Welcome from all of us at the Gonzaga University Health & Counseling Services!

This packet contains important information about the healthcare services we provide at Gonzaga University as well as some forms for you to fill out so that we can best care for you. Please be sure to return your completed forms to Health & Counseling Services by August 1.

As you review this information and complete these forms, please let us know if you have any questions.

Sincerely,

Libby Skiles
Assistant Dean, Student Well-Being & Healthy Living

New Student Medical Forms

There are a few different medical forms that you will need to fill out and return to Health & Counseling Services. This information will assist our healthcare professionals in managing any care you need while at Gonzaga.

Forms may be returned via the enclosed prepaid envelope, scanned and emailed to studenthealth@gonzaga.edu or faxed to the Health & Counseling Services at (509) 313-5516. Failure to return these forms by August 1 will impact your ability to register for classes. The forms include:

1. Patient Information. In addition to the information requested on this form, please include a copy (front and back) of your insurance card.

2. Treatment Authorization for Minors. If you are going to be under the age of 18 when you arrive at Gonzaga, Health & Counseling Services requires a parent or guardian to sign the Treatment Authorization section of the Patient Information form.

3. Health History. We ask that you complete this form as accurately as possible to let us know of any ongoing health concerns you may have.

4. Meningitis and HPV Acknowledgement. Washington State law requires that all students be informed about meningitis and human papillomavirus, including causes, symptoms, and vaccinations.

5. Immunization History. Gonzaga requires verification of measles (Rubeda) immunity for all students. Please provide your full immunization history with special attention to the measles requirement.

Medical and Mental Health Services and Charges

Our services are available to all Gonzaga University students, regardless of insurance provider. There is a minimal cost to see our Board Certified Family Medicine Physicians, Psychiatrist, or Nurse Practitioners. There is no cost to see a Counselor. Students may pay for incurred costs using cash, credit, Bulldog Bucks or charge this amount to their student account at the time of service. There may be an occasional need for tests or services that cannot be performed in Health & Counseling Services. We strongly encourage students to have medical insurance to cover these costs.
PATIENT INFORMATION

STUDENT INFORMATION
Name: ___________________________ Date of Birth: _____/_____/______________
Zag ID#: ________________________ Sex: __________________
Phone: __________________________ E-mail: ________________________
Semester and year of enrollment (e.g. Fall 2016): ________________________
Student Status: ☐ Undergrad ☐ Grad ☐ Law ☐ Doctoral ☐ ESL ☐ International
Will you be participating in: ☐ ROTC ☐ Athletics

EMERGENCY CONTACT INFORMATION
Name: ___________________________ Relationship: ________________________
Home Phone: ________________________ Cell phone: ________________________
Address: ____________________________

HEALTH INSURANCE
Health & Counseling Services does not bill insurance. We do provide a fee slip that is specifically designed to be submitted to insurance companies for reimbursement of expenses.

As students are responsible for all medical charges incurred with Health & Counseling Services or any other healthcare providers, we strongly recommend students have a health insurance plan. While all students are automatically enrolled in a Student Accidental Injury Insurance Plan, this coverage only extends to accidental injuries.

If you have a health insurance plan in place, notify your provider that your student will be at Gonzaga. If your plan will not cover your student at Gonzaga, consider a supplemental policy.

If you do not have health insurance, review your options at www.gonzaga.edu/studentinsurance.

Insurance company name: ___________________________ ID#: ________________________

Subscriber’s Name: ___________________________ Group #: ________________________

** Please include a copy (front and back) of your insurance card with this form. **

TREATMENT AUTHORIZATION FOR MINOR STUDENTS
If you will be under 18 when you start at Gonzaga, a parent or guardian must sign the below authorization in order for Health & Counseling Services to provide care while you are a minor.

I hereby authorize and give my consent to Health & Counseling Services authorities at Gonzaga University to perform upon or administer to ___________________________ any necessary medical or surgical treatment while attending this University. This authorization does not entitle Health & Counseling Services to render any treatment without the student’s personal consent.

Signature: ___________________________ Date: ________________________
Relation to student ___________________________ Phone: ________________________
Address: ____________________________
# PERSONAL AND FAMILY HEALTH HISTORY

## STUDENT INFORMATION

Name: 
Date of Birth: ___/___/________
Zag ID#: 
Sex: 

Please mark (X) in the appropriate space if you or any members of your family have had any of the following:

<table>
<thead>
<tr>
<th>You</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acne/Eczema/Skin Disorder</td>
<td>16. Heart Disease</td>
</tr>
<tr>
<td>2. ADD/ADHD/Learning Disability</td>
<td>17. Hepatitis</td>
</tr>
<tr>
<td>3. Alcohol/Drug Counseling or Treatment</td>
<td>18. High Blood Pressure</td>
</tr>
<tr>
<td>4. Anemia or Blood Condition</td>
<td>19. Immunocompromising Condition/HIV</td>
</tr>
<tr>
<td>5. Arthritis</td>
<td>20. Kidney Disease</td>
</tr>
<tr>
<td>6. Asthma/Lung Disease/Pneumonia</td>
<td>21. Migraines/Frequent/Severe Headaches</td>
</tr>
<tr>
<td>7. Bulimia/Eating Disorder</td>
<td>22. Mobility Limitations</td>
</tr>
<tr>
<td>8. Cancer</td>
<td>23. Mononucleosis</td>
</tr>
<tr>
<td>9. Depression/Anxiety/Psychological Disorder</td>
<td>24. Neurologic Condition</td>
</tr>
<tr>
<td>10. Diabetes</td>
<td>25. Seizure Disorder/Epilepsy</td>
</tr>
<tr>
<td>11. Ear, Nose, or Throat Problems</td>
<td>26. Spinal Injury</td>
</tr>
<tr>
<td>12. Gastrointestinal Disorder</td>
<td>27. Stroke</td>
</tr>
<tr>
<td>15. Hearing Loss</td>
<td>30. Vision Impairment</td>
</tr>
</tbody>
</table>

**If NONE of the above apply, check here**:

Explanation for any positive answers (please list by number):

Do you have any allergies (medication, food, environmental)?

