



Counseling, Health, & Wellness Services
 1500 N. Warner St. #1035
 Tacoma, WA 98416-1035

MEDICAL HISTORY AND IMMUNIZATION FORM

Phone: 253.879.1555
 Fax: 253.879.3766
 Email: chws@pugetsound.edu

Name Last		First		MI	Date form completed	
DOB (Mo-Day-Yr)		UPS ID#		Gender Identity		Sex assigned at birth
Home Address Street			City	State	ZIP	Personal Phone ()
Person to be notified in case of emergency Name					Relationship	
					Parent/Guardian Phone ()	
<p>The University of Puget Sound requires you to be covered by health insurance while enrolled at the university. Please upload a copy of your card to the CHWS portal at https://pugetsoundportal.pointnclick.com.</p> <p>By signing below, you are confirming your insurance will cover your medical costs in the state of Washington.</p>						
Name of health insurance company		ID#		Group#		
Medications (including non-prescription medicines, vitamins, and herbs) presently taking. Please be as complete as possible: Medication/Dose/Frequency: _____ Medication/Dose/Frequency: _____ Medication/Dose/Frequency: _____ Medication/Dose/Frequency: _____ Medication/Dose/Frequency: _____ Medication/Dose/Frequency: _____ Medication/Dose/Frequency: _____ Medication/Dose/Frequency: _____						
Medication Allergies: YES NO Please circle those to which you are allergic: Penicillin Sulfa Aspirin Codeine Other Other medication allergies (specify): _____						
Environmental Allergies: YES NO Type/s: _____						
HEALTH CONCERNS—Please check conditions/diseases affecting you or a family member. If NONE apply, check this box <input type="checkbox"/> First column pertains to family history, 2 nd and 3 rd columns pertain to personal history only						
Self	Family	Problem	Self	Problem	Self	Problem
		Anxiety		ADHD; Type		Hernia
		Arthritis		Acne		Hives
		Bleeding/Blood Clotting Problem		Anemia or Other Blood Problem		Intestinal/Bowel Problems
		Cancer; Type/s		Asthma		Menstrual Problems
		Depression		Back Problems/Injury		Pneumonia
		Anxiety		Bladder/Kidney Problems		Rheumatic Fever
		Diabetes; Type		Long COVID-19 symptoms		Serious Head Injury/Concussion
		Epilepsy/Seizures		Eating Disorder; Type		Sinusitis
		Heart Problems		Eczema		Tobacco Use
		High Blood Pressure		Psoriasis		Vertigo/Dizziness/Fainting
		High Cholesterol		Ear/Nose/Throat Problem		Alcohol or Substance Abuse
		Thyroid Problem		Eye Problem		Other:
		Ulcers (Stomach/Duodenal)		Headaches; Type		
		Other:		Hearing Problems		
Please describe checked items:						
Surgery (specify)				Fracture (specify)		
Do you have an illness or condition, not listed above, for which you are now being treated? If yes, specify.						
Do you have any chronic or long-term ongoing condition(s), to include ADHD? (Please have health care provider write a medical summary and attach to this form.)						
List date(s) and reason(s) for any hospitalization, other than surgery.						
Describe present and past symptoms and/or treatment for emotional or psychological problems?						

Name	UPS ID#	DOB (Mo-Day-Yr)
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CONSENT FOR EMERGENCY MEDICAL SERVICES.

MUST BE SIGNED BY ALL STUDENTS. If student is under the age of 18, must also be signed by parent/guardian:

In case of a medical emergency involving the undersigned student while attending the University of Puget Sound, the undersigned hereby consent(s) to medical personnel designated or authorized by the University of Puget Sound to perform or administer any necessary medical or surgical treatment; provided, however, that if the student is under 18 years of age, the university or physician shall attempt to contact the undersigned parent or guardian for approval before relying on this authorization. In the event the university is required to rely on this consent to authorize necessary medical care and treatment for said student in the case of a medical emergency, the undersigned, individually and jointly, agree to indemnify and hold the university harmless from the costs incurred for said emergency care and treatment, including reasonable attorney's fees and costs incurred in defending and/or instituting a suit to recover said medical expenses.

_____ Student Signature (required)	_____ Date	_____ Parent/Guardian Signature (if student is under the age of 18)	_____ Date
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CONSENT FOR NON-EMERGENCY MEDICAL SERVICES.

MUST BE SIGNED ONLY BY STUDENTS UNDER THE AGE OF 18 AND BY PARENT/GUARDIAN:

In case of medical non-emergency care involving the undersigned student while attending the University of Puget Sound, the undersigned acknowledge that if said student is under 18 years of age at the time such treatment is required, and is physically and emotionally capable of consenting, then no additional parental consent is required, consistent with Washington's Mature Minor Doctrine.

_____ Student Signature (required)	_____ Date	_____ Parent/Guardian Signature (if student is under the age of 18)	_____ Date
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IMMUNIZATIONS: Please attach or upload copies of immunization records.

The university has adopted a mandatory immunization policy that requires students to have received 2 MMR vaccines and the COVID-19 vaccine(s). Consistent with the policy, you must provide proof of two MMR (measles, mumps, and rubella) vaccines received after your first birthday plus proof of a COVID-19 vaccination and COVID booster. You may also prove MMR immunity through titers. We recommend that every student have their own copy of their immunization record (including vaccines such as polio, tetanus, meningococcal, hepatitis, HPV, varicella, and more). If you plan to travel or study abroad, you may also want a record of other immunizations like typhoid, cholera, BCG, yellow fever, hepatitis B, etc.

If you have chosen not to receive vaccinations for religious reasons or are unable to receive vaccinations for medical reasons, you must be approved for an exemption, which includes signing the immunization exemption request and acknowledgment below and providing appropriate documentation to support your request (see below). Please select the vaccination(s) from which you are seeking an exemption below. You must also submit the exemption form located on the [CHWS website](#) and upload it into the CHWS communication portal in the *medical clearances* section under COVID-19 immunization or Immunization Record.

IMMUNIZATION EXEMPTION REQUEST AND ACKNOWLEDGMENT

By signing below, I affirm that I have chosen not to receive one or more vaccinations for religious reasons or that I am unable to receive one or more vaccinations for medical reasons for measles, mumps, or rubella and/or COVID-19. I am requesting to be exempt from the university's immunization requirements. I understand that this request must be approved by the Director of CHWS or the Director's designee and is contingent on my providing appropriate documentation to support the request. If my request is approved, I understand that I may still be subject to university requirements or other health and safety standards including mandatory quarantine period after close contact with someone who has tested positive. I further understand that in the event of a measles, mumps, rubella, and/or COVID-19 outbreak on campus, I may be excluded from class or other campus activities, or asked to leave campus, until I have proof of immunity or the outbreak is over. No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances.

Please check the following box/boxes according to your exemption request and provide appropriate documentation to CHWS to support this request.

- MMR vaccine requirement (complete exemption form, located on [CHWS website](#))
- COVID-19 vaccine requirement (complete exemption form, located on [CHWS website](#))

_____ Student Signature	_____ Date
_____ Parent Signature if student is under the age of 18	_____ Date