RANKEN
TECHNICAL COLLEGE

RESIDENTIAL LIFE MEDICAL FORMS

IMMUNIZATION FORM

Full Name: _____ Social Security: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Sex: ☐ Male ☐ Female Cell Phone (or home phone): _____

IMMUNIZATION REQUIREMENTS

All students must complete the following vaccination requirements no later than 30 days after moving into the residence hall. Failure to fulfill this requirement may jeopardize your housing assignment. All students must mail or bring in a completed vaccination form, medical history form, and meningitis requirement and waiver form to the Residential Life Office.

IMMUNIZATION HISTORY

The following section must be completed by a health care provider.

MANDATORY IMMUNIZATIONS

The following immunizations are MANDATORY and must be updated or must provide documentation that you have received the required immunization.

Vaccine	Date of Immunization	Date of Immunization	Date of Immunization
Varicella (chicken pox)	Dose 1 ___ / ___ / ___	Dose 2 ___ / ___ / ___	Or confirmed date of disease: ___ / ___ / ___
M.M.R. (Mumps, Measles, Rubella)	Dose 1 ___ / ___ / ___	Dose 2 ___ / ___ / ___	
Tetanus booster ***Must be administered within last 10 years.***	Dose ___ / ___ / ___	Booster type: ☐ Td ☐ Tdap	
Meningitis	Dose ___ / ___ / ___	Vaccination type: _____	
Tuberculin Skin Test ***Test must be administered within 12 months prior to entering campus housing.***	Date read: _____ Induration (mm): _____ Result: ☐ Positive ☐ Negative A positive TST requires a chest x-ray. Please include chest x-ray radiological report with this form – do not send x-rays. Please complete information below if chest x-ray is administered: Date of chest x-ray: _____ Result: ☐ Normal ☐ Abnormal		

RECOMMENDED IMMUNIZATIONS

The following immunizations are RECOMMENDED but are not required in order to live in the dormitory.

Vaccine	Date of Immunization	Date of Immunization	Date of Immunization
Hepatitis A	Dose 1 ___ / ___ / ___	Dose 2 ___ / ___ / ___	Dose 3 ___ / ___ / ___
Hepatitis B	Dose 1 ___ / ___ / ___	Dose 2 ___ / ___ / ___	Dose 3 ___ / ___ / ___

HEALTH CARE PROVIDER INFORMATION – Must be completed by a health care provider.

Provider Name (Print): _____ Address: _____

Provider Signature: _____ Date: _____ Phone: (_____) _____

A completed immunization form, medical history form, and meningitis requirement and waiver form must be returned to the Residential Life Office no later than 30 days after moving into the residence hall. Please bring in or mail these materials to: **Director of Residential Life/Ranken Technical College/4431 Finney Avenue/St. Louis, MO 63113**

Revised 7/2015

MEDICAL HISTORY FORM

Name _____ Social Security #_____

Home Address _____ City, State, Zip _____

Cell Phone _____ Home Phone _____ Sex: ☐ Male ☐ Female

Present Age _____ Date of Birth _____ Place of Birth _____

Parent, Guardian, or Emergency Contact _____

Full Address (if different from above) _____

Parent/Guardian Cell or Business Phone _____Parent/Guardian Home Phone _____

Your Physician's Name and Phone Number _____

INSURANCE INFORMATION

Do you currently have health insurance or are you covered under a parent/guardian's plan? *(If you are on your parent's policy, check the age limit for dependents)*
Yes ☐ No ☐ If yes, name of insurance company _____

Name & relation of primary policy holder_____ Policy Number _____
(Name) (Relation)

MEDICAL HISTORY

Are you allergic to any medication? Yes ☐ No ☐ If yes, please list. _____

_____

Please list any other kinds of allergic conditions such as asthma, hay fever, etc. _____

_____

Please list all prescription medications that you take and will have in the dormitory. _____

_____

Are you currently being treated for any health or mental health conditions? Yes ☐ No ☐ If yes, please explain the conditions. _____

_____

Describe any current or previous serious illness, injuries, psychiatric hospitalizations, or admission to drug and alcohol rehabilitation programs. Please explain the nature of the condition you were treated for, the approximate date, hospital name and location. Are there any persistent after effects? _____

_____

OPERATIVE PERMIT

The law requires that parental permission be obtained for operative procedures on minors. **A minor is defined as a person under the age of 18 years.** The following consent form should be signed by the parent or guardian of the minor so that in the event of an emergency, medical procedures may be promptly carried out, and so that no unnecessary delays will occur with less urgent operative procedures. **However, no operation other than minor office procedures will be performed, except in cases of extreme emergency, without the parent or guardian being contacted and fully informed.** Ranken will not be held financially responsible for any operative procedures that the student may undergo.

I give permission for such operative procedures as may be deemed necessary for my son/daughter/ward.

Signature Relationship Date

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