

**UNIVERSITY OF PITTSBURGH AT TITUSVILLE**  
**MANDATORY STUDENT HEALTH EVALUATION FORM**  
 (Required only upon initial acceptance of full time status)

Completed health form MUST be returned to the address below:

University of Pittsburgh at Titusville  
 Health Center  
 504 East Main Street  
 Titusville, PA 16354  
 FAX: 814-827-4450 PHONE: 814-827-4467  
 E-mail: sandrews@pitt.edu

ALL full-time students, residential or commuters, must complete a Health Form.

TODAY'S DATE: \_\_\_\_\_

COMMUTER \_\_\_\_\_ RESIDENT \_\_\_\_\_

**INSTRUCTIONS: Entire form must be completed by the applicant. A physical exam is not required for entrance into the University.**

*PLEASE PRINT OR TYPE*

|                                       |                |  |     |        |
|---------------------------------------|----------------|--|-----|--------|
| Last Name                             | First          | Middle                                   |     |        |
| Home Address: Street                  | City           | State                                    | Zip | County |
| Home Phone: Area Code and Number      | E-mail         | Student Cell Phone: Area Code and Number |     |        |
| Date of Birth                         | Marital Status | Religion                                 | Sex |        |
| Person to notify in case of emergency |                | Relationship to student                  |     |        |
| Address if different from above       |                | Emergency Contact Number                 |     |        |

**INSURANCE INFORMATION**

**Are you covered by health insurance?** \_\_\_\_\_ Yes \_\_\_\_\_ No If no, here are two student health insurance plans available to you at very affordable rates: [www.upmchealthplan.com](http://www.upmchealthplan.com); and [www.ejsmith.com](http://www.ejsmith.com). **Please enclose a photocopy front and back of your insurance card.** Please give the following information of insurance coverage below:

Insurance Company Name \_\_\_\_\_ Subscriber \_\_\_\_\_  
 Agreement # \_\_\_\_\_ Group # \_\_\_\_\_

**PERSONAL HEALTH HISTORY**

*PLEASE CIRCLE IF YOU HAVE HAD ANY OF THE FOLLOWING:*

1. Eye/Ear/Nose/Throat Problems
2. Thyroid problems
3. Tooth/gum disease
4. Diabetes
5. Abdominal pain/indigestion
6. Intestinal disorder
7. Blood diseases
8. Stroke
9. High blood pressure
10. Tuberculosis/positive skin test
11. Asthma/other respirator problems
12. Kidney/frequent urinary tract infection
13. Drug/alcohol addiction
14. Heart problems
15. Pelvic infection/sexually transmitted disease
16. Coronary artery disease

17. Epilepsy/seizures
18. Menstrual problems
19. Cancer
20. Skin problems
21. Surgery
22. Concussion
23. Gout/arthritis/rheumatic fever
24. Back problems
25. Liver problems, hepatitis
26. Eating Disorder/Anorexia/Bulimia
27. Digestive disorder
28. Physical/sexual assault
29. Migraine headaches
30. Mental Health (depression/anxiety)
31. Fainting episodes
32. Other \_\_\_\_\_

**FAMILY HEALTH HISTORY**

*PLEASE CIRCLE*

*RELATIONSHIP*

- |                        |       |
|------------------------|-------|
| Diabetes               | _____ |
| Epilepsy               | _____ |
| High blood pressure    | _____ |
| Heart Disease          | _____ |
| Thyroid problem        | _____ |
| Obesity                | _____ |
| Alcohol/drug addiction | _____ |
| Cancer                 | _____ |
| Asthma/lung disease    | _____ |
| Stroke                 | _____ |
| Mental disorder        | _____ |
| Arthritis/Gout         | _____ |
| Other _____            | _____ |
| _____                  | _____ |
| _____                  | _____ |

NAME: \_\_\_\_\_

1. Are you currently under a doctor's care for any health problems? \_\_\_\_\_  
Current Medications: \_\_\_\_\_
2. Do you have any physical handicap or limitations? \_\_\_\_\_  
\_\_\_\_\_
3. Allergies: Medication: \_\_\_\_\_ Environmental: \_\_\_\_\_ Food: \_\_\_\_\_

**REQUIRED FOR ALL UNIVERSITY OF PITTSBURGH STUDENTS**

(\*STARRED ITEMS REQUIRED ONLY IF BORN AFTER 1956)

**COPY OF IMMUNIZATIONS REQUIRED**

1. \*MMR (Measles, Mumps, Rubella) – 2 doses required:

**OR all of the following MUST be met:**

**\*Measles (Rubeola)**

2 doses required, or documentation of a positive titer:

**\*Mumps**

1 dose required, or documentation of a positive titer

**\*Rubella**

1 dose required, or documentation of a positive titer:

**OR**

If you are unable to obtain these records, 1 current MMR (within the past three years) satisfies the immunization requirements.

**REQUIRED FOR STUDENTS LIVING IN THE RESIDENT HALLS ONLY**

2. Meningococcal Meningitis Vaccination (**If planning on receiving the vaccine before classes start, please sign the waiver NOW so we can complete the housing process as soon as possible**, then send vaccine verification when received.)

**OR waiver MUST be signed**

I am 18 years of age or older and have received and reviewed the meningitis information provided by the University and have chosen not to be vaccinated as of this date: \_\_\_\_\_

DATE

SIGNATURE

My child is under 18 years of age and I have received and reviewed the meningitis information provided by the University and have chosen not to have my child vaccinated as of this date: \_\_\_\_\_

DATE

GUARDIAN'S SIGNATURE

**OTHER RECOMMENDED VACCINATIONS**

Tetanus/Diphtheria 4 doses, Tetanus Booster or Tdap once, Polio 4 doses, Hepatitis A/B 3 doses, HPV (Gardasil) 3 doses, Varicella 2 doses.

**All information listed on this health evaluation form is kept completely confidential.**

NAME: \_\_\_\_\_

**RELEASE OF INFORMATION**

I hereby grant permission to the Student Health Service of the University of Pittsburgh at Titusville to release the information on this Student Health Evaluation Form to Campus Police personnel, Residence Life staff, Counseling Services, Ambulance personnel, and/or Titusville Area Hospital personnel if needed, and in the best interest of my health and safety.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature IF student is under 18 years of age

\_\_\_\_\_  
Date