

EMERGENCY CONTACT, HEALTH INSURANCE AND IMMUNIZATION FORM

Residence Hall Students: Return this completed form to: Ancilla College, Office of Admissions, P.O. Box 1, Donaldson, IN 46513

All new resident students must have this form on file with the college 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 delayed or cancelled.

Emergency Information

Student Name:
Student ID Number:
Date of Birth:
Cell Telephone Number:
Alternate Telephone Number:
Allergies/Conditions: (medications, latex, diabetes, etc.)

Person(s) to contact in an Emergency:
Relationship to you:
Phone Number: (____) _____

Health Insurance Information

Parent or Guardian's Full Name:
Parent or Guardian's Primary Telephone Number:
Parent or Guardian's Alternate Telephone Number:
Parent or Guardian's Email Address:
Insurance Company Name & 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.

Required for all International students within the 6 months prior to entering Ancilla College

Tuberculosis Screening 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: _____

Please read:

Meningococcal Meningitis

The state of Indiana 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 been vaccinated for Meningococcal Meningitis (Highly Recommended)

If yes, please check which form of vaccine you received:

Menomune: _____ Menactra: _____

Date of Immunization: ____/____/____

- No, I have not been vaccinated for Meningococcal Meningitis.

Immunization Information MMR (Measles, Mumps, Rubella)

- Yes, I have received the MMR vaccine
Date of Immunization: ____/____/____
Date of Booster: ____/____/____
- No, I have not been vaccinated for MMR.

Student name: _____

Student signature: _____ Date: _____