

**THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
OFFICE OF STUDENT/EMPLOYEE HEALTH
2500 NORTH STATE STREET, ROOM N136
JACKSON, MS 39216-4505
studenthealth@umc.edu**

STUDENT HEALTH SERVICES REGISTRATION FORM

(TO AVOID DELAYS, PLEASE PRINT LEGIBLY)

Date: 4/7/16 Soc Sec #: 417-33-4421

Last Name: Ashmore

First Name: Wesley

Middle Name: Adam

Maiden Name: _____

Birth Date: 05/23/89

Sex: Male

Marital Status: S

Religion: Baptist

Ethnicity: White

Language: English

Street Address: 8933 Saw Tooth loop Pike Road AL 36064
City State Zip

Home Telephone: 334 - 558 - 1344

Other Telephone: _____

Mother's Maiden: Singleton

Father's First Name: William

Emergency Contact(s):

Relationship to Student: Father

Last Name: Ashmore

First Name: William

Address: 7184 Wyngrave Dr. Montgomery AL 36117
City State Zip Code

Home Telephone: 334 - 272 - 1663

Other Telephone: _____

CHECK THE APPROPRIATE PROGRAM OF STUDY:

✓			✓
	MEDICINE	BS IN DENTAL HYGIENE	
	DENTISTRY	BS IN DENTAL HYGIENE – ADVANCED STANDING	
	GRADUATE	BS IN HEALTH INFORMATICS AND INFORMATION MANAGEMENT	
	• MASTER OF SCIENCE	BS IN HEALTH INFORMATICS AND INFORMATION MANAGEMENT - PROGRESSION	
	• DOCTOR OF PHILOSOPHY	BS IN HEALTH SCIENCES	
	NURSING	BS IN MEDICAL LABORATORY SCIENCE	
	• TRADITIONAL BSN	BS IN MEDICAL LABORATORY SCIENCE-ADVANCED STANDING	
	• ACCELERATED BSN JACKSON	BS IN RADIOLOGIC SCIENCE	
	• ACCELERATED BSN OXFORD	BS IN RADIOLOGIC SCIENCE-ADVANCED STANDING	
	• RN-BSN	DOCTOR OF HEALTH ADMINISTRATION	✓
	• RN-MSN	DOCTOR OF PHYSICAL THERAPY	
	• MSN	MASTER OF HEALTH INFORMATICS AND INFORMATION MANAGEMENT	
	• DOCTOR OF NURSING PRACTICE	MASTER OF HEALTH SCIENCES	
	• POST MASTERS IN NURSING	MASTER OF SCIENCE IN MAGNETIC RESONANCE IMAGING	
	• NON DEGREE SEEKING	MASTER OF SCIENCE IN NUCLEAR MEDICINE	
	OTHER:	MASTER OF OCCUPATIONAL THERAPY	



THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER
EDUCATION • RESEARCH • HEALTHCARE

Student Health History Form

Personal Information

Ashmore Wesley A
Last Name (Maiden Name) First Name Middle Initial
8933 Saw faith loop Pike Road AL 36064
Address City State ZIP
() (334) 558-1344 05 / 23 / 1989
Phone Cell Phone Date of Birth
USA 417-33-4421 ☒ Male ☐ Female ☐ Trans ☐ Other (Specify) _____
Country of Birth Social Security Number

Insurance Information

Wesley Ashmore 05/23/89
Policy Holder Name Date of Birth Relationship to Student
PPA 82 9891622 44844
Member ID Number Group Number
BCBS of AL ()
Health Insurance Carrier (Ex. Aetna, BCBS, etc.) Phone Number
Birmingham AL
Insurance Carrier Address City State ZIP

Medical History

Do YOU have a present or past history of the following? ☐ (Check all that apply)

