



GONZAGA UNIVERSITY

HEALTH CENTER

“A Physician’s office on campus”

Welcome! We are a campus medical clinic for Gonzaga students. All Gonzaga students are eligible and no insurance is necessary. We are located at E. 704 Sharp (corner of Sharp and Dakota); hours are from 8-12 and 1-4:00 Monday to Friday during the academic calendar. During the summer sessions we are opened with a registered nurse from 8 to 1pm (10 am to 1 pm on Tuesdays). If you visit another health care facility, then your insurance plan or you are responsible for their fees. An insurance plan for this is available in the Student Accounts office. Please complete this entire form by August 1, especially the immunization portion (See the measles requirement) and return to the Health Center.

PERSONAL HEALTH INFORMATION

List below the illnesses and medical problems for which you have been treated by a physician or other health professional. Include both past problems and current conditions.

Does anyone in your family have a history of _____ Diabetes _____ High Blood Pressure

Allergies _____ If reaction, what kind? _____

Illness, including those during childhood (i.e., chickenpox) _____

Disabilities _____ (Please contact Disabilities Support Services 323-4072)

Injuries (fractures, etc.) _____

Emotional health problems (hospitalizations, suicide attempts, eating disorders, counseling experiences) _____

Hospitalizations for _____

Immunizations: **Mandatory current measles and rubella immunization.** Complete the Immunization Record on the reverse side.

Medications presently taking _____

Ht. _____ Wt. _____ Most recent physical examination _____

Do you smoke? Yes ___ No ___ Most recent dental examination _____

Do you use alcohol? Never ___ Most recent eye examination _____

Monthly ___ Weekly ___ Daily ___

Do you have other problems not covered by this questionnaire that are of concern to you? _____

In case of emergency notify _____ (name) (phone) (address)

Insurance Policy (Company Name and Policy Numbers) _____ Photocopy of card

IMMUNIZATION RECORD

TO BE COMPLETED BEFORE ARRIVAL ON CAMPUS

Name _____
(last) (first) (m.i.)

Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____ Phone (____) _____

Address _____
(street) (city) (state) (zip code)

Mark School Entering: ___ Graduate ___ Undergraduate ___ Law Date of Enrollment _____
Month Day Year

IF YOU WERE BORN AFTER 1956, IT IS MANDATORY TO HAVE RUBEOLA (MEASLES) IMMUNITY DOCUMENTED BEFORE REGISTRATION, BY **TWO** INJECTIONS AFTER YOUR 1ST BIRTHDAY & AFTER 1967, PREFERABLY AFTER 1980. YOUR REGISTRATION MAY BE "HELD".

Measles/Mumps & Rubella

MANDATORY

MMR #1 _____ MMR #2 _____ OR Rubeola #1 _____ Rubeola #2 _____
Mo/Day/Yr Mo/Day/Yr (hard measles) Mo/Day/Yr Mo/Day/Yr

Rubella immunizations _____ Mumps _____
(German Measles)

RECOMMEND

Diphtheria Tetanus Booster ____ (Year) Oral Polio Series _____ (date)

Hepatitis A _____ Hepatitis B _____

Meningococcal Vaccine _____

The Center for Disease Control (CDC) and the American College Health Association (ACHA) recommends that parents and students are aware of the following information about meningitis: A. Students living in residence halls are at slightly increased risk for bacterial meningitis; B. Meningitis can be devastating; C. A vaccination can reduce the risk. Please consult with your health care provider or come in for the vaccine at our Health Center.

Original Diphtheria, Pertussis, Tetanus Series (DPT) Yes _____ No _____ Year _____

P.P.D. within past year _____ (date) Reaction _____ Varicella Vaccine or Chickenpox _____
(Tuberculin skin test)

Please send copy of immunization records.

PHYSICIAN

Name _____ Phone _____

Address _____

This TREATMENT AUTHORIZATION must be signed by a parent or guardian if student is under 18.

Medical and Surgical Authorization

I hereby authorize and give my consent to the Health authorities of _____ to perform upon or administer to _____ any necessary medical or surgical treatment while attending this university. This authorization does not entitle the Health Center to render any medical or surgical treatment without the student's personal consent.

Signature _____ Date _____

Relation to Student _____ Address _____

Phone _____

INSURANCE

Since students are responsible for all medical charges made by the Center or another health care provider, it is reasonable, responsible and prudent to have a major medical plan. It may be a requirement to matriculate.

Some insurance policies may not cover you outside your area. Consult with your carrier and you can select a supplemental policy or purchase the one Gonzaga facilitates by billing, collecting and remitting charges for the coverage. This health and accident insurance coverage providing defined basic and major medical insurance coverage for University students is available through a private insurance company. The insurance agreement between the insurance carrier and the student defines the terms, conditions and limitations of coverage. An insurance plan enables students to avoid the unexpected interruption of an education by high health costs.

International Students - You must provide proof of basic and major medical health and accident insurance or you will be required to purchase a policy provided by the current insurance company. You may contact the International Student Programs office at 509-323-6562.

Insurance will not be included in a payment plan. However, you purchase it through the Student Accounts Department.

Return to Gonzaga University Health Center, E. 502 Boone Avenue, Spokane, WA 99258-2506 - FAX: (509) 323-5516.