Dear Students and Parents,

On behalf of the UW La Crosse Student Health Center staff, I would like to welcome you to the University and wish you a productive and healthy college career. We are looking forward to meeting you and helping you through your college years.

Attached you will find health information forms. The Health Center uses these forms to verify a student’s immunization record, and to provide the Student Health Center staff with information about specific health concerns, emergency notification contacts, and family health insurance. Please note that **all incoming UWL students MUST submit an up-to-date immunization history, including vaccination dates.** You might be able to obtain this information from your high school or from your family physician’s office.

The UWL Student Health Center recommends all students attending UWL receive an annual flu vaccine and students living in resident housing receive the meningitis vaccine. Both vaccines are offered at the Health Center at a reduced cost (2016 prices: $15.00/$20.00-flu injection, and $95.00 - $155.00 for meningitis).

A physical examination is not required for general admission to the University. However, please inform the Student Health Center of any ongoing medical problems. You may do this by indicating the problem on the enclosed form or by having your personal physician send us a summary letter. The health center is happy to work with your own medical provider to ensure continued care for any ongoing medical condition.

Participation in intercollegiate sports requires a medical statement from your personal physician. This exam can be done at the University Student Health Center. A scheduled appointment for this exam can be made following the start of the semester. Please obtain the correct form from the ATHLETIC OFFICE (Room 126, Mitchell Hall).

**Please complete the attached health information forms as soon as possible and fax, mail or bring them to the Student Health Center.** Our goal is to maintain your health. If you become ill, injured or need to be seen for any reason call 608-785-8558 for a same day appointment. Scheduled appointments and an urgent care clinic are also available. The Student Health Center is located in the Health Science Center at 1300 Badger Street. Our hours are Monday, Wednesday and Friday: 8 a.m.-4 p.m., Tuesday 9 a.m.-4 p.m. and Thursday 8 a.m.-4 p.m. with limited appointment times until 7 p.m. Hours and services vary during break and interim times.

Visit our website at [www.uwlax.edu/studenthealth/](http://www.uwlax.edu/studenthealth/) for additional information. Once classes begin you may access the OpenCommunicator portal at [https://myhealth.uwlax.edu](https://myhealth.uwlax.edu) for secure online services.

Sincerely,

Kristin E. Swanson, M.D.
Interim Director of Student Health Center
### Immunization Record

<table>
<thead>
<tr>
<th>Health Information</th>
<th>TD/Tdap (please specify)</th>
<th>MMR (Measles, Mumps and Rubella)</th>
<th>Varicella (Chicken Pox)</th>
<th>Hepatitis A</th>
<th>Hepatitis B</th>
<th>Meningitis (Menveo or Menactra)</th>
<th>Meningitis B (Bexsero or Trumenba)</th>
<th>TB Test</th>
<th>Influenza (Flu Shot)</th>
<th>DPT</th>
<th>Polio</th>
<th>HPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Recent Date:</td>
<td>First Dose-Date:</td>
<td>First Dose-Date:</td>
<td>First Dose-Date:</td>
<td>First Dose-Date:</td>
<td>First Dose-Date:</td>
<td>Date dose given:</td>
<td>Date Dose-Date</td>
<td>Most Recent Date:</td>
<td>Most Recent Date:</td>
<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td></td>
<td>Second Dose-Date</td>
<td>Second Dose-Date</td>
<td>Second Dose-Date or Date of Dose</td>
<td>Second Dose-Date</td>
<td>Second Dose-Date</td>
<td>Second Dose-Date</td>
<td>Second Dose-Date Third Dose-Date</td>
<td>Results:</td>
<td>Pos (chest x-ray required)</td>
<td>Pos</td>
<td>Neg</td>
<td>Pos</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Neg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Neg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Booster dose is recommended every 10 years. One of these should include pertussis.</td>
<td>Two doses recommended. Indicate month/year for all doses after age 12 months. Not needed if student born before 1957.</td>
<td>Recommended for all students who have not had the disease in childhood. Two doses needed.</td>
<td></td>
<td>Two dose series recommended for persons at increased risk and for international travel.</td>
<td>Recommended for all students. Required for students in education and health care fields. Three doses needed.</td>
<td>Recommended for entering freshman, dorm residents or immunocompromised.</td>
<td></td>
<td>Recommended annually for all students. Available at Student Health Center.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Can attach a recent copy of your state’s Immunization Registration
Emergency Notification