- | | | | |
|--|---|---|---|
| ☐ Alcohol Abuse | ☐ Drug Abuse | ☐ Intestinal/Stomach Trouble | ☐ Rubella (German measles) |
| ☐ Anemia | ☐ Ear Trouble/Hearing Loss | ☐ Joint Disease/injury | ☐ Scarlet Fever |
| ☐ Anxiety | ☐ Eating Disorder | ☐ Kidney Disorder | ☐ Sexually Transmitted Infection (STI) |
| ☐ Arthritis | ☐ Eye disease/problem | ☐ Menstrual problems | ☐ Sickle Cell Trait/Anemia |
| ☐ Asthma | ☐ Gallbladder Trouble | ☐ Migraine Headaches | ☐ Sinus Trouble |
| ☐ Back problems | ☐ Hay Fever | ☐ Mononucleosis, infection | ☐ Skin problems (Chronic) |
| ☐ Cancer | ☐ Head injury | ☐ Mumps | ☐ Sleep problems |
| ☐ Colitis | ☐ Headaches (recurrent) | ☐ Pneumonia | ☐ Smoking (how long?) _____ |
| ☐ Convulsions/Seizure | ☐ Heart disease/problems | ☐ Paralysis | ☐ Spleen/surgical removal |
| ☐ Cough (Chronic) | ☐ Hepatitis/Jaundice | ☐ Polio | ☐ Suicide Attempt |
| ☐ Depression | ☐ Hernia/Rupture | ☐ Psychological Counseling | ☐ Thyroid disease |
| ☐ Diabetes | ☐ High Blood Pressure | ☐ Rheumatic Fever | ☐ Tuberculosis |
| ☐ Disability/Handicap | | | ☐ Urinary Tract Infection |
| ☐ Other | | | |

☐ Hospitalizations/ Surgeries (Please list all) _____

Current Medications (list all, including Birth Control) ☒ N/A Do you have allergies to drugs, food, metals? Yes ☐ No ☒ N/A

Family History

(Place Relationship to You in Blanks)

- | | | | |
|---|--|---|--|
| ☐ Alcohol/Drug Abuse _____ | ☐ Death before 50 _____ | ☐ Elevated Cholesterol _____ | ☐ Hypertension/Stroke _____ |
| ☐ Cancer/type _____ | ☐ Diabetes _____ | ☐ Heart Disease _____ | ☐ Mental Illness _____ |

For all Students

By Signature, I verify that the information provided on the form is true and I give permission for such diagnosis, therapeutic, and operative procedures, as may be deemed necessary for me.

Wesley Ashmore
Student Signature

4/7/16
Date

Office of the Associate Vice Chancellor for Academic Affairs

DOCUMENT TYPE: Policy

REVIEW PERIOD: Annual

POLICY NAME: STUDENT TB TESTING POLICY

PURPOSE: To establish effective TB screening for student applicants.

POLICY: Students accepted to all UMMC academic programs will provide proof of TB testing within three (3) months prior to the date of school entry. Individuals for whom testing is medically contraindicated will provide sufficient evidence from a qualified medical provider to document their TB status. Cases in which applicants test positive for TB or who have special circumstances regarding their TB status will be reviewed by the medical director of student employee health. Further evaluation may be required. UMMC reserves the right to revoke acceptance of students and to deny admission to any of its programs as it determines appropriate based on TB status and the best interests of the Medical Center.

Tuberculosis Policy

Tuberculosis Screening: A two-step TB Skin test is required for baseline TB screening of all students. Accepted students must submit documentation of a two-step TB skin test performed within 90 days (3 months) prior to school entry. The second dose of the two-step TB test must be placed within 28 days of the initial TB skin test. If the TB skin test is positive, a chest X-ray report must also be submitted. US Students who have been undergoing annual TB skin test screening prior to enrollment may submit 2 consecutive annual reports of negative TB skin tests, one of which must have been done within the past 3 months, in lieu of the two-step TB skin test.

International students with a previous positive TB skin test or students with a history of immunization with BCG should submit a report of a Quantiferon TB Gold/ T-spot TB blood test obtained within 3 months prior to school entry. They should not complete TB skin testing. If the blood test is positive, a chest X-ray report obtained within 3 months of school entry must be submitted.

Background: The American College Health Association recommends that all incoming students should be screened for risk factors for tuberculosis (TB) and those with risk factors and all international applicants should undergo Mantoux or interferon gamma release assay testing. The CDC recommends that all students in a health care setting should undergo testing.

SCOPE: All UMMC schools

PROCEDURES: None applicable

REFERENCES:

Tuberculosis (TB). [Internet]. Centers for Disease Control and Prevention. [Updated 2013 September 6; cited 2014 March 12]. Available from <http://www.cdc.gov/tb/topic/testing/>.

