UC HASTINGS SHS NEW STUDENT QUESTIONNAIRE

In order to allow us to provide you with the best possible care, we are interested in knowing about your medical needs. Please take the time to carefully complete this mandatory form, which will be a part of your medical record. It is very useful for our health care team to have your updated immunization/ shot records and significant medical history. Please call Student Health Services at 415- 565- 4612 if you have any questions about your special health care needs before your arrival at UC Hastings. Your Student ID number can be found in Web Advisor or in your offer letter. Return your completed form by faxing to 415-565-4607 or mailing to UC Hastings Student Health Services Department, 200 McAllister Street, San Francisco, CA 94102.

I. PERSONAL INFORMATION please print or type

Last Name First Name Middle Initial	Date of Birth	Age	Gender : M / F / NB
Student ID #	Telephone Number:		OK to leave message: Yes / No
Preferred Name / Pronouns:			
Birthplace	Email		
Emergency Contact	Relationship (parent/spouse/friend)		Emergency Contact Tel Number
Emergency Contact Address Street City State Zip			

II. MEDICATIONS List all prescription and over the counter medications, herbs and vitamins you take on a regular basis

Name/Frequency *Name/Frequency* *Name/Frequency*

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III. ALLERGIES List names of medicines or foods that have resulted in an unfavorable reaction. State reaction.

Medications ______________________________

______________________________-

Food or others (latex, insect bites, environmental) ______________________________

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MEDICAL HISTORY

Check the conditions below which you have now, or have had in the past. Indicate the year you first experienced symptoms/onset.

- ☐ abnormal pap smear
- ☐ acne (severe)
- ☐ alcohol/substance abuse
- ☐ allergies needing medication
- ☐ ADD/ADHD
- ☐ Anxiety or depression
- ☐ asthma
- ☐ bleeding disorder
- ☐ blood clot in vein
- ☐ cancer or tumor
- ☐ chicken pox
- ☐ diabetes
- ☐ eating disorders
- ☐ eczema or psoriasis
- ☐ headaches (migraine)
- ☐ heart disease
- ☐ hepatitis
- ☐ Herpes Simplex
- ☐ high blood pressure
- ☐ intestinal disorder
- ☐ mononucleosis
- ☐ pneumonia/lung problems
- ☐ pregnancy
- ☐ psychological problems
- ☐ seizures
- ☐ sexually transmitted infection
- ☐ smoker presently
- ☐ thyroid disorder
- ☐ tuberculosis or (+) test
- ☐ ulcers
- ☐ urinary tract disease
- ☐ **none of the above**
- ☐ other________________________

Briefly give details of any of the conditions you have checked.

IV. SURGICAL, HOSPITALIZATION, TRAUMA HISTORY

Please list the type and date of any surgeries, hospitalizations, or serious injuries you have had.

Please tell us if you have any conditions/physical restrictions or other health problems (including emotional and/or mental health) which require special arrangements.

V. FAMILY HISTORY

V. FAMILY HISTORY Please indicate which if any blood relatives (i.e. parents, grandparents, siblings) have had the following diseases:

Alcohol/Drug Abuse		Intestinal Disorder	
Asthma		Kidney Disease	
Bleeding Disorder		Mental Illness	
Blood clot in leg or lung		Migraine headaches	
Cancer		Neurological Disorder	
Depression		Premature death	
Diabetes		Stroke	
Eating Disorder		Suicide attempt	
Gynecologic problems		Thyroid disease	
Heart disease		Other	
High Cholesterol		Unknown	
Hypertension			

VII. IMMUNIZATION REQUIREMENTS

The University of California (UC) is committed to protecting the health and well-being of our students. Therefore, all of the UC campuses are implementing procedures to ensure that students are educated about and receive vaccinations to prevent potentially serious and contagious diseases. Despite the fact that many people do receive the recommended vaccines, there are still documented outbreaks of vaccine-preventable-diseases (VPD) in California each year amongst those who were not completely immunized.

