



# HEALTH REPORT

Upon acceptance to St. Louis College of Pharmacy, a completed health report form must be submitted prior to registration for classes at new student orientation. All health report forms are kept confidential. Please mail to: Office of Admission | Enrollment Services | St. Louis College of Pharmacy | 4588 Parkview Place | St. Louis, MO 63110-1088

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**APPLICANT'S NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_  
LAST FIRST MIDDLE MM/DD/YY

**PERMANENT ADDRESS:** \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY COUNTY STATE ZIP

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**PARENT/GUARDIAN/SPOUSE NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY COUNTY STATE ZIP

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

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**FAMILY PHYSICIAN NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE

**ADDRESS:** \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY COUNTY STATE ZIP

**PHONE:** \_\_\_\_\_

# HEALTH REPORT

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## TO PARENTS AND PHYSICIAN

The confidential health report is the foundation of a student's medical record at St. Louis College of Pharmacy, and basic to good student health is the College's knowledge of the health status of each student. This information in no way influences decisions on admittance.

Because all students at St. Louis College of Pharmacy will be health professionals and will be required to complete some portion of their clinical clerkship training in various health care institutions, the following requirements must be met prior to attending class during the first semester of enrollment at the College.

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## IMMUNIZATION RECORD

### MEASLES (RUBEOLA), MUMPS, RUBELLA (M.M.R.)

Immunity for measles involves one of the following four options: (1) received two doses of measles vaccine on or after 12 months of age, with at least one month between doses; (2) have had measles, documented by a physician; (3) blood titer that provides adequate immunity, documented by a physician; or (4) been born before 1957.

Dose 1 - Must have been 12 months old or older

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	M	Y	Y

Dose 2 - Must have been 1 month or more from dose 1

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	M	Y	Y

OR

1 Measles (Rubeola) [Date of disease, titer, vaccination, or born before 1957]  
(Must be 12 months old or older for first dose)  
(Document below if have had the disease or adequate titer proves immunity)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	M	Y	Y

2 Measles (Rubeola) [Date of second vaccination is required]  
(Must be one month after or more from first dose)  
(Vaccine immunity requires a second vaccination date)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	M	Y	Y

1 Mumps [Date of disease, titer, vaccination, or born before 1957]  
(Must be 12 months old or older for dose)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	M	Y	Y

1 Rubella [Date of disease, titer, or vaccination]  
(Must be 12 months old or older for dose)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	M	Y	Y

Documentation for having had measure or adequate titer:

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# HEALTH REPORT

## TETANUS/DIPHTHERIA

Date series completed:

M	M	Y	Y

Booster Date:  
(Must be within past 10 years)

M	M	Y	Y

## POLIO

(Date series completed)

M	M	Y	Y

## CHICKEN POX

(Must be within past 10 years)

M	M	Y	Y

## TUBERCULOSIS

PPD Intra dermal test within past 12 months

M	M	Y	Y

RESULTS: Negative \_\_\_\_\_ mm. Positive \_\_\_\_\_ mm.

If positive PPD, chest X-ray required

M	M	Y	Y

Results:  Negative  Positive (10 mm. or greater)

If positive chest X-ray, adequate treatment is required to be documented.

Treatment Dates: \_\_\_\_\_ Where: \_\_\_\_\_

## HEPATITIS B VACCINATION

The Hepatitis B vaccination, while recommended, is optional. Please sign in the designated area below if you have chosen not to be vaccinated.

### HEPATITIS B

#1					#2					#3				
	M	M	Y	Y		M	M	Y	Y		M	M	Y	Y

I understand the risk of hepatitis B, but have declined to obtain the vaccination.

STUDENT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

## TO FIRST-YEAR RESIDENCE HALL STUDENTS

According to the Centers for Disease Control (CDC), colleges are encouraged to provide information to students and their parents about meningococcal disease and the benefits of vaccination. Since first-year college students, particularly those who live in dormitories, constitute a group at modestly increased risk for meningococcal disease, it is **REQUIRED** that they be vaccinated. More information on meningococcal disease, its symptoms, and the vaccine is available on the CDC Web site at [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo).

