

# Student Health Form/**Mandatory Immunizations**

Welcome to Ball State University. The health and safety of everyone at Ball State is very important, and you play a key role in the University's efforts to maintain a safe and healthy campus. To help protect the entire community, all students are required to complete and submit the Ball State University Student Health Form. If you are under 18 years of age when signing the form, it must also be signed by a parent or guardian.

This form is divided into two sections. You should provide all the information in Section One and sign where indicated. The immunization information in Section Two is required by state law and must be provided by your health care provider or by attaching a copy of your immunization record from your high school, college, or health department. The information on this form is strictly for the use of Ball State University Health Services and will not be released to anyone without your knowledge and consent.

Below are options to submit the completed form. After you make a copy for your records, you can:

1. Bring the completed form with you to Orientation and drop it off at the Health Center table
2. Scan it in and email it to [healthcenter@bsu.edu](mailto:healthcenter@bsu.edu)
3. Fax to 765-285-1103
4. Mail to Ball State University Amelia T. Wood Health Center, 1500 W. Neely Avenue, Muncie, IN 47306.

## SECTION ONE — COMPLETE THIS SECTION BEFORE GOING TO YOUR HEALTH CARE PROVIDER

Name: Last (Print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (Maiden) \_\_\_\_\_ / / \_\_\_\_\_  
Date of Birth (month/day/year)

Preferred Name \_\_\_\_\_ Ball State ID Number \_\_\_\_\_

Male  Female  Transgender  I identify as: \_\_\_\_\_

Home Address: Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Student's Cell Phone Number \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please list any allergies you have to medications \_\_\_\_\_

Please list current medications and dietary supplements \_\_\_\_\_

### Approval and consent for treatment:

I have reviewed the above information and believe it to be accurate. I, the undersigned, authorize and consent to treatment. I understand that I may withdraw my consent at any time by notifying the Ball State University Student Health Center in writing. Should I be under 18 years of age, my parent's (or guardian's) signature below indicates approval and consent for medical treatment at the Ball State University Student Health Center.

Student's Signature \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please keep a copy of entire form for your records.)*

## IMPORTANT INFORMATION

### Campus Health Care

To meet the health care needs of students, a clinic is conveniently located in the Amelia T. Wood Health Center at 1500 W. Neely Avenue. Available services include the main Health Center clinic and physical therapy. Any student who pays the Health Fee each semester is eligible for services. The fee covers basic professional services at the Health Center, including evaluation by a physician or nurse practitioner, diagnosis, and plan of care. The Health Fee does not cover the cost of prescriptions and lab tests. For additional information on the services and fees, visit [bsu.edu/healthcenter](http://bsu.edu/healthcenter). Copies of this form may also be downloaded from the site.

### Health Insurance

It is highly recommended that all Ball State students have adequate health insurance, should services beyond those covered by the student Health Fee be required. It is also important to review your insurance plan for any requirements or restrictions that may impact the student's care.

For example, the requirements may designate which location or facility a student must use. They may be required to obtain approval from a designated primary care physician before the service is provided. Understanding the benefits and requirements of your insurance plan in advance will make it much easier if you need services outside of the Health Center.

If a student has health insurance coverage, it is important he or she has a current and updated card along with a prescription benefit card. It is a good idea to include a copy of the front and back of the insurance card and prescription benefit card when submitting this Student Health Form. It will be beneficial to have the documents available, as it is easy to overlook such details when sick or in need of care.

### Special Needs and Accommodations

If you have a special health need, please contact the Ball State University Student Health Center at 765-285-8431 before your arrival.



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# SECTION TWO — REPORT OF IMMUNIZATIONS

This page needs to be signed and dated by a health care provider, or the student may attach a copy of the immunizations report from his or her high school, college, or health department. The health information provided will not be released without the student's consent and will be used only as a background for providing health care.

**(Please keep a copy of entire form for your records.)**

Last Name (Print)	First Name	Middle Name	(Maiden)
Date of Birth: ____/____/____ <small>(Month/Day/Year)</small>	Ball State ID# _____		

The "College Immunization Law" (IC21-40-5) and Ball State University requires immunizations as specified below for all matriculating students prior to the first day of classes.

## College Immunization Requirements for Enrollment

(You must fulfill these requirements prior to the first day of classes)

**1) MMR vaccination** Both doses must be given after 1967 AND the first on or after the first birthday,\* and the doses must be separated by at least 28 days.

vaccine 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

vaccine 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

OR

**2) Measles (Rubeola)** — Both doses must be given after 1967 AND the first on or after the first birthday,\* and the doses must be separated by at least 28 days.

vaccine 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Must have two dates**

vaccine 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

or

Has an immune titer (specify date of test) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

or

Born before January 1, 1957 — vaccine not required \_\_\_\_ Yes

**3) Mumps** — Both doses must be given after 1967 AND the first on or after the first birthday, \* and the doses must be separated by at least 28 days.

vaccine 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Must have two dates**

vaccine 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

or

Has an immune titer (specify date of test) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

or

Born before January 1, 1957 — vaccine not required \_\_\_\_ Yes

**4) Rubella (German Measles)** — Vaccine must be on or after first birthday\*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

or

Has an immune titer (specify date of test) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Born before January 1, 1957 — vaccine not required \_\_\_\_ Yes

\*4-day grace period.

### 5) Tetanus/Diphtheria Vaccine

Booster dose of Td/TdaP given within last 10 years \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### 6) Meningococcal Quad (ACWY) Vaccine

Two doses required if first given before age 16 years, one required after age 16 through age 21 years

Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### 7) Meningococcal B Vaccine

**Bexsero**  
**Trumenba**  
(circle which given)

Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Required if under age 24 years.

**Required prior to first day of classes.**

## Recommended Immunizations:

**Hepatitis-B** (Series required for health care classes.)

Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Hepatitis-A**

Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Polio**

IPV/OPV \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Varicella**

Dose 1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Dose 2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Note:** This form needs to be signed and dated by a health care provider or attach a copy of your immunizations from your high school, college, or health department.

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Health Care Provider Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

Ball State University Amelia T. Wood Health Center  
1500 W. Neely Ave.  
Muncie, IN 47306-0815

**If you have any questions, please contact the Ball State University Student Health Center at 765-285-8431.**



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