Specify parent(s) / guardian(s) to be notified in case of emergency

Name _________________________________ Relationship _______________________

Telephone (home): ____________________ (work): ____________________________

OR

Name _________________________________ Relationship _______________________

Telephone (home): ____________________ (work): ____________________________

Health Information

Allergies: O Yes O No

Please List:

________________________________________

________________________________________

________________________________________

Medications: O Yes O No

Please List:

________________________________________

________________________________________

________________________________________

Chronic Illnesses (Asthma, Diabetes, etc.)

Please List:

________________________________________

________________________________________

________________________________________

Health Insurance

Company ______________________________ Telephone: ______________________

Name of Policy Holder __________________ Policy Number: __________________

CONSENT FOR TREATMENT:

I hereby authorize any University of Wisconsin-La Crosse Student Health Center staff to render any emergency treatment, medical or surgical care deemed necessary to maintain health and well-being even if treatment requires hospitalization at an accredited local hospital:

____/____/____
Date

________________________________________
Signature of Student

____/____/____
Date

________________________________________
Signature of parent of guardian if student is under legal age of 18
Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students and returned to
the University of Wisconsin-La Crosse Student Health Center, 1300 Badger St, Suite 1030, La Crosse, WI 54601)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?    □ Yes □ No

Were you born in one of the countries listed below that have a high incidence of active TB disease?
(If yes, please CIRCLE the country, below) □ Yes □ No

Afghanistan  Côte d'Ivoire  Japan  Nicaragua  Sudan
Algeria  Croatia  Kazakhstan  Niger  Suriname
Angola  Democratic People's Republic of Korea  Kenya  Nigeria  Swaziland
Argentina  Korea  Kiribati  Pakistan  Syrian Arab Republic
Armenia  Democratic Republic of the Congo  Kuwait  Palau  Tajikistan
Azerbaijan  Congo  Kyrgyzstan  Panama  Thailand
Bahrain  Djibouti  Lao People's Democratic Republic  Papua New Guinea  The former Yugoslav
Bangladesh  Dominican Republic  Republic  Paraguay  Republic of
Belarus  Ecuador  Latvia  Peru  Macedonia
Belize  El Salvador  Lesotho  Philippines  Timor-Leste
Benin  Equatorial Guinea  Liberia  Portugal  Togo
Bhutan  Eritrea  Libyan Arab Jamahiriya  Qatar  Tunisia
Bolivia (Plurinational State of)  Estonia  Lithuania  Republic of Korea  Turkmenistan
Bosnia and Herzegovina  Ethiopia  Madagascar  Republic of Moldova  Tuvalu
Botswana  Fiji  Malawi  Romania  Uganda
Brazil  Gabon  Malaysia  Russian Federation  United Republic of
Brunei Darussalam  Gambia  Maldives  Rwanda  Tanzania
Bulgaria  Georgia  Mali  Saint Vincent and the
Burkina Faso  Ghana  Marshall Islands  Grenadines  Uruguay
Burundi  Guam  Mauritania  Sao Tome and Principe  Uzbekistan
Cambodia  Guatemala  Mauritius  Senegal  Vanuatu
Cameroon  Guinea  Micronesia (Federated States of)
Cape Verde  Guinea-Bissau  Marshall Islands  Seychelles  Venezuela (Bolivarian
Central African Republic  Guyana  Mozambique  Sierra Leone  Republic of)
Chad  Haiti  Myanmar  Singapore  Viet Nam
China  Honduras  Namibia  Solomon Islands  Yemen
Colombia  India  Nepal  Somalia  Zambie
Comoros  Indonesia  Sri Lanka  South Africa  Zimbabwe
Congo  Iraq  Thailand

