



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

A# _____

TO BE FILLED OUT BY THE STUDENT.

Information will be used to provide better health care for you while at MCLA, and has no bearing upon the admissions process.

Please Print:

Male: Female: Transgender

Name: _____ Date of Birth: _____ S.S.# _____
Last First M.I.

Home Address: _____
Street City State Zip

Home Phone #: _____ Student Cell Phone #: _____

Emergency Contact: _____ Relationship: _____

Home Phone #: _____ Business Phone #: _____

Drug Allergies: Yes No

If yes, list drug and reaction: _____

Other Allergies: e.g., Insects, food: _____

PERSONAL MEDICAL HISTORY	Yes	No		Yes	No		Yes	No
Anxiety/Panic Attacks			Eye Problems			Substance/Alcohol Abuse		
Anemia			GERD			Surgery		
Asthma/Other Lung Disease			Head Injury			Appendectomy		
Attention Deficit Disorder			Headaches (Recurrent)			Tonsillectomy		
Back Injury/Problem			Hearing Deficit			Other:		
Birth Control			Heart Disease					
Bleeding/Clotting Disorder			Hepatitis			Thyroid Disease		
Blood Transfusion			High Blood Pressure			Tuberculosis		
Chicken Pox			Kidney Disease			Ulcer/Gastritis		
Depression			Menstrual Disorder			Urinary Tract Infection		
Diabetes			Mononucleosis			Other significant problem		
Joint/Bone Disease			Seizure Disorder			please specify:		
Ear, Nose, Throat Problems			Smoker					
Eating Disorder			Frequent Strep Throat					

Mental Health History: _____

Important family history (e.g., heart disease, diabetes, cancer, etc. _____

List any regularly taken medications and the condition for which they are prescribed: _____

 Student's Signature

 Health Care Provider's Signature (acknowledging review)

To be signed upon receipt of Notice of Privacy Practice:

Student signature _____ Date: _____

Name: _____ Date of Birth: _____

REQUIRED FOR COLLEGE ENTRY TO BE FILLED OUT BY THE HEALTH CARE PROVIDER:

Tdap _____ Month/Year (within 5 years)	Varicella #1 _____ Month/Day?Year (must be 12months of age)	Hepatitis B #1 _____ Month/Day/Year
MMR #1 _____ Month/Day/Year (must be 12 months of age)	Varicella #2 _____ (must be at least 4 weeks after #1)	Hepatitis B #2 _____ Month/Day/Year
MMR #2 _____ (must be 4 weeks after #1)	OR	Hepatitis B #3 _____ Month/Day/Year
*Meningococcal Vaccine _____ Within 5 years	History of Varicella Disease _____	

*The Law provides exemption for **Meningococcal vaccine only**. Students opting for exemption must review and sign a waiver which can be Downloaded from the Health Services web page at: www.mcla.edu/Student_Life/wellness/healthservices. Laboratory evidence of immunity to MMR, Varicella and Hepatitis B satisfies the requirements.

Signature of Health Care Provider _____ Telephone # _____

Health Care Provider: Please review the information on Side 1 and acknowledge with your signature at the bottom of the page. Complete this side, commenting on positive responses. Please describe any significant abnormalities.

Hgt. _____ Wgt. _____ BMI _____ B.P. _____

	nl	abnl	comments
HEENT			
Skin			
Respiratory			
Cardiovascular			
Abdominal			
Genitourinary			
Musculoskeletal			
Metabolic/endocrine			
Neurological			

Allergies to medication: No Yes If yes, list name of medication and reaction: _____

Allergies to foods: No Yes If yes, list foods and reaction: _____

Is the patient on medications at this time? Please list _____

Is the patient now under treatment for any medical or emotional condition? No Yes If yes please explain: _____

Are there any contraindications to full participation in intercollegiate athletic/intramurals/other sports activities? No Yes

If yes, please explain: _____

Are there any contraindications to full participation in the college meal plan? No Yes If yes, please explain _____

Health Care Provider's signature: _____ **Date of Examination** _____

Please print or type the Provider's name & address _____

_____ Tel#: _____

Please note: Registration at MCLA is not valid until complete form is received by Health Services. Tel: 413-662-5421

Mail to: Director of Health Services, MCLA, 375 Church Street, North Adams, MA 01247-4100 Fax: 413-662-5572