HOPE COLLEGE HEALTH SERVICES

168 E. 13TH STREET
P.O. BOX 9000
HOLLAND, MI 49422-9000

Research
HEALTH HISTORY FORM

Last Name (Print), First, Middle	Age Birthdate (mo.dy.yr) F / M
Home Street Address	Home Telephone with area code
Home City, State, Zip	Student Cell Phone number with area code

REQUIRED FOR ENTRANCE TO HOPE COLLEGE

Tetanus-Diphtheria-Pertussis
▫ Primary series completed?.....

YES NO

▫ Date series completed_____

▫ Booster doses: (Type/Date)
_____
_____
_____
_____

Polio
▫ Primary series completed?.....

YES NO

▫ Date series completed_____

▫ Adult booster dose (travel related)
_____
_____

Measles-Mumps-Rubella
(2 doses required)

Dose 1_____
* (age 12-15 months)

Dose 2_____
* (age 4-6 years)

*or no sooner than one month apart if first dose started at an older age.

Hepatitis B
(3 doses required)

Dose 1_____

Dose 2_____

Dose 3_____

▫ Provided within ACIP guidelines?....

YES NO

▫ Booster dose(s):
_____
_____
_____

Chickenpox (Varicella)
Must have one:
▫ History of disease?

YES NO
---------- **or..**
▫ Immunization (2 doses required)

Dose 1_____

Dose 2_____
---------- **or..**
▫ Varicella antibody

Test Date _____
Result_____

Tuberculosis Screening
▫ Self-screening tool reviewed?.....
YES NO

▫ TB skin test needed?.....
YES NO

▫ If test is indicated:
Date given:_____
Date read:_____
Results in mm_____
Positive Negative
▫ **Chest x-ray required if positive** – attach written report

Recommended Immunizations

Meningococcal (A,C,Y,W-135)
(available at Hope College Health Center)
Date provided:_____
Type provided:_____
(indicate brand name, conjugate or polysaccharide)

Influenza Vaccine *provided during college* !
(Type/Date)
_____
_____
_____
_____

Travel Related Immunizations

Hepatitis A
Dose 1_____
Dose 2_____

Typhoid vaccine
(Type/Date)
_____
_____

Yellow Fever
_____
_____

Other Immunizations

Gardasil
Dose 1_____
Dose 2_____
Dose 3_____

Other (Name/Date):
_____
_____
_____
_____
_____

Required Health Care Professional's Signature (Physician, Nurse, Health Department Stamp)

Print Name_____ Address_____

Signature_____ Date_____ Phone ( )_____ Fax ( )_____