- [ ] Yes
- [ ] No

If yes, list and describe reaction:

What medications (over the counter and prescription) do you regularly take?

Are you seeing a physician for any medical condition/problem?

- [ ] Yes
- [ ] No

If yes, please list condition and physician’s name:

Please list types and dates of any hospitalizations and/or surgical operations:

Do you need specific medical assistance (e.g., allergy injections, disability accommodations)?

- [ ] Yes
- [ ] No

If yes, please list:

## PLEASE READ AND SIGN

I certify that the information above is complete and accurate.

Student Signature: ___________________________ Date: ___________________________ 

(Hand-written signature only)
MENINGITIS AND HPV ACKNOWLEDGEMENT

STUDENT INFORMATION

Name: ___________________________ Date of Birth: _____/_____/__________

MENINGITIS INFORMATION

Washington State law requires that you be provided with information about the causes, symptoms, and methods of preventing meningococcal disease. As a college student, you need to know about the potentially life-threatening disease caused by meningococcal bacteria.

Meningococcal meningitis affects the brain and spinal cord. It is caused by a group of bacteria that live in the nose and throat. Because it can lead to death within 48 hours, bacterial meningitis requires early diagnosis and treatment. This is often difficult because the symptoms of meningitis closely resemble flu-like symptoms, such as fever, severe headache, neck stiffness, nausea and vomiting, sensitivity to light, and lethargy.

Meningitis is spread through direct contact with infected material, including kissing, coughing, sneezing, or sharing eating or drinking utensils. Studies of outbreaks at colleges and universities suggest that students living in residence halls have a higher risk of contracting this disease because they live and work in close proximity to each other.

A safe vaccine exists that can reduce the risk. Please consult with your doctor or come to Health & Counseling Services for a vaccination. This vaccination is not required for enrollment at Gonzaga.

HUMAN PAPILLOMAVIRUS (HPV) INFORMATION

Washington State law also requires that we provide information regarding human papillomavirus (HPV) disease and its vaccine.

HPV is a very common virus that is spread through genital contact. There are many types of HPV, and some types can cause cervical cancer or genital warts. Both females and males can get HPV and easily spread it to others without knowing they have it. Most people with HPV have no signs or symptoms.

There is a vaccine that protects against four types of HPV which cause 70 percent of cervical cancers and 90 percent of genital warts.

Please consult with your doctor or come to Health & Counseling Services for a vaccination. This vaccination is not required for enrollment at Gonzaga.

PLEASE READ AND SIGN

I have read and understand the above information.

Student Signature: ___________________________ Date: ____________

(Hand-written signature only)
IMMUNIZATION HISTORY

STUDENT INFORMATION
Name: __________________________ Date of Birth: _____ / _____ / __________

MANDATORY VACCINATION FOR ALL STUDENTS
Gonzaga University requires verification of measles immunity for all students. Proof of immunity means:

1. Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart, or
2. A blood test showing measles (Rubeola) immunity
You may provide proof of immunity by completing the form below or attaching a copy of your immunization record or blood test (titer) results.

Measles vaccine (may be MMR, MR, or M) #1 _____ / _____ / ______ #2 _____ / _____ / ______

RECOMMENDED VACCINATIONS
Hepatitis A: #1 _____ / _____ / ______ #2 _____ / _____ / ______

Hepatitis B: #1 _____ / _____ / ______ #2 _____ / _____ / ______ #3 _____ / _____ / ______

HPV (Gardasil): #1 _____ / _____ / ______ #2 _____ / _____ / ______ #3 _____ / _____ / ______

Meningococcal: #1 _____ / _____ / ______ #2 _____ / _____ / ______

Meningococcal B (MenB)*: #1 _____ / _____ / ______ #2 _____ / _____ / ______ #3 _____ / _____ / ______

* Bexsero is a 2 dose series while Trumenba is a 3 dose series.

Polio**: #1 _____ / _____ / ______ #2 _____ / _____ / ______ #3 _____ / _____ / ______ #4 _____ / _____ / ______ #5 _____ / _____ / ______

** 4 doses of Inactivated Polio Vaccine (IPV) or 5 doses of Oral Polio Vaccine (OPV) recommended by age 6.

DTaP***: #1 _____ / _____ / ______ #2 _____ / _____ / ______ #3 _____ / _____ / ______ #4 _____ / _____ / ______ #5 _____ / _____ / ______

*** 5 doses of Diphtheria-Tetanus-Pertussis recommended by age 6.

Tdap (Tetanus/diphtheria/pertussis): #1 _____ / _____ / ______

Varicella (Chickenpox): Had disease? □ Yes □ No #1 _____ / _____ / ______ #2 _____ / _____ / ______

PLEASE READ AND SIGN
I certify that the information above is complete and accurate.

Student Signature: __________________________ Date: __________________________

(Hand-written signature only)