



BROOKS HEALTH CENTER

Welcome to SC State University and “Bulldog Country”!

Student Health is our specialty in which our mission is to assist students to maintain, improve and develop healthy lifestyle behavior in order to pursue and reach their educational goals.

We provide routine health services by medical professionals to meet the student’s health needs and look forward to serving you.

Attached you will find our health forms and information necessary to help us assist you with your health needs as you matriculate through SC State University.

Please complete the following forms and **return pages, 1-2, 4-5, 7-8 (if applicable)** to the Health Center, **retaining copy of pages 3, 6, 9-12** for your records.

If you need assistance, please contact the Brooks Health Center staff at 803-536-7053.

Yours in health,

Pinkey Carter

Pinkey Carter, MHA BSN RN
Director

NAME: _____ Date of Birth: _____ Student ID#: 900 _____

Please list any drugs, medicines, birth control pills, vitamins, minerals, and any herbal/natural products (prescription and nonprescription) you use and how often you use them.

Name _____	Use _____	Dosage _____
Name _____	Use _____	Dosage _____
Name _____	Use _____	Dosage _____
Name _____	Use _____	Dosage _____

IMPORTANT INFORMATION.....PLEASE READ AND COMPLETE

STATEMENT BY STUDENT (OR PARENT/GUARDIAN, IF STUDENT UNDER AGE 18)

- ❖ I have personally supplied (reviewed) the above information and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, unless otherwise permitted by law. If I should be ill/injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the SC State University representative to release information from my (son/daughter's) medical record to a physician, hospital, or other medical professional involved in providing me (him/her) with emergency treatment and/or medical care.
- ❖ I hereby authorize any medical treatment for myself (my son/daughter) that may be advised or recommended by the physician/nurse practitioner/physician assistant/nurses at Brooks Health Center.
- ❖ I am aware that the Brooks Health Center charges for some services, which are payable through the University's Cashier's/ Bursar's Office. I accept personal responsibility for payment of incurred charges. I am responsible for filing outpatient charges with my insurance and acknowledge that my responsibility to the university is unaffected by the existence of insurance coverage.

Signature of Student **Date**

Signature of Parent/Guardian, if student under age 18 **Date**

Brooks Health Center Staff Only: Received by: _____ **Date:** _____

STUDENT HEALTH SERVICES

Instructions for completing the IMMUNIZATION/TB PRESCREENING FORM

scsu.edu/health

Dear Student ~ Welcome to SC State University!

South Carolina State University requires a complete immunization record for all student; therefore, please complete and return the attached immunization form. Be certain to include your full name, date of birth, and SCSU ID number. Completed forms must be returned prior to August 1 for Fall semester enrollment or December 1 for Spring semester enrollment. **Students not in compliance with immunization requirements will not be allowed to complete registration for the next semester.**

Mail completed form to: **OR Fax to: 803-533-3747**

**South Carolina State University
Brooks Health Center
P.O. Box 7178
Orangeburg, SC 29117**

Guidelines for Completing Immunization Records

According to University policy, the immunization requirements must be met and on file at Student Health Services. In order to avoid excessive wait times, please have all of your immunization requirements completed and forms submitted prior to your orientation date.

Acceptable immunizations records

- Personal shot records verified by a healthcare provider signature or stamp
- Personal shot records with a clinic or health department stamp
- Military Records or World Health Organization (WHO) documents
- Previous college or university records that are verified (Please note that your immunization records do not transfer automatically; you must request a copy from your school.)
- Positive laboratory test as confirmation of immunity

Be certain that your name, date of birth, and SCSU ID number appear on each sheet and that all forms are mailed together. Complete these forms in black ink. The dates of vaccine administration **must** include the month, day and year. All records must be in **English**. Please keep a copy for your own personal records.

SECTION A: Personal Information

To be completed by the student. Please include all the demographic information requested including name, address, date of birth, identifying information and **your signature**.

SECTION B: Required Immunizations / Tuberculosis Prescreening Questionnaire

Please have your physician or health department clinician complete your immunization record and update any needed immunizations that are required in Section B. ***This form must be signed or stamped by a health care provider.*** A Tuberculosis prescreening form is **required** for any student who resided in a country within the last five years that has been identified as “high risk” for tuberculosis. Please refer to the website link listing high risk countries located at scsu.edu/health/forms. **Students arriving from outside the United States are required to obtain this screening upon arrival at SCSU. TB screenings performed outside the United States will not be accepted.**

SECTION C: Recommended Immunizations

Certain academic departments and programs may require immunizations in addition to the minimum requirements for enrollment. Please consult with your academic department for specifics on any additional requirements. Student Health Services, based on recommendations from the Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA), recommends receiving the immunizations listed in Section C. You may elect to receive these immunizations from your private physician or health department prior to arriving at the University.

