



**HOUSING AND RESIDENCE LIFE HEALTH FORM**

**PART I – REPORT OF MEDICAL HISTORY**

Please complete *(print all sections)*. **International students:** please provide all health documents translated into English.

**Name:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_ **Gender:**  M  F  
Number/Street

\_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Zip Code Month/Day/Year

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Program/Major:** \_\_\_\_\_ **On Campus Housing:**  Yes  No

**Semester:** Year \_\_\_\_\_  FA  SP  SU **Campus:**  Main  Fowler  Monroe

**I. EMERGENCY NOTIFICATION**

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**II. MEDICAL HISTORY** – Please answer yes or no to all questions and insert the year for all positive answers:

	Yes	No	Please Explain
Allergies			
Asthma			
Cardiac			
Chemical Dependency			
▪ Drugs			
▪ Alcohol			
Diabetes Mellitus			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Vision Disorder			
Other (Specify)			

**ACCIDENT AND HEALTH INSURANCE (Recommended)** – Student should upload a copy of current health insurance card (front and back) to myRecordTracker®. It is recommended that students have valid health insurance while using on-campus housing, and notify the Residence Hall Director and/or Health and Wellness Center of any change in health insurance which occurs during the academic year, and upload a copy of the new insurance card. If you choose not to provide this information, please upload a typed or handwritten paper stating that you do not wish to provide health insurance documentation.

*If the above named emergency contact cannot be reached at the time of an emergency, the College is authorized to send the above named student to the nearest hospital and/or to administer necessary emergency care. In addition, I authorize the release of information regarding my health/medical status to the Residence Hall Director and appropriate designee(s), to the Northampton Community College Health and Wellness Center, to the appropriate health care agency, and/or to the above named emergency contact.*

\_\_\_\_\_  
 Student signature (Parent/Guardian if under 18 years of age)

\_\_\_\_\_  
 Date



## **CLINICAL REQUIREMENTS**

To meet the requirements set forth by NCC, Clinical Sites and OSHA, you will need to obtain and upload to myRecordTracker® documentation for the following immunizations and tests to reside in On-Campus housing.

### **IMMUNIZATIONS (Vaccinations)**

**All students** are required to **UPLOAD immunization records** to myRecordTracker® for the following:

- 📌 **Varicella** (Chickenpox) – 2 doses
- 📌 **MMR\*** – 2 doses after 1<sup>st</sup> Birthday
  - \* If born before 1957 and/or received separate vaccinations, please provide immunization records for:*
    - \* Measles (Rubeola) – 2 doses after 1<sup>st</sup> Birthday
    - \* Mumps – 2 doses after 1<sup>st</sup> Birthday
    - \* Rubella – 1 dose after 1<sup>st</sup> Birthday
- 📌 **Hepatitis B** – 3 doses (*Recommended*)
- 📌 **Meningococcal A-C-W-Y** (*After Age 16, and within the past 5 years*)
- 📌 **TDAP** – Tetanus Diphtheria Acellular Pertussis (*Dated within 10 years*)
- 📌 **Influenza** – Current Season (*Recommended*)

### **TITERS (Bloodwork)**

- 📌 **If immunization records are not available**, students are required to obtain titers to determine immunity status for the above listed requirements.
- 📌 Documentation of the Chickenpox disease is not considered acceptable for immunity, and a titer must be drawn.

### **SUPPORTING DOCUMENTATION OPTIONS**

- 📌 Immunization records can include your childhood and/or school immunization records – or a print out from your medical provider.
- 📌 Lab reports must contain titer results showing level of immunity.

***For questions about health requirements, please contact:***

#### **Health and Wellness Center**

Northampton Community College  
College Center, Room 120  
3835 Green Pond Road  
Bethlehem, PA 18020  
**Phone (610) 861-5365**

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

Student ID # \_\_\_\_\_

**TUBERCULOSIS SCREENING/TESTING**

1. Have you ever had a positive TB skin test?  Yes  No
2. Have you ever had close contact with:  Yes  No
  - Anyone who was told they had TB?  Yes  No
  - Anyone who was tested by the health department or their physician because they were suspected to have tuberculosis?  Yes  No
  - Anyone who is currently in jail or has been in jail during the last 5 years?  Yes  No
3. Does your child currently have contact with anyone who is HIV-infected, homeless, resident of a nursing home, user of illegal drugs, or migrant farm worker?  Yes  No
4. Were you born in a country other than the United States?  Yes  No  
 If yes, list the name of the country \_\_\_\_\_
5. Have you ever traveled\* to/lived in another country(ies)?  Yes  No  
 If yes, list the name(s) of the country(ies) \_\_\_\_\_
6. Have you ever been vaccinated with BCG, a vaccine to prevent tuberculosis?  Yes  No

*\*The significance of the travel exposure should be discussed with a healthcare provider and/or the NCC Health & Wellness Center.*

If the answer to **ALL** of the above questions is **NO**, no further action is required.

If the answer to **ANY** of the above questions is **YES**, Northampton Community College **requires** TB testing for all students living in the Residence Halls.

**Results of a Tuberculin Skin Test (done within 6 months of start of school)**

Date Applied	Arm	Device	Antigen	Manufacturer	Signature

Date Read	Results (mm)	Signature
	<input type="checkbox"/> (+) <input type="checkbox"/> (-)    ____mm	

***Please print, type or stamp:***

Name of Licensed Provider \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Licensed Provider \_\_\_\_\_ Date \_\_\_\_\_