Vaccination, Screening Requirements, and Recommendations are adopted from the California Department of Public Health (CDPH) IMMUNIZATION & SCREENING RECOMMENDATIONS FOR COLLEGE STUDENTS in place February 1, 2016. ***NOTE: Any revisions of the CDPH recommendations for colleges and universities as of February 1 each year will be reflected in UC requirements for the subsequent fall academic term.***

A. REQUIRED VACCINATIONS AND SCREENING

Notice: All incoming UC students are REQUIRED to obtain the following prior to starting law school.

Record dates for your required vaccines or titers (laboratory evidence of immunity to disease) and tuberculosis screening (as appropriate) below. In addition, UC Hastings requires that you separately submit a copy of your immunization record or medical records that provide proof of immunization to SHS.

Vaccine or Screening	*Doses Required*	**1st Dose**	**2nd Dose**	**Titer levels if unable to provide vaccine records**
Measles, Mumps and Rubella (MMR) Vaccine	Two (2) doses with first dose on or after 1st birthday; OR positive titer			
Varicella (chickenpox) Vaccine	Two (2) doses with first dose on or after 1st birthday; OR positive titer			
		Have you had chicken pox? Yes ☐ No ☐		
Tetanus, Diphtheria and Pertussis (Tdap) Vaccine	One (1) dose after age 7; tetanus booster every 10 years after initial Tdap			
Meningococcal conjugate- (Serogroups A, C, Y, & W-135) Vaccine	One (1) dose on or after age 16 for all students who are ages 21 or younger	N/A		
Screening: Tuberculosis (TB) *Consult with your primary care provider to see if you are at higher risk for TB infection*	All incoming students must complete a Tuberculosis risk questionnaire in section VIII following. Consult with your primary care provider to see if you are at higher risk for TB infection.	Most recent test date: Result: Positive Negative		

B. **RECOMMENDED VACCINES**

<u>Notice:</u> UC Hastings STRONGLY RECOMMENDS these groups of students obtain the following vaccinations prior to starting law school.

- Influenza vaccine (annual; all students regardless of age)
- Hepatitis A vaccine (all students regardless of age)
- Hepatitis B vaccine (all students regardless of age)
- Human papillomavirus vaccine (for women and men through age 26 years)
- Meningococcal conjugate (students up to age 23)
- Meningococcal B (ages 16-23 who elect vaccination after discussion with their healthcare provider)
- Pneumococcal vaccine (for students with certain medical conditions e.g. severe asthma, diabetes, chronic liver or kidney disease)
- Poliovirus vaccine, either OPV or IPV (if series is not completed as a child or booster as recommended by medical professional)
- Vaccines for international travel (based on destination)

VIII. TUBERCULOSIS RISK ASSESSEMENT

1. Have you had close contact with anyone who was sick with tuberculosis (TB)?
   Yes ☐ No ☐

2. Where you born in a country with high rates of TB (see following list)?
   Yes ☐ No ☐

3. 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 ☐

4. Have you been a volunteer or healthcare worker who served clients who are at increased risk for active TB disease?
   Yes ☐ No ☐

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

6. Have you traveled or lived for more than a month in one of the following countries below with a high rate of TB?
   Yes ☐ No ☐