SECTION D: Immunization Exemptions

Immunization requirement waivers may be obtained for the following reasons: students born before 1957; students registered only in off campus courses (i.e., teacher cadets, distance learning); University faculty/staff that are enrolled students; or religious and medical exemptions. Please attach additional documentation for the medical or religious need for an exemption to any immunization requirement. Go to scsu.edu/health/forms.html, print the appropriate exemption form and follow the instructions on the form.

SECTION E: Healthcare Provider Signature or Stamp

Completion of this section by your healthcare provider is required, including a signature or stamp.

4. Tuberculosis(TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with person(s) known or suspected to have active TB disease? Yes No

Were you born in one of the countries listed with a high incidence of active TB disease? Please refer to the website link listing high risk countries located at (see attached list) Yes No

Please list the country you are from _____

Have you had frequent or prolonged visits to one or more of the high risk countries listed with a high prevalence of TB disease? Please name high risk country _____ (see attached list) Yes No

Have you been a resident and/or employee of high-risk congregate setting(s) (i.e., correctional facilities, long-term care facility, and/or homeless shelter)? 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 abuse of drugs or alcohol? Yes No

- ❖ If the answer is YES to any of the above questions, please complete the TB Risk Assessment form. This form must be completed by your health care provider prior to the beginning of the semester.
- ❖ If the answer to all of the above questions is NO, no further testing or further action is required.

C. Recommended Immunizations

1. Hepatitis A (2 Doses) Dose #1: ____/____/____ Dose #2: ____/____/____
Month Day Year Month Day Year

2. Hepatitis B (3 Doses) Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____
Month Day Year Month Day Year Month Day Year

3. Varicella (chicken pox) (immunization or disease) (2 Doses)

History of Disease: Yes No Documented by Medical Provider

Dose #1: ____/____/____ Dose #2: ____/____/____
Month Day Year Month Day Year

4. Quadrivalent Human Papillomavirus (HPV) (3 Doses)

Dose #1: ____/____/____ Dose #2: ____/____/____ Dose #3: ____/____/____
Month Day Year Month Day Year Month Day Year

D. Exemptions

Students may request an exemption from the University's Immunization requirements due to the following reasons. Please check appropriate box and attach documentation if applicable.

- Born Before 1957
- Religious Exemption
- Medical Exemption
- University Faculty and Staff
- Students registered only in off campus courses

E. Health Care Provider Signature or Stamp Required

Name (Please Print) _____ Date _____

Address _____

City _____ State _____ Zip code _____

Telephone (_____) _____ Fax (_____) _____

Signature/Stamp _____ Date _____

Name of student: (print) _____ SCSU ID # 900 _____

Part I

Tuberculosis screening is required for any student who has resided outside of the U.S. within the past five (5) years in one of the following high-risk countries.

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ___/___/___ (specify method) QFT-GIT T-Spot other___
M D Y

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

Date Obtained: ___/___/___ (specify method) QFT-GIT T-Spot other___
M D Y

Result: negative___ positive___ indeterminate___ borderline___ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ___/___/___ Result: normal___ abnormal___
M D Y

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

_____ Student agrees to receive treatment

_____ Student declines treatment at this time

Name (Please Print) _____ Date _____

Address _____

City _____ State _____ Zip code _____

Telephone (_____) _____ Fax (_____) _____

Health Care Professional Signature

Date

Meningitis/Hepatitis on Campus

Know Your Risk

CDC Recommendations & Information for Meningococcal Disease and Hepatitis B

The CDC recommends college students be educated about the benefits of vaccination against meningitis (a potentially fatal bacterial infection) and hepatitis B. The recommendation is based on studies showing that college students, particularly freshmen in residence halls, are at a modestly increased risk for meningococcal disease compared with other persons of the same age and also have an increased risk of hepatitis B. The American College Health Association (ACHA) recognize immunizations offer safe and effective protection from vaccine-preventable diseases and outbreaks. Therefore, with the re-emergence of diseases, in part due to factors such as un-immunized and under-immunized persons and global travel, the ACHA strongly supports the use of vaccines to protect the health of our individual students and our campus community.

Additionally, the State of South Carolina law requires higher education institutions to inform students and parents about the risk of contracting these diseases and the availability of preventive vaccines. Therefore, South Carolina State University encourages all students, parents and guardians to learn more about these serious communicable diseases and to make informed decisions regarding protection. Vaccines are an important step forward for controlling preventable diseases, especially in outbreak settings on university campuses.

South Carolina State University requires the meningococcal conjugate vaccine (Menactra, Menveo, Bexsero, Trumenba) after the 16th birthday for all entering students age 21 or younger. If the initial dose was given before the 16th birthday, a booster is required. Entering students must present proof of meningococcal conjugate vaccination or may sign a waiver declining the meningitis vaccination. All other college students who wish to reduce their risk of infection may choose to be vaccinated.

Meningococcal disease is a serious illness caused by a type of bacteria called *Neisseria meningitidis*. It can lead to meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. Meningococcal disease often occurs without warning – even among people who are otherwise healthy. When meningitis strikes, its flu-like symptoms make it difficult to diagnose.

