Return all Health Forms to Student Health Services

OKLAHOMA WESLEYAN UNIVERSTITY STUDENT HEALTH SERVICES!

The university provides a Registered Nurse who assists with the routine medical needs of the campus community. Hours may be posted on the door of the Student Health Services Office, which is in the mansion.

A limited amount of first aid supplies are available in the Student Health Office. Any student who is on prescription drugs, medications, or under a physician's immediate care should register with the nurse. Local physicians act as consultants and referral sources for those who need special attention.

There are a few items I will need from you to keep on file in the Student Health Office. **Before you register for classes please have the following medical records.**

MEDICAL FORMS

The student fills this form out **completely**, signs and dates it. If any student wishes to use the OKWU student health services, a medical form must be completed before enrollment. All traditional students whether living on campus or off campus must have a medical form completely filled out and signed by the student.

COLLEGE ENTRANCE PHYSICAL EXAMS

This exam is done the summer before the student begins school and is filled out and signed by the physician who performed the exam. All traditional students whether living on or off campus must have a college entrance physical exam. This exam qualifies for an athlete's athletic physical for their intended sport for this first year.

IMMUNIZATION RECORD

Hundreds of people living together in close-quartered conditions can be breeding grounds for illness and diseases. These conditions can be found in many colleges and universities, and so most states require a number of immunizations for all students to be allowed to live and study on campus. Oklahoma Wesleyan University requires all college students to provide proof of meningitis, hepatitis B and measles, mumps, rubella immunizations. You can get a shot record at the student's physician's office. Sometimes they are with High School transcripts. The nurse must have a record of the student's immunizations. This is required by law. If there is any reason that the student has not had these immunizations and does not want to receive them, there must be a signed waiver form on file in the Student Health Office.

Well that is about it. I look forward to meeting you. Have a great year and God bless!

"Nurse Deb"
Debra J. Cook, M.S.N., R.N.
Director of Student Health Services
Oklahoma Wesleyan University
2201 Silver Lake Road
Bartlesville, OK 74006

918-335-6264 (office)
918-914-9808 (mobile)

***OKWU only discloses personally identifiable information from a Student Health Department record to appropriate parties in connection with an emergency *if* knowledge of the information is necessary to protect the health or safety of the student or other individuals**

Updated March 2017

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Oklahoma Wesleyan University Medical Form

Important: This information is strictly confidential and is requested in order that the student may be provided with the best possible medical care. If a student wishes to use the OWU health services and take advantage of the insurance program, a medical form must be completed before enrollment. If a student fails to complete a medical form s/he will be prevented from participating in campus activities such as intramurals, intercollegiate competition, official school representation, etc. Return completed form to Oklahoma Wesleyan University, 2201 Silver Lake Road, Bartlesville, OK. 74006.

Name: _____ Date of Birth: _____
Address: _____ Place of Birth: _____
Male Female Social Security Number: _____ Religion: _____Phone Number: _____

In Case of an Emergency, Notify Responsible Party:

Name: _____
Address: _____
Phone Number: _____ Relationship to Student: _____
Medical Insurance Company: _____Employer: _____
Insurance Company Phone Number: _____ Policy Number: _____
Please enclose a copy of health insurance card.
Indicate those that may apply to you: Medicare Deductible Native American Benefits

Medical History

To be completed by student. Please ☑ below if you have had or are currently under treatment for any of the following. (Please explain all ✓s in section below)

- ☐ Chicken Pox/Measles
- ☐ German Measles (Rubella)
- ☐ Mumps/Scarlet Fever
- ☐ Rheumatic Fever/Malaria
- ☐ Infectious Mononucleosis
- ☐ Anemia
- ☐ Thyroid Disorder
- ☐ Diabetes Mellitus
- ☐ Cancer / Tumor / Cyst
- ☐ Asthma
- ☐ Exercise – Induced Asthma
- ☐ Shortness of Breath with exercise
- ☐ Pneumonia/Tuberculosis
- ☐ Recurrent Bronchitis
- ☐ Recurrent Ear Infection
- ☐ Frequent Colds
- ☐ Congenital Condition
- ☐ Rheumatic Heart Disease
- ☐ High Blood Pressure
- ☐ Heart Palpitations/Murmur
- ☐ Chest pain or pressure
- ☐ High Cholesterol
- ☐ Musculoskeletal Disorders
- ☐ Neurological Disorder
- ☐ Epilepsy
- ☐ Hepatitis A, B, or C
- ☐ Eating Disorder
- ☐ Drug/ Alcohol Dependency/ Abuse
- ☐ Panic/ Anxiety Disorder
- ☐ Bipolar Disorder
- ☐ Mood Disorder/Depression
- ☐ Obsessive Compulsive Disorder
- ☐ Nervousness/Trouble Sleeping
- ☐ Hospitalized for Emotional Disorder
- ☐ Joint Injury/Bone Fractures
- ☐ Head Injury with loss of consciousness
- ☐ Concussion
- ☐ Fainting/Dizziness
- ☐ Seizure Disorder
- ☐ Recurrent Sinusitis or nosebleeds
- ☐ Vision Problems/Hearing Loss
- ☐ Thyroid Problems
- ☐ Inflammatory Bowel Syndrome
- ☐ Pancreatitis/Gall Bladder Problems
- ☐ Reflux
- ☐ Rectal Bleeding
- ☐ Hernia/Ulcer
- ☐ Recurrent Bladder Infection
- ☐ Bleeding / Blood Disorder
- ☐ Kidney Infection
- ☐ Chromic Kidney Disease
- ☐ Pelvic / Vaginal Infections
- ☐ Testicular Lump
- ☐ Irregular or painful periods
- ☐ Surgeries
- ☐ Chronic rash/Eczema/Hives
- ☐ Heat Related Illness
- ☐ Serious Accident / Injury
- ☐ Migraine or recurrent headaches
- ☐ Syncope or Fainting with exercise
- ☐ Other Conditions:_____
- ☐ _____