Department of Health and Human Services, Centers for Disease Control and Prevention. Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings. Morbidity and Mortality Weekly Report. 2005; 54(RR-17): 1-141.

American College Health Association. ACHA Guidelines: Tuberculosis Screening and Targeted Testing of College and University Students. 2012 April [cited 2014 March 12]. Available from http://www.acha.org/publications/docs/ACHA_Tuberculosis_Screening_Apr2012.pdf.

Office of the Associate Vice Chancellor for Academic Affairs

DOCUMENT TYPE: policy

REVIEW PERIOD: annual

TITLE: UMMC HEALTHCARE PROFESSIONAL STUDENT IMMUNIZATION REQUIREMENTS

PURPOSE:

POLICY: Entering medical, dental, pharmacy, nursing, SHRP and other healthcare professional students, including those in online or distance education programs, regardless of physical presence on the UMMC campus, are required to have the following:

1. Documentation of **2 doses of live MMR** (measles, mumps and Rubella) vaccine for persons born in 1957 or later. The doses must have been administered at least 28 days apart and at or after 12 months of age. Laboratory evidence of immunity to measles, mumps and rubella OR laboratory confirmation of disease OR birth before 1957 is acceptable.
2. Two- dose **Varicella vaccination** series given at least 30 days apart OR Proof of immunity through blood titer for students who have had a previous Varicella infection is required.
3. Proof of up-to-date **Tetanus/Diphtheria/Pertussis vaccine**. The last dose must have been given within 10 years. If only tetanus /diphtheria vaccine (Td) was administered, a single booster dose of Tdap is required. Tdap can be administered regardless of the interval since the last dose of Td. International students must provide documentation of 3 previous doses of Tetanus/diphtheria. One of which must include the Tdap vaccine.
4. Mandatory **annual influenza** vaccine once between September-December for students who have no contraindications or exemptions.
5. **Meningococcal vaccine:** Students with anatomic or functional asplenia or persistent complement component deficiencies should have received a 2-dose meningococcal conjugate vaccine series. (Optional)
6. Proof of completion of a **three-dose series of hepatitis B** or a blood test confirming immunity to Hepatitis B is required. If you have not completed the series before school entry, the 2nd and/ or 3rd doses may be obtained at Student/Employee health for a fee. The series **MUST** be completed by the end of the first semester.
7. A **two-step TB Skin test** is required for baseline TB screening of all students. Accepted students must submit documentation of a two-step TB skin test performed within 90 days (3 months) prior to school entry. The second dose of the two-step TB test must be placed within 28 days of the initial TB skin test. If the TB skin test is positive, a chest x-ray report must also be submitted. Students residing in the United States who have been undergoing annual TB skin test screening prior to enrollment may submit two consecutive annual reports of negative TB skin tests, one of which must have been done within the past three months, in lieu of the two-step TB skin test. International students with a previous positive TB skin test or students with a history of immunization with BCG should submit a report of a Quantiferon TB Gold/T-spot TB blood test obtained with three months prior to school entry. Additional details regarding annual TB testing can be found in the UMMC policy on Student TB Testing (<https://documents.umm.edu/layouts/SPUmcPolicy/EditPolicy.aspx?pid=E-AA-GEN-GEN-PO-00016>).
8. Questions regarding levels of immunity and other interpretation of testing results are resolved by the Office of Student and Employee Health.

UMMC reserves the right to revoke acceptance of students and to deny admission to any of its programs as it determines appropriate based on TB status, required vaccination status and the best interests of the Medical Center.

Record of vaccination should be documented on the Mississippi Certificate of Immunization Compliance, Form 121 or the University of Mississippi Medical Center Immunization record form. This form must be completed by a licensed healthcare provider: a physician, a licensed Nurse Practitioner, a licensed nurse or a public health official.

Graduate or other research students who will be working solely in a laboratory are required to meet the above vaccine requirements. In addition, anyone who is routinely exposed to N. meningitidis isolates, are required to have received one dose of meningococcal vaccine with a booster dose every 5 years, if the risk of exposure continues.

SCOPE: All schools

PROCEDURES: None

REFERENCES:

Immunization of Health-Care Personnel: Recommendations of ACIP. MMWR 2011; 60 (RR07):1-45.