

Messenger College Health Form

TX Residential Program | P.O. BOX 1207. EULESS, TX 76039 | 817-554-5950

TEXAS MINIMUM STATE VACCINE REQUIREMENTS FOR COLLEGE ENTRY

All entering students at Messenger College are required to show proof of vaccination/immunizations during the five-year period prior to enrolling. Students attending in the TX Residential Program must get the Meningococcal vaccination at least 10 days before the semester begins and the Tuberculin (TB) Skin Test within the last year. A licensed physician must sign this form along with a copy of your immunization history. This Health Form is for use by the Messenger College Administration. The contents of this record are kept confidential and will not be released without your written consent.

Please complete this form in its entirety.

Student Information: *(please print)*

Name: _____
LAST FIRST MIDDLE MAIDEN NAME (if applicable)
Current Address: _____
MAILING ADDRESS CITY STATE ZIP + 4
Age: _____ Gender: _____ Height: _____ Weight: _____

Immunization History:

Meningococcal	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Injection: _____
Measles/Mumps/Rubella	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of first Injection: _____ Date of Last Injection: _____
Polio	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Injection: _____
Tetanus	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Injection: _____
Diphtheria	Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Injection: _____

A current Tuberculin (TB) Skin Test is **required** within the last year.

Tuberculin Skin Test	Date of Test: _____	Results: _____
Chest X-Ray (If TB test is positive)	Date of Test: _____	Results: _____

Signature of Health Care Professional & (License #): _____ Date: _____

Health Profile:

Allergies: _____

List any hospital stays you have had within the last two years:

LENGTH	REASON
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List any surgeries you have had within the last two years: (inpatient and outpatient)

DATE	REASON
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List any medications you are currently taking: _____

Do you have, or have been diagnosed and/or taken medication for any of the following conditions:

- ☐ ADD/ADHD
- ☐ Alcoholism
- ☐ Depression/Anxiety
- ☐ Drug Addiction/Abuse
- ☐ Eating Disorder (explain: _____)
- ☐ Learning Disability
- ☐ Schizophrenia/Bi-polar
- ☐ Self-Harm/Suicidal Tendencies

Have you ever been prescribed psychiatric/mood-stabilizing medications? Yes____; No _____

CONSENT FOR TREATMENT

Consent is hereby given for treatment by a health care provider of choice for routine health care, assessment, diagnosis, treatment, and if necessary, hospitalization. Messenger College does not offer health insurance to students and encourages them to seek health insurance for the duration of their attendance at Messenger College. It is understood that the College will contact the next of kin as soon as possible in the case of an emergency and/or according to the student's FERPA form. *I understand the information provided is to the best of my knowledge and I do not hold Messenger College liable for any medical emergencies or financial obligations due to medical emergencies while enrolled at this institution.*

Signature of Student: _____ Date: _____

- ☐ **I choose to be exempted and not vaccinated due to religious, philosophical, or reasons of conscience. I will provide a notarized affidavit form. (Please see link below)**

Parent or guardian must also sign if the student is single and under 18 years of age at the time this form is submitted to the College.

Parent or Guardian: _____ Date: _____

****If you have any questions or concerns, please contact the Student Development Offices at studentdevelopment@messengercollege.edu or 817-554-5950 ext. 103. You may send your signed Health Forms via e-mail or snail mail: PO BOX 1207 Euless, TX 76039**

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TEXAS DEPARTMENT OF STATE HEALTH SERVICES- MENINGOCOCCAL VACCINATION:

<https://dshs.texas.gov/immunizations/school/requirements>

STUDENT EXEMPTION AFFIDAVIT- A person claiming exclusion for reasons of conscience, including a religious belief, from a required immunization may only obtain the affidavit form by submitting a request (via online form, mail, fax, or hand-delivery) to the department - <https://corequest.dshs.texas.gov/>