Explanation for any positive answers above: _____

_____

Drug/Medication Allergies (write NONE if none):_____

Other Allergies (write NONE if none):_____

Routine Medications Taken/Purpose_____

Student Signature_____Date:_____

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Updated March 2017

Oklahoma Wesleyan University Physical Examination

To be completed by Healthcare Provider

Name: _____DOB: _____Sex:_____

Blood Pressure: _____Pulse: _____Height: _____Weight:_____

Visual Acuity:
OD_____OS_____OU_____Hearing:_____

Suggested Laboratory Tests:
Urinalysis: _____Within Normal Limits ____Abnormal if abnormal, explain: _____

_____

Hemoglobin: _____Within Normal Limits ____Abnormal if abnormal, explain_____

_____

CLINICAL EVALUATION

	Normal	Abnormal	Comments
1. Head, Ears, Nose, Throat			
2. Mouth, Teeth, Gums, Tonsils			
3. Neck and Thyroid			
4. Lungs / Chest			
5. Skin			
6. Heart			
7. Abdomen			
8. Genitalia			
9. Back/ Spine/ Bones/Joints			
10. Extremities / Musculoskeletal			
11. Neurological Motion Condition			
12. Emotional / Psychological			
13. Feet			
14. Other Findings			

Loss of Paired organ function: ____ No ____Yes if yes, please explain: _____

_____

Recommendation for physical activities, including participation in club, intramural & intercollegiate sports: ____Unlimited ____Limited If limited, please explain:_____

Signature of Healthcare Provider Date

Print name of Healthcare Provider

Address Telephone Fax

Updated March 2017

Oklahoma Wesleyan University Record of Immunizations/Testing

A copy of your immunization record is preferred.

Immunization	Requirements	Date 1	Date 2	Date 3	Date4
Hepatitis B (Required by OK law)	Birth-2 months 1-4 months 6-18 months				
DTaP 5 doses unless 4th dose is after age 4, or for grades 6-12 3 doses	2 months 4 months 6 months 4-6 years				
DPT/HIB **(**Diphtheria-Tetanus acellular-Pertussis/ H. influenzae)	15 months must be fourth dose of DTaP & HIB				
HIB Haemophilus influenzae Type b3	2 months 4 months 6 months				
IVP Inactivated Poliovirus vaccine	2 months 4 months 15-18 months 4-6 yrs				
MMR (Required by OK law) 2 doses-first dose after first birthday	12-15 months 4-6 years				
Varicella (Chickenpox)	Must be at least 12 months of age				
PCV-7 (Pneumococcal Conjugate vaccine) Not required by state but highly recommended and given by state	2 months 4 months 6 months 12-15 months				
Hepatitis A Must be at least 2 years old 6-8 months between 1st & 2nd doses					

Meningococcal Meningitis	First year on-campus college students have increased risk of contracting meningococcal meningitis. The ACIP (Advisory Committee on Immunization Practices) recommends that college students be made aware of this disease and given the opportunity to become vaccinated.
	Date:

A TB Skin Test is recommended	Date of test:	Results:
TB Skin Test is mandatory for International Students		

Student Health Department Consent Form for Emergency Treatment

INSTRUCTIONS: Complete this form only if student is a legal minor (less than 18 years of age) or less than 21 years of age and will be traveling to other states with the university for any reason as of the first day of orientation week. NOTE: **Form must be notarized.**

The undersigned, having legal guardianship of _____
does hereby authorize and direct a doctor in a clinic or emergency room (or physician assistant working with him/her) to provide diagnosis and treatment as their judgment indicates to said minor while said minor is enrolled as a student at Oklahoma Wesleyan University in Bartlesville, OK.

It is OWU's policy that each student must have health insurance coverage. OWU carries a minimal accident insurance policy on all full-time students. This policy is a supplemental coverage, which pays only after other collectable group or individual insurance has paid. Oklahoma Wesleyan University is not responsible for payment of any medical bills.

Signed: _____ Date: _____
[Parent(s) or legal guardian(s)]

_____ _____
[Printed Name(s) of Parent(s) or legal guardian(s)] (print date of birth of student)

Student Allergies: _____
Address: _____ Current Medications: _____
_____ _____
Country: _____ Known Illness (es) or Disease (s):
Telephone Number: _____ _____
_____

_____
NOTARY PUBLIC Date
(Please sign, date, and affix seal or stamp)
Subscribed and sworn to/before me a Notary Public
in and for the County of _____

My commission number: _____ My commission expires: _____

Please return this completed form to:
Student Health Department
Oklahoma Wesleyan University
2201 Silver Lake Road
Bartlesville, OK 74006
918-335-6264

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