EMERGENCY CONTACT, IMMUNIZATION AND HEALTH INSURANCE FORM

All new students must have this form on file with the Health Services Office by the first day of classes for the first semester in which you are enrolled. Failure to provide this information will result in your registration being cancelled.

Emergency Contact Information

Name: 

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
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ID#: _______________________________________________________________________

Freshman☐ Sophomore☐ Junior☐ Senior☐ Advance☐ Graduate☐

Date of Birth: _____/_____/______ Cell Phone Number: (_______) _____________________________

Person(s) to contact in an Emergency: __________________________________________

Relationship to you: _______________, Phone Number: (______) _____________________________

Immunization Information

**MMR (Measles, Mumps, Rubella)**

1st dose date: _____/_____/______

Booster date: _____/_____/______

It is required that students have a 2nd Measles & Mumps booster or 2nd MMR.

**Tuberculosis Screening (Required for all International students within the 6 months prior to entering Mount Mercy University)**

Date Given: _____/_____/______ Date Read: _____/_____/______ Results: Positive: _________ Negative: _________

If positive TB test, chest x-ray required. If abnormal, include letter of treatment from physician.

Date of Chest X-ray: _____/_____/______ Results: Positive: _______________ Negative: __________

**Meningitis (Highly Recommended)**

Menomune: __________ Menactra: __________ Date: _____/_____/______

Attach Copy of Immunization Record – or – Provide Signature from Health Care Provider

☐ Copy of Immunization Record Attached

Healthcare Professional Signature ______________________________________________________________________ Date ______________

Printed Name _______________________________________________________________________________________

A medical/religious exemption for this section can be found at www.http://mtmercy.edu/campuslife/health-services.html

Return this completed form to: Mount Mercy University

Health Services Office

1330 Elmhurst Dr. NE

Cedar Rapids, IA 52402
EMERGENCY CONTACT, IMMUNIZATION AND HEALTH INSURANCE FORM

Meningococcal Meningitis

The state of Iowa requires that incoming students who will reside in a campus residence hall receive information regarding the risks associated with Meningococcal Disease and the effectiveness of the vaccine available to prevent this disease. The student who resides in campus housing must affirm whether he or she has received the vaccine against Meningococcal Disease and must provide the date of the vaccination, if any.

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) Recommend college freshman, especially those living in a residence hall setting, be informed about Meningococcal Disease and the benefits of vaccination and those students who wish to reduce their risk for Meningococcal Disease be immunized. Other students who wish to reduce their risk for Meningococcal Disease may also choose to be vaccinated.

Meningococcal Meningitis

Meningococcal disease is a rare but potentially fatal bacterial infection; known as meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and it is responsible for about 300 deaths annually. The disease is spread by airborne transmission (coughing) and saliva. The disease onset is very quick and without warning. Rapid intervention and treatment is required to avoid serious illness and/or death. There are 5 different subtypes of Meningococcal Meningitis. The current vaccine does not protect against group B, but it does protect against the most common strains of the disease, including groups A, C, Y, and W-135. There are currently two vaccinations available to protect against Meningococcal Meningitis—Menomune and Menactra.

☐ Yes, I have read the above information on Meningitis (Meningococcal disease and vaccines).
☐ Yes, I have received the vaccine for Meningococcal Meningitis. Date of Immunization: _____/_____/_____
☐ No, I have not been vaccinated for Meningococcal Meningitis.

Health Insurance Information

(Residential Students Only)

Parent or Guardian’s Full Name: ________________________________
Parent or Guardian’s Home Phone Number: (____) ________________________
Parent or Guardian’s E-mail Address: ________________________________
Insurance Company: __________________________ Policy Number: __________________________

(Attach a photocopy of the student’s insurance card to this form. Please identify the student on the copy if their name is not on the insurance card.) If a student does not have health insurance, please contact the Residence Life office (319-363-8213 ext. 1218)

Return this completed form to: Mount Mercy University
Health Services Office
1330 Elmhurst Dr. NE
Cedar Rapids, IA 52402