup> class day. **No refunds for the health insurance plan will be made unless a completed waiver form is submitted to our office by the 12<sup>th</sup> class day.** F-1 international students are not allowed to waive the St. Mary's University Health Insurance Plan. Intercollegiate athletes must meet requirements set forth by the athletics department before the health insurance charges are removed. The athletic trainer will communicate with our office if the athlete has met these requirements.

#### RESIDENT STUDENTS

Students who move into the residence halls in the middle of the semester must submit a completed health insurance WAIVER FORM **within five days** of move-in to avoid being charged for the Student Health Insurance Plan. No refunds of the Student Health Insurance charge can be made to a student once the University has paid the premium to the insurance company.

#### COMMUTER STUDENTS

Commuter students can purchase the St. Mary's University Health Insurance Plan by visiting [www.academichealthplans.com/stmarytx](http://www.academichealthplans.com/stmarytx) or by visiting the Student Health Center. An option to have the premium placed on your business account will be available online up to the 12<sup>th</sup> class day.

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Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ ID or Social Security number \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Please check the following: I will be living  On campus  Off campus  
 I  am  am not a United States citizen  
 I  am an intercollegiate athlete

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_ Home phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work phone \_\_\_\_\_

#### STATEMENT OF AUTHORIZATION

I authorize the Student Health Center at St. Mary's University to administer medical and surgical services including, but not limited to, immunizations and allergy injections, and to perform routine and emergency diagnostic and therapeutic procedures as deemed necessary by duly licensed medical personnel.

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Signature of student \_\_\_\_\_ Date \_\_\_\_\_ Parent signature if student is under 18 \_\_\_\_\_

## IMMUNIZATION RECORD

Required of Residence Hall and International Students Only

### MENINGITIS CONFIRMATION SIGNATURE

Freshman students living in residence halls have a **six-fold** increased risk of contracting **meningococcal meningitis** as compared to the general population. Please read the information enclosed on bacterial meningitis. All students are encouraged to become vaccinated if they wish to decrease their risk of contracting this disease.

Your signature is required confirming your receipt of the enclosed information regarding meningococcal meningitis as mandated by the 77<sup>th</sup> Texas Legislature (2001) Chapter 51, Education Code, Section 51.9191; Chapter 38, Education Code, Section 38.0025. By signing below, I verify receipt of meningococcal meningitis information as referenced above.

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

\_\_\_\_\_  
Date

### REQUIRED IMMUNIZATIONS

**Tetanus-Diphtheria (Td)** \_\_\_/\_\_\_/\_\_\_

Must have received within past 10 years

**Measles, mumps and rubella (MMR)**

\*All students born prior to 1957 do not have MMR requirement.

Dose 1 \_\_\_/\_\_\_/\_\_\_

(Given at age 12 to 15 months or later)

Dose 2 \_\_\_/\_\_\_/\_\_\_

(Given at age 4 to 6 years or later, and at least one month after first dose)

**Polio Series (required if less than 18 years old):** Oral or injectable vaccination series is acceptable.

Completion date: \_\_\_/\_\_\_/\_\_\_

### RECOMMENDED VACCINATIONS

**Meningitis vaccine:** The CDC, ACIP and ACHA recommend all college students, especially freshmen living in residence halls, become immunized against meningococcal meningitis to reduce their risk of getting this potentially fatal disease. Please read accompanying information on Bacterial Meningitis.

Menomune Date received \_\_\_/\_\_\_/\_\_\_ or Menactra Date received \_\_\_/\_\_\_/\_\_\_

**Hepatitis A vaccination**

Dose 1 \_\_\_/\_\_\_/\_\_\_

Dose 2 \_\_\_/\_\_\_/\_\_\_

**Hepatitis B vaccination**

Dose 1 \_\_\_/\_\_\_/\_\_\_

Dose 2 \_\_\_/\_\_\_/\_\_\_

Dose 3 \_\_\_/\_\_\_/\_\_\_

**Varicella** (If no history of chicken pox or varicella antibody titer negative)

Dose 1 \_\_\_/\_\_\_/\_\_\_

Dose 2 \_\_\_/\_\_\_/\_\_\_

(At least one month after first dose if more than 13 years old.)

**Influenza:** Annual vaccination is recommended to avoid disruption of academic activities. The flu vaccine will be offered by the Student Health Center in the fall semester.

### REQUIRED OF INTERNATIONAL STUDENTS OR THOSE BORN OUTSIDE OF UNITED STATES

**Tuberculosis:** Testing must be done regardless of previous BCG inoculation. The Mantoux test must be used (not the tine). If PPD is positive, then a chest X-ray within one year is required.

The result of a PPD skin test must be within 12-month period prior to starting at St. Mary's University:

Date of skin test reading \_\_\_/\_\_\_/\_\_\_

Reading at 48-72 hours: Negative \_\_\_\_\_ Positive (mm) \_\_\_\_\_

Date and result of chest X-ray \_\_\_/\_\_\_/\_\_\_

#### Physician/Health Care Facility

I certify the above information is accurate.

Physician (print) \_\_\_\_\_

Address \_\_\_\_\_

Physician signature or official health care facility stamp \_\_\_\_\_