Elmhurst University
Student Health Service

190 Prospect Avenue, Elmhurst, Illinois 60126-3296
(630) 617-3565 *Phone* (630) 617-3255 *Fax*
studenthealth@elmhurst.edu

Dear Student,

It is an Illinois State Law for all students who are enrolled at a post-secondary institution to submit a copy of their immunization record. A physical exam is not required. Please complete the health history form on the second page and submit it along with your immunization record. You may have your primary care provider, former high-school, or previous university fax your records to Student Health Services. If you are unable to obtain your immunization record, you will need to be re-vaccinated or have an immunity profile (blood test) done to confirm your immunity. Vaccinations, immunity profiles, and tuberculosis screenings are available at Student Health Services for a fee.

All forms must be submitted no later than June 1st for the fall term and December 1st for the spring term. Students with incomplete immunization records will be put on a "medical hold."

REQUIRED IMMUNIZATIONS – Immunization records must include the requirements as stated below:

MMR (Measles, Mumps, Rubella)	Two doses of the MMR vaccine administered on or after 12 months of age **OR** positive serum titers to all three diseases (attach lab report)
Meningococcal Conjugate (MenACWY)	Students aged 21 and younger are required to have at least one dose on or after 16 years of age
Tetanus-Diphtheria-Pertussis (DPT, DTP, DT, DTaP, Td, Tdap)	Any combination of three or more doses of Tetanus-Diphtheria-Pertussis. One dose must be a Tdap. The last dose (DTP, DTaP, DT, Td, or Tdap) must have been given within 10 years prior to the current enrollment term.
International Students Only: Tuberculosis Screening	Quantiferon Gold (QFG) blood test from the current enrollment year

Here are instructions on how to submit your immunization record on Etrieve:

1. Sign into the myElmhurst Portal
2. Click and open the Etrieve app
3. Log in through Okta (blue O)
4. Click and open "Forms" on the left-hand side
5. Folders will appear for each department – look for "Wellness Center" and click on "Health and Immunization Upload"
6. Fill out the form, use the paperclip button at the bottom to attach your PDF form, and then click Submit

Immunization records can also be sent to Student Health Services via:

1. Fax – (630) 617-3255
2. Email – studenthealth@elmhurst.edu
3. Dropped off in person at the Wellness Center, which is located on the lower level of Niebuhr Hall in Room 010

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Last Name	First Name	M.I.	Date of Birth (mm/dd/yy)	Student ID (7 digits)
Home Address	City/State/Zip	Country	Gender	Student Cell Phone Number

PERSONAL HEALTH HISTORY: *Please check all conditions/diseases you have had. If none apply, check this box*

General
- ☐ Anemia
- ☐ Autism Spectrum
- ☐ Cerebral Palsy
- ☐ Fatigue
- ☐ Learning Disorder
- ☐ Sleep Issues
- ☐ Weight Gain/Loss (recent)

Skin
- ☐ Acne
- ☐ Eczema
- ☐ Skin Cancer
- ☐ Psoriasis

Head/Ears/Eyes/Nose/Throat
- ☐ Chronic Ear Infections
- ☐ Hearing Impairment
- ☐ Visual Impairment

Cardiovascular
- ☐ Blood Clotting Disorder
- ☐ Congenital Heart Defect
- ☐ Heart Murmur
- ☐ High Blood Pressure

Respiratory
- ☐ Asthma
- ☐ Bronchitis
- ☐ Pneumonia

Gastrointestinal
- ☐ Celiac Disease
- ☐ Crohn's Disease
- ☐ Diverticulosis
- ☐ Dyspepsia (Heartburn)
- ☐ Gallbladder Disease
- ☐ Irritable Bowel Syndrome
- ☐ Ulcerative Colitis

Genitourinary/Gynecological
- ☐ Hernia
- ☐ Kidney Disease
- ☐ Kidney Stones
- ☐ Menstrual Conditions
- ☐ Urinary Tract Infections

Musculoskeletal
- ☐ Arthritis
- ☐ Fibromyalgia
- ☐ Scoliosis
- ☐ Skeletal Disorder

Neurological
- ☐ Congenital /Spinal Cord Injury
- ☐ Head Injury/Concussion
- ☐ Headache (recurrent)
- ☐ Multiple Sclerosis
- ☐ Seizure Disorder

Endocrine
- ☐ Diabetes
- ☐ (PCOS) Polycystic Ovarian Syndrome
- ☐ Thyroid Disorder

Emotional Health
- ☐ Alcohol/Substance Abuse
- ☐ Anxiety/Panic Attacks
- ☐ Attention Deficit (ADD/ADHD)
- ☐ Depression
- ☐ Eating Disorder
- ☐ Mental Health Hospitalization
- ☐ PTSD
- ☐ Suicidal Thoughts

Infectious Disease
- ☐ Hepatitis
- ☐ HIV/AIDS
- ☐ Meningitis
- ☐ Tuberculosis

Other
- ☐ _____
- ☐ _____

Surgeries, conditions or hospitalizations not listed above: ☐ None

Routine medications/vitamins/supplements (please list drug, dose, and reason): ☐ None

Allergies (please list allergies to medications, foods, environmental, or insects): ☐ None

FAMILY HISTORY: *Has any immediate family member had any of the following?*

- ☐ Alcohol/Substance Abuse
- ☐ Asthma
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Migraine
- ☐ Mental Health Treatment
- ☐ Seizure Disorder
- ☐ Stroke
- ☐ Sudden Death before age 50
- ☐ Adopted, History Unknown
- ☐ Other _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY

Name	Relationship	Phone
Name	Relationship	Phone

Parent Consent for Treatment: All students under 18 years of age enrolled at Elmhurst University must have parental permission before they may receive medical care at Student Health Service. We ask that you sign this statement. I hereby give permission for the medical staff of Elmhurst University Student Health Services to perform diagnostic and therapeutic treatment as they deem necessary.

Signature of parent/guardian of student under 18	Date