

STUDENT HEALTH CENTER

The Archibald Young Student Health Center is committed to providing caring, compassionate and cost effective medical care and health promotion services that are specifically designed for the unique needs of our students. The medical staff consists of highly qualified physicians and nurse practitioners that provide competent diagnosis and treatment of most acute illnesses and injuries, including some urgent care and continuity care. The medical staff acts as your primary health care providers. In addition to meeting your basic health care needs, the clinicians are an excellent resource for other health concerns. Visit the health center if you need medical care or assistance.

A variety of services that address the primary health care needs of college students are available to all registered students and their spouses enrolled in the Spouse Program. Some of the services are:

- Medical Consultation, Treatment and Referral
- Laboratory Tests
- Radiology Services (provided off-site)
- Pharmacy/Prescription Services
- Allergy/Injection Clinic
- Women's Health Clinic
- Travel and Immunization consultation
- Health Education and Preventive Health Care

The health center is open year round. Our office hours are Monday to Thursday from 8:15 a.m. to 4:45 p.m. and on Friday from 8:15 a.m. to 4:00 p.m.

In addition to services provided by the Health and Counseling Centers, all currently enrolled degree-seeking Caltech students are enrolled in comprehensive medical insurance plan through Caltech. Students have the option to waive Caltech's medical coverage provided they show proof of other adequate coverage.

For more information about the Student Health Center call (626) 395-6393 or visit www.healthcenter.caltech.edu.

MAIL CODE 1-8
PASADENA, CALIFORNIA 91125
Phone: (626) 395-6393
Fax: (626) 585-1522

Name: _____

FAMILY MEDICAL HISTORY

Please indicate all biological family members who have experienced any of the following conditions. If deceased, age at time of death. (i.e., Asthma, paternal grandfather, 96).
Biological family member _____ If deceased, age _____

Asthma _____

Cancer, (type) _____

High Blood Pressure _____

Diabetes _____

Heart Disease _____

High Cholesterol _____

Thyroid Condition _____

Tuberculosis _____

Alcoholism _____

Other serious chronic disease (specify) _____

PERSONAL MEDICAL HISTORY

Any allergies (medication) _____ (food) _____ (others) _____

Tobacco Use Yes No _____ Pack a day _____ Years _____ I quit _____ ago
other tobacco products (specify) _____

Alcohol Use Yes No How often _____ Quantity/Amount _____

List any surgery, hospitalizations (including psychiatric), illnesses, or significant injuries and approximate dates: _____

List any medications you are taking (including birth control pills/non-prescription pills):

Please describe any ongoing medical problem: _____

For women only: most recent pap and pelvic exam if any (date and result): _____

Student's Signature

Date

Name: _____

PHYSICAL EXAMINATION

(Within one year prior to admission)

All Information Is Required. Form Must Be Completed By A Health Care Provider

Height: _____ Weight: _____ BP: _____ Pulse: _____

Skin: _____

Head: _____

Eyes: _____ Snellen R/20 _____ L/20 _____

_____ Corrected R/20 _____ L/20 _____

Contact lens/glasses _____

Ears: _____

Nose: _____

Mouth and Throat: _____

Neck: _____

Thorax: _____ Lungs: _____

Breast: _____

Spine/Back: _____

Heart: _____

Abdomen: _____

Genito-urinary (if indicated) _____

Extremities: _____

Lymph Nodes: _____

Reflexes: _____

Laboratory exam: Hematocrit: _____ % urine sugar _____ urine protein _____

Does this student have a medical condition for which ongoing health care is required? _____

May this student participate in athletic activities? Any restrictions or contraindications? _____

Recommendations for health care at Caltech? _____

Signature of Health Care Provider

Date of Exam

Health Care Provider's Name _____

Address _____

Phone Number _____ Fax Number _____

NAME _____

Have you ever experienced or are now experiencing any of the following (please check all that apply)?

Have you experienced or are now experiencing any of the following?	Have you received Treatment?		Did Your treatment include (Please check all that apply)		Dates of Treatment
	Yes	No	Yes	No	
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating Disorder: Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obsessive Compulsive Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Panic Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you plan to (circle one) continue, resume or begin receiving help for these problems while at Caltech? YES NO

Comments: _____

MENINGITIS IMMUNIZATION ADVISORY AND NOTIFICATION

California Institute of Technology
Archibald Young Health Center

Dear Student/Parent,

As the Medical Director of the Caltech Student Health Center, I am writing to inform you that legislation has been enacted in California (California Law AB 1452) requiring all new post secondary students receive the meningitis vaccine or sign a waiver after reading information about the risks of meningitis.

What is meningococcal (meningitis) disease? Meningitis is rare, but when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column and in some cases death. Symptoms range from flu-like symptoms to permanent disabilities. Early diagnosis and treatment can prevent the most severe effects of meningitis, but the rapid progress of the illness and the similarity of its symptoms to the common flu often results in delayed treatment.

How is the disease spread? Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items such as utensils, cigarettes and drinking glasses.

Who is at most risk for getting meningococcal disease? People who live in settings such as college dormitories are at risk, as are military recruits who live in close quarters, as well as people who travel to certain parts of the world where the disease is very common. Children and adults with damaged or removed spleens are also at risk.

Are some students in college and post secondary schools at risks for meningococcal disease? College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving exchange of saliva, may be what puts college students at a greater risk for infection. The risks for meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease? Yes, there are currently 2 vaccines (Menomune - a polysaccharide vaccine and Menactra - a conjugate vaccine) available. Both of these vaccines provide protection against 4 of the serogroups of the bacteria, called groups A, C, Y and W 135. These 4 serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. There is currently no vaccine for serogroup B which accounts for one-third of the cases. Protection from immunization with the meningococcal polysaccharide vaccine is not life-long; it last about 3 to 5 years. The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

Is the vaccine safe? The meningococcal vaccine has an excellent safety profile. However, like any medicine, is capable of causing serious problems such as severe allergic reactions. Some people who get the vaccine have mild side effects such as redness or pain where the

shot was given. These symptoms usually last for 1 - 2 days. A small percentage of people who receive the vaccine develop a fever. Immunization is deferred during any acute illness and the vaccine is not given to pregnant women. Where can a student get vaccinated? Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risk of vaccination, and the availability of these vaccines.

Where can I get more information?

More information about the disease and vaccine can be found at the following:

Centers of Disease Control and Prevention (CDC)
www.cdc.gov
American College Health Association (ACHA)
www.acha.org
Meningitis Foundation of America
www.musa.org

California Institute of Technology Vaccine Requirement. The Student Health Center requires all freshmen students receive meningitis vaccine or sign a waiver. Menactra is preferred but Menomune is acceptable if given within the past 3 years. Please have the meningitis immunization completed before arrival. If you have any questions contact (626) 395-6393.

Sincerely,

Stuart C. Miller, M.D.
Medical Director
Caltech Health Center

ATTENTION NEW STUDENTS!

You must complete the health forms on pages 43 - 47 of the New Student Information Guide and mail them using the envelope provided. You will not be able to register for classes if the Health Center has not received your completed forms by **July 31st**. If you have any questions regarding your health forms, please contact the Health Center directly at (626) 395-6393.