I have not received a vaccine for meningococcal disease

I received a vaccine for meningococcal disease

M	M	D	D	Y	Y

**STUDENT HEALTH RECORD  
MEDICAL EVALUATION**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Male  Female  
Last First MM/DD/YY

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Pulse:** \_\_\_\_\_ **BP:** \_\_\_\_\_

**Vision:** R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ **Corrected:** Y N **Pupils:** Equal \_\_\_\_\_ Unequal \_\_\_\_\_

Normal	Abnormal Findings	Normal	Abnormal Findings
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<b>MEDICAL</b>		Jaundice	
Appearance		Sleep disturbance	
Eyes/Ears/Nose/Throat		Stomach disorder	
Lymph nodes		Reflexes	
Heart		Other major illness	
Pulses			
Lungs		<b>MUSCULOSKELETAL</b>	
Abdomen		Neck	
Genitalia (males only)		Back	
Skin/scars		Shoulder/Arm	
Drug/alcohol dependency		Elbow/Forearm	
Allergies		Wrist/Hand	
Asthma		Hip/Thigh	
Blood pressure		Knee	
Chronic cough		Leg/Ankle	
Epilepsy		Foot	
Urinalysis	Specific Gravity:	Sugar:	Albumin:
Drug allergies			
Is this student under any form of medical treatment or supervision?	Yes (explain)		No
Has this student been under psychiatric care/counseling?	Yes (explain)		No
Is this student taking prescription or over the counter medications?	Yes (explain)		No
Is this student able to participate in a full program of academic and physical activities?	No (explain)		Yes

**Name of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Print MM/DD/YY

**Address** \_\_\_\_\_  
Street City State Zip

**Signature of Physician** \_\_\_\_\_ **M.D. or D.O.**

# Family Educational Rights & Privacy Act (FERPA)

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The Family Educational Rights & Privacy Act (FERPA) is a federal law designed to protect the privacy of students' educational records.

## Parents' Rights

The rights of FERPA, originally given to parents of students in K-12, are transferred to their sons and daughters once they reach college age. According to FERPA guidelines, all rights of parents (including the right to examine education records and consent to the disclosure of personally identifiable material) transfer to the student either at age 18 or upon attendance at an institution of postsecondary education. Educational information will be released to a student's parents only with the written consent of the student. The following is the only exception FERPA allows for parents seeking information about their child:

- The parent(s) shall make their request in writing, indicating the particular records requested and declaring specifically that the student is the requestor(s)'s dependent.
- St. Louis College of Pharmacy must ask for the Federal Income Tax Form filed by the parents for the most recent tax year. This means the requesting parent must provide a copy of the Federal Income Tax Form for the current year. It cannot be a tax form from several years ago. The College will then verify that the student is indeed listed as a dependent on the tax form of the requesting parent. Once verification is made, the form will be given back to the parent and a note will be made on the request form that the verification was made.
- Because the FERPA rights belong to the eligible student, the College will notify the student that his/her parents have asked to review his/her records and on what date the review will take place. If the student responds that he/she does not want the records shared with his/her parents, the College will refer the parents back to the student. At this point, a written consent is required from the student.

## Spouses' Rights

FERPA recognizes a spouse as an unrelated third party and does not make any provision for a spouse to have access to a student's educational records without the written consent of the student.

## Students' Rights

The Family Educational Rights & Privacy Act (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the College receives a request for access. Students shall submit written requests that identify the record(s) they wish to inspect to the registrar, the dean, the director of the academic division, or another appropriate official. The College official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the College official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.
2. The right to request the amendment of the student's education records if the student believes they are inaccurate or misleading. Students may ask the College to amend a record that they believe is inaccurate or misleading. They should write the College official responsible for the record, clearly identify the part of the record they want changed and specify why it is inaccurate or misleading. If the College decides not to amend the record as requested by the student, the College will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

## Family Educational Rights & Privacy Act (FERPA)

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3. The right to consent to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception that permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her academic or enrollment services responsibilities. A school official is a person employed by the College in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the College has contracted (such as an attorney, auditor, or collection agent); a person serving on the board of trustees; or a student serving on an official committee, such as disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

Upon request, the College discloses education records without consent to officials of another school in which a student seeks or intends to enroll. Disclosure without consent also may be made to:

- Certain government officials in order to carry out lawful functions;
- Appropriate parties in connection with financial aid to a student;
- Organizations doing legitimate studies for the school;
- Accrediting agencies;
- Individuals who have obtained court orders or subpoenas;
- Persons who need to know in cases of health or safety emergencies; and
- State and local authorities to which disclosure is required by state laws.

Schools also may disclose, without consent, 'directory type' information. St. Louis College of Pharmacy has designated the following as directory information:

- Name;
- Address;
- Telephone number;
- Date of birth;
- Enrollment status;
- Dates of attendance; and
- Degree awarded.

An eligible student who does not wish for 'directory type' information to be released without consent must notify the Office of the Registrar within the first 10 days of the term.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by St. Louis College of Pharmacy to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

**Family Policy Compliance Office**  
**U.S. Department of Education**  
600 Independence Ave., SW  
Washington, D.C. 20202-4605