Meningococcal disease can spread from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in highly populated conditions (residence hall). According to the CDC, even when it is treated, meningitis kills 10 to 15 infected people out of 100. And of those who survive, about 10 to 20 out of every 100 will suffer disabilities to include hearing loss, brain damage, kidney damage, amputations and nervous system problems.

➤ **Bacterial Meningitis Vaccine (serogroup ACWY)**

South Carolina State University requires all incoming students under 21 years of age to be immunized (quadrivalent meningococcal conjugate vaccine) against meningococcal disease (serogroups ACWY). A signed declination is required from students (or parents whose student is under the age of 18) who choose not to be immunized.

➤ **Bacterial Meningitis Vaccine (serogroup B)**

Outbreaks of serogroup B meningococcal disease have been reported from college campuses during the last several years and resulted in deaths and severe disabilities <http://www.nmaus.org/disease-prevention-information/serogroup-b-meningococcal-disease/outbreaks>. The quadrivalent meningococcal conjugate vaccine that is required for all students under the age of 21 does not include protection against serogroup B meningococcal disease. The CDC recommends the use of serogroup B meningococcal vaccines for people identified to be at increased risk.

Hepatitis B virus (HBV) is a viral infection that attacks the liver and can cause both acute and chronic disease. HBV is a blood-borne disease commonly spread by contact with infected blood, needles or by having sex with an infected person. While all students should practice personal behaviors that reduce exposure, the best protection against HBV is immunization. According to the Centers for Disease Control and Prevention, the best way to prevent Hepatitis B is by getting vaccinated. For adults, the Hepatitis B vaccine is given as a series of three shots over a period of six months. The entire series is needed for long-term protection. Most people in the US acquire HBV disease as adolescents and adults. College students should seriously consider immunization.

➤ **Hepatitis B Vaccine**

The vaccination schedule most often used for adults is three intramuscular injections, the second and third doses administered one and six months, respectively, after the first dose

For more detailed information, visit the websites for Centers for Disease Control (<http://www.cdc.gov/vaccines/vpd-vac/mening/who-vaccinate.htm>) or the American College Health Association (www.acha.org), visit Brooks Health Center (www.scsu.edu/studentaffairs/health).



Dear Student, Parent, or Guardian:

We are pleased to provide you with brief information of the South Carolina State University Student Health Insurance Plan (SHIP).

This Affordable Care Act (ACA)-compliant plan includes:

- ✓ Coverage 24/7 Worldwide
- ✓ Comprehensive coverage both for emergency and non-emergency situations
- ✓ Access to the PPO network

South Carolina State University Insurance Requirements:

The ACA requires that each individual have minimum essential coverages for Health Insurance to avoid a potential penalty.

All students (undergraduate and graduate) taking 6 or more credit hours are automatically enrolled in the Student Health Insurance Plan. Proof of other comparable coverage **MUST** be provided (*on-line*) each semester. The fees will be automatically placed on your tuition bill. For students receiving an approved Waiver, the fees will be **credited** to the students' account after the Waive deadline.

****Please note the stated deadline dates on the attached information. ****

Mandatory Health Insurance

**Students are required to “enroll/waive on-line” each semester you attend.*

September 15

January 31

Complete online

***www.studentinsurance.com**

Students are automatically enrolled for the Student Health Insurance Plan when they register for the semester.

***Students must input/submit (on line) proof of comparable/equal insurance coverage to have the cost credited to your account.**

**With an approved waiver,
the University will “credit” the insurance fee to your account!**

STUDENT HEALTH INSURANCE

ENROLLMENT

- Visit www.studentinsurance.com

❖ “Find your Institution” [center page]

✓ South Carolina State University

- ENROLL/WAIVE Column:

✓ Click Enroll (*NEW STUDENT*)

-After enrolling you can go back into the system, Click My Account, click Go to account. You will be prompted to provide your e-mail address and password previously used on the enrollment form. Then you will be allowed to print cards, update information, view claims, print claim forms, etc.

WAIVE

- Visit www.studentinsurance.com

❖ “Find your Institution” [center of the page]

✓ South Carolina State University

ENROLL/WAIVE Column

✓ Click Waive (*NEW STUDENT*)

Check the Block, “You are now waiving the student health plan”!

✓ CLICK below to continue the “WAIVE” process.

✓ Complete the ON-LINE Waive Form (You **MUST** submit/input your current insurance information)

❖ **Don’t forget to print your Confirmation Page or copy/record your confirmation number.**

- Student will receive 2 or more emails from the insurance provider with **approved/denied**.

(If denied, 2nd e-mail will provide an explanation & steps to be taken to get student approved.)

Please follow e-mail instructions to make adjustments to complete your waiver.

*No adjustments will be made after the
Waive Deadline.*

With an approved waiver, the University will **“credit”** the insurance fee to your account at designated times!