



EASTERN UNIVERSITY STUDENT HEALTH CENTER

Pre-Entrance Health Record Requirements for International Students

PLEASE ATTEND TO THIS IMMEDIATELY. YOUR ENROLLMENT IS NOT COMPLETE AND YOU WILL NOT BE PERMITTED TO MOVE INTO CAMPUS HOUSING UNTIL THESE REQUIREMENTS ARE MET.

Attached are the required health forms for full-time International Students at Eastern University. Universities in the United States are required to secure documents concerning health and immunizations for all students. Although this information is required, it remains confidential to the Eastern University Health Center.

Forms and information needed: (All forms must be completed in English.)

1. **Health History FORM** - Must be filled out in full.

2. **Physical Exam FORM**

The exam must be recent (within the past six months) and signed by a medical professional with contact information listed.

3. **Immunizations FORM**

Must include the following with accurate dates of administration:

- TB test - All International Students will receive a PPD test upon arrival to EU, if the result is positive, the Quantiferon Gold blood test will be performed followed by a chest x-ray and other testing, if necessary
- Hepatitis B – 3 shot series
- Varicella (chicken pox) – disease date or 2 shot series
- Tetanus booster – given within the past 10 years
- MMR (measles, mumps, rubella) – 2 doses
- Polio (IPV or OPV) Last date in series
- Meningitis Vaccine if living in university housing (or signed Waiver)

These documents **must be returned** to our University Health Center at the following address a minimum of one month prior to arrival.

Eastern University Health Center
1300 Eagle Rd.
St. David's, PA 19087
USA

Faxed documents are accepted to meet deadlines; however, originals should be brought with you if you fax them.

International Students MUST enroll in the student group health insurance and may not waive for their first year. After one year, they may enroll in an approved, comparable insurance plan and are required to sign a release form at the health center. International students/visitors who are in programs that are under four weeks long must purchase health insurance on their own through a US travel insurance provider such as www.insuremytrip.com. The plan **MUST** include repatriation costs, Doctor's Office visits, hospitalizations, emergency room visits and medical airlift home. **TRAVEL INSURANCE IS NOT ACCEPTABLE INSURANCE FOR students in programs that last more than four weeks and for whom insurance is required.**

You can view the Eastern University Student Health Insurance program and policy on the web at:

http://www.firststudent.com/cms/files/Brochure_Policy_Eastern_v1_9_26_12_WEB_ID136051.pdf

We eagerly look forward to welcoming you when you arrive for your studies with us.

Sincerely,

Janet Topper, RN, BSN, CSN
Director Student Health Center
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Fax: 610-341-5954
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STUDENT HEALTH HISTORY

Eastern University

1300 Eagle Road, St. Davids, PA 19087-3696

Information you provide will not be used to influence your situation at the University; it will be used solely as an aid to providing necessary health care while you are a student. This information is strictly for the use of Student Health Services and will not be released to anyone without your knowledge and consent.

SCHOOL ID# _____ DOB: _____

Spring Fall 20____

LAST NAME (Print) _____

FIRST NAME _____

MIDDLE INITIAL _____

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

FAMILY HISTORY

Have any of your relatives ever had any of the following:

	Age	State of Health	DETAIL	Age/Cause of Death
Father				
Mother				
Brother(s)				
Sister(s)				

	Yes	No	Relationship
Diabetes			
Heart Disease/Stroke/High Blood Pressure			
Cancer			
Asthma/Allergies			
Tuberculosis			
Alcohol/Drug Problem			
Depression			

PERSONAL HISTORY – PLEASE ANSWER ALL QUESTIONS – Please comment on all positive answers.

Have you had?	Yes	No
Chicken Pox		
Measles		
German Measles		
Mumps		
Mono-nucleosis		
More than 10 lb. weight gain or loss in past year		
Females: menstrual problems		

Have you had?	Yes	No
Dental problems		
Eye problems		
Ear, nose, throat problems		
Asthma		
Allergies		
Penicillin allergy		
Sulfa allergy		

Have you had?	Yes	No
Head injury or Concussion		
Seizures		
Migraines		
Anxiety/depression		
Sleep difficulty		
Eating disorder		
Alcohol/drug problem		
Learning disability		

Have you had?	Yes	No
Diseases/injury of joints		
Back problems		
Heart trouble/high blood pressure		
Stomach/intestinal problems		
Liver or kidney problems		
Skin problems		
Tumors or cysts		
Cancer		
Diabetes		

	Yes	No
Do you drink alcohol?		
Do you smoke cigarettes, cigars or use smokeless tobacco?		
Do you take medications on a regular basis? (List)		
Has your physical activity been restricted during the past five years? (Explain)		
Have you received treatment or counseling for alcohol or drug abuse, an eating disorder, depression or any other emotional problem? (Explain) Have you been hospitalized for any of the above?		
Have you had any significant illness or injury for which you have been treated or hospitalized other than already mentioned? (Explain)		
Do you have any questions in regard to your health, family history, or other matters:		

Student's Signature

Health Care Provider's Signature

Date

INSURANCE INFORMATION – **PLEASE SEND A PHOTO COPY OF FRONT AND BACK OF INSURANCE CARD.**