(Check all that apply) – Section VIII Continued

Afghanistan ☐	Congo DR ☐	Kenya ☐	New Caledonia ☐	Sri Lanka ☐
Algeria ☐	Cote d'Ivoire ☐	Kiribati ☐	Nicaragua ☐	Sudan ☐
Angola ☐	Croatia ☐	Korea-DPR ☐	Niger ☐	Suriname ☐
Anguilla ☐	Djibouti ☐	Korea-Republic ☐	Nigeria ☐	Syrian Arab Republic ☐
Argentina ☐	Dominican Republic ☐	Kuwait ☐	Niue ☐	Swaziland ☐
Armenia ☐	Ecuador ☐	Kyrgyzstan ☐	N. Mariana Islands ☐	Taiwan ☐
Azerbaijan ☐	Egypt ☐	Lao PDR ☐	Pakistan ☐	Tajikistan ☐
Bahamas ☐	El Salvador ☐	Latvia ☐	Palau ☐	Tanzania-UR ☐
Bahrain ☐	Equatorial Guinea	Lesotho ☐	Panama ☐	Thailand ☐
Bangladesh ☐	Eritrea ☐	Liberia ☐	Papua New Guinea ☐	Timor-Leste ☐
Belarus ☐	Estonia ☐	Lithuania ☐	Paraguay☐	Togo ☐
Belize ☐	Ethiopia ☐	Macedonia-TFYR ☐	Peru ☐	Tokelau ☐
Benin ☐	Fiji ☐	Madagascar ☐	Philippines ☐	Tonga ☐
Bhutan ☐	French Polynesia	Malawi ☐	Poland ☐	Tunisia ☐
Bolivia☐	Gabon ☐	Malaysia ☐	Portugal ☐	Turkey ☐
Bosnia & Herzegovina ☐	Gambia ☐	Maldives ☐	Qatar ☐	Turkmenistan ☐
Botswana ☐	Georgia ☐	Mali ☐	Romania ☐	Tuvalu ☐
Brazil ☐	Ghana ☐	Marshall Islands ☐	Russian Federation ☐	Uganda ☐
Brunei Darussalam ☐	Guam ☐	Mauritania ☐	Rwanda ☐	Ukraine ☐
Bulgaria ☐	Guatemala ☐	Mauritius ☐	St. Vincent &	Uruguay ☐
Burkina Faso ☐	Guinea ☐	Mexico ☐	The Grenadines ☐	Uzbekistan ☐
Burundi ☐	Guinea-Bissau ☐	Micronesia ☐	Sao Tome & Principe	Vanuatu ☐
Cambodia ☐	Guyana ☐	Moldova-Rep. ☐	Saudi Arabia ☐	Venezuela ☐
Cameroon ☐	Haiti ☐	Mongolia ☐	Senegal ☐	Viet Nam ☐
Cape Verde ☐	Honduras ☐	Montenegro ☐	Seychelles ☐	Wallis & Futuna Islands ☐
Central African Rep. ☐	India ☐	Morocco ☐	Sierra Leone ☐	W. Bank & Gaza Strip ☐
Chad ☐	Indonesia ☐	Mozambique ☐	Singapore ☐	Yemen ☐
China ☐	Iran ☐	Myanmar ☐	Solomon Islands ☐	Zambia ☐
Colombia ☐	Iraq ☐	Namibia ☐	Somalia ☐	Zimbabwe ☐
Comoros ☐	Japan ☐	Nauru ☐	South Africa ☐	
Congo ☐	Kazakhstan ☐	Nepal ☐	Spain ☐	

If the answer to Questions 1-6 in section VIII is NO, no further testing or further action is required.

If the answer to any of the Questions in section VIII is YES, UC Hastings requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. **A licensed healthcare provider must complete the separate "Tuberculosis Screening Form" on the following page.**

IX. CERTIFICATION

I certify that to the best of my knowledge this information is complete and accurate. I have read and understand the immunization requirements and recommendations for incoming students in section VII above. I agree to submit a copy of my immunization record or medical records providing proof of immunization to SHS by mail, fax, or personal delivery.

____ ______________________

Student Signature Date

If you answered yes to one of the Tuberculosis Risk Assessment questions on Section VIII of this form, UC Hastings requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester. **A licensed healthcare provider must complete the following information and sign.**

If you answered YES **to any of the above questions in the Tuberculosis Risk Assessment on Section VIII of this form, either a PPD test (Mantoux) OR Interferon Gamma Release Assay (IGRA) must be completed within 12 months prior to entering UC Hastings.**

PPD (Mantoux) Test:
Date Read: ____________ (mm/dd/yy) **Results: (in mm of induration)**:____________mm
(10 mm or more is positive-Chest X-ray needed)

OR
IGRA DATE: ___________ (mm/dd/yy) **Result** (circle): **Positive** **Negative**

Chest X-ray required if PPD is positive (10mm or more), **OR** if IGRA is positive

Date Performed: ______________(mm/dd/yy) **Results** (circle) **Positive** **Negative**

If you have been treated for a positive PPD, no further testing is required.
Treatment for positive PPD? **YES Describe**:
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Signature of Health Care Provider____
Signature Date

Name of Healthcare Provider____