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) □ Yes □ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? □ Yes □ No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? □ Yes □ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? □ Yes □ No

If the answer is YES to any of the above questions, The University of Wisconsin-La Crosse requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

If the answer to all of the above questions is NO, no further testing or further action is required.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.
In accordance with AB 344 signed by Governor Jim Doyle, effective January 1, 2004, all residence hall students must be provided information regarding the risks associated with meningococcal disease and hepatitis B and the availability and effectiveness of vaccines against disease.

Meningitis
Meningococcal disease is quite rare, but can be fatal. The bacterium, Neisseria meningitidis, causes both meningitis (infection around the brain) and septicemia (blood poisoning). The reported incidence of meningitis illness in college students is about 1.5 per 100,000 students annually. The incidence increases to 3.24 per 100,000 annually for students living in resident housing. Social behaviors, such as excessive alcohol consumption, bar patronage, and exposure to cigarette smoke also increase risk for the disease. Good personal hygiene habits, e.g. frequent hand washing, and not sharing eating utensils or drinks, reduce the risk of disease.

Meningitis Vaccine Effectiveness
The UWL Student Health Center recommends that all students living in residence halls receive the vaccine. The meningococcal vaccine, Menveo, provides protection against 70%-80% of meningococcal disease and the vaccine offers protection for 5-10 years. The vaccine is quite safe and the most common side effects are local tenderness at the injection site, mild body aches or low-grade fever.

UWL students can call 608-785-8558 to make an appointment to receive the immunization at the Student Health Center. The cost is $95.00 - $155.00 (subject to change) and will be billed to their student account. The immunization is usually available through your local MD. Check our website for information about the new meningitis B vaccine. Please contact the Student Health Center if you have additional questions.

Hepatitis B Risk
Hepatitis B is a serious viral illness that can strike silently and cause long-term illness that may lead to liver damage, liver cancer or death. Hepatitis B enters the blood stream invading the liver, and causing disruption of normal function. In 2001, 78,000 people were infected with the Hepatitis virus. Thirty percent had no symptoms but went on to infect others.

Symptoms of the Disease
In the mildest case you may never know you had an infection. Symptoms during the acute phase may include loss of appetite, tiredness, diarrhea and vomiting, yellowing of the skin or eyes (jaundice) or pain in the muscles, joints, and stomach. Recovery may take weeks or months. In the most serious cases, the disease scars the liver and may lead to liver cancer.

Transmission
You can get Hepatitis B by direct contact with the blood or body fluids of an infected person. Contact with blood through cuts, open sores or mucous membranes (mouth or vagina) of an infected person can transmit the virus. Transmission is possible by sharing needles as with steroid injections, ear or body piercing, intravenous street drugs or getting a tattoo. Hepatitis B can be transmitted through semen, vaginal secretions or saliva. Individuals who engage in unprotected vaginal, oral or anal sexual intercourse are at risk of acquiring Hepatitis B.

Hepatitis B Vaccine Effectiveness
There is no cure, but Hepatitis B can be prevented. The Hepatitis B vaccine is extremely safe and provides greater than 96% protection against Hepatitis B infection. You cannot get the disease from the vaccine. Vaccination requires a series of three shots over a six-month period. Students can receive the vaccine at the UWL Student Health Center. Each injection costs $36.00 (subject to change) and will be billed to the student’s account. Please contact the Student Health Center if you have additional questions.

Other Forms of Prevention
In addition to vaccination, students can modify their behavior by using condoms during sex and avoiding tattooing and body piercing with non-sterile instruments or techniques. They can also avoid sharing needles, pierced earrings, razors or toothbrushes.