



MANDATORY CERTIFICATE OF IMMUNIZATION

Send to: Admissions 315 Shorter Avenue Rome, GA 30165 Fax: (706) 233-7224

All fields must be completed Entering Class (circle one) - Freshman Sophomore Junior Senior Name (Print): Shorter Student ID # Date: Date of Birth: Social Security #: Cell Telephone #: Email address: Home Address: (Street) Emergency Contact: (Name) (Telephone #) (Relationship) (Address)

ALLERGIES (List all medication, food, pollen, and environmental allergies)

(1) (2) (3) (4) (5)

HEALTH HISTORY

Current or prior chronic health conditions: Your physician's name, address and telephone #:

INSURANCE INFORMATION (Private, Medicaid, PeachCare, etc.)

Company: Policy #: Group #: Address: Telephone Number:

Shorter University offers a student insurance plan. Go to www.shorter.edu, choose Student Affairs, choose Health Services, and scroll down to student insurance. You will be taken to the insurance site.

REQUIRED IMMUNIZATIONS

Tetanus, Diphtheria, Pertussis (DTP) within past 10 years Date: (Must be within past 10 years) (Series of 2) MMR (Measles, Mumps, and Rubella) Date: (1) Date: (2)

RECOMMENDED IMMUNIZATIONS

Meningococcal vaccine: Date: Administered at:

(Series of 3) Hepatitis B: Date: (1) Date: (2) Date: (3) Laboratory Record: Varicella (Chickenpox): Date: (1) Date: (2) History of Disease Laboratory Record: PPD (Tuberculosis) (Within 1 year) Date: Results: Negative Positive

NOTE: Shorter University's School of Nursing requires the Hepatitis B series, tuberculosis (annual Mantoux skin test) and varicella vaccine for admittance to the BSN program.

AUTHORIZATION

- I affirm that I authorize in the case of illness or injury, any transportation deemed advisable by SHS licensed personnel. I affirm that I authorize SHS licensed personnel to provide necessary treatment in case of illness/injury. I affirm that I authorize SHS personnel to forward a copy of my immunization record to the proper authority at my request. I affirm that I understand it is my responsibility to inform my RA of any medical conditions which could present me with a life-threatening situation. I affirm that I give SHS licensed personnel permission to release only pertinent information to the Dean of Students, School Counselor and/or Residence Life staff in the event my medical condition should alter my judgment for necessary treatment. I affirm that I have had the opportunity to read the information concerning the dangers of meningitis on page 2 and have either previously had the vaccine or choose not to be immunized at this time. I affirm that I have had the opportunity to read and maintain a copy of the HIPAA policy on page 3 and 4. I affirm that I verify the information above is truthful and accurate.

Student's signature: Date:

Guardian or Parent if student is under age 18: Date:

MENINGITIS INFORMATION

TO: STUDENTS AND PARENTS: IMPORTANT INFORMATION ON MENINGITIS!

As of January 1, 2004, Georgia law requires all college students living in campus housing to be vaccinated against meningococcal disease or sign a waiver stating they have received information about the disease and have elected not to be immunized.

In order to ensure that students in Georgia planning to attend college are vaccinated in accordance with state legislation, Student Health Services sponsors an immunization clinic which includes meningococcal vaccine on campus during the Immunization Clinic in the fall semester. Students can receive the vaccine at Harbin Clinic, Infectious Disease Control Clinic, 1825 Martha Berry Blvd., 706-295-5331, or from their personal physicians or a physician of their choice.

- * Meningococcal disease is a serious disease that can lead to death within only a few hours of onset; one in ten cases is fatal; and one in seven survivors of the disease is left with a severe disability, such as the loss of a limb, mental retardation, paralysis, deafness, or seizures;
- * Meningococcal disease is contagious but a largely preventable infection of the spinal cord fluid and the fluid that surrounds the brain;
- * Scientific evidence suggests that college students living in dormitory facilities are at a moderately increased risk of contracting meningococcal disease; and
- * Immunization against meningococcal disease will decrease the risk of the disease.
- *The meningococcal meningitis vaccine can prevent 4 types of meningococcal disease, including 2 of the 3 types most common in the United States and a type that causes epidemics in Africa. Meningococcal vaccines cannot prevent all types of the disease, but they protect about 90% of the people who get the vaccine. (Resource – DHHS, CDC, 1/28/08).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. OUR PLEDGE REGARDING MEDICAL INFORMATION

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. OUR LEGAL DUTY

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the notice that is now in effect.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. USE AND DISCLOSURE OF YOUR MEDICAL INFORMATION

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific authorization you provide may be revoked at any time by writing to us.

FOR TREATMENT: We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health-care providers to assist them in treating you.

FOR PAYMENT: We may use and disclose your medical information for payment purposes.

FOR HEALTH CARE OPERATIONS: We may use and disclose your medical information for our health-care operations. This might include measuring and improving quality, evaluating the performance of employees, conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

ADDITIONAL USES AND DISCLOSURES: In addition to using and disclosing your medical information for treatment, payment, and health-care operations, we may use and disclose medical information for the following purposes:

Facility Directory: Unless you notify us that you object, the following medical information about you will be placed in our facilities' directories: your name, your location in our facility, your condition described in general terms and your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

Notification: Medical information to notify or help notify a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief: Medical information with a public or private organization or person who can legally assist in disaster-relief efforts.

Fund Raising: We may provide medical information to one of our affiliated fund-raising foundations to contact you for fund-raising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fund-raising materials, we will provide you a description of how you may choose not to receive future fund-raising communications.

Research in Limited Circumstances: Medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner: To help them carry out their duties, we may share the medical information of a person who has died with a coroner, medical examiner, funeral director, or an organ-procurement organization.

Specialized Government Functions: Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law-enforcement custodial situations, and for government programs providing public benefits.

Court Orders, Judicial and Administrative Proceedings: We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law-enforcement officials. We may share limited information with a law-enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities: As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law-enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation: We may disclose health information when authorized and necessary to comply with laws relating to Workers Compensation or other similar programs.

Health Oversight Activities: We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations or proceedings; inspections, licensure or disciplinary actions; or other authorized activities.

Law Enforcement: Under certain circumstances, we may disclose health information to law-enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of the law-enforcement official, reports regarding suspected victims of crimes at the request of the law-enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

4. YOUR INDIVIDUAL RIGHTS

You Have a Right to:

1. Look at or get copies of your medical information. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may get the form to request access by using the contact information listed at the end of this notice. You may also request access by sending a letter to the contact person listed at the end of this notice. If you request copies, we will charge you no more than \$1.00 per page, and postage if you want the copies mailed to you. Contact us using the information listed at the end of this notice for full explanation of our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment and health-care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to the contact person listed at the end of this notice.
5. Request that we change your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.

If you received this notice electronically, you may print a copy and you have the right to obtain a paper copy by making a request in writing to the Director of Student Health Services/Privacy Officer at Shorter College, SC #37, 315 Shorter Avenue, Rome, GA 30165.

QUESTIONS AND COMPLAINTS

If you have any questions about this notice or if you think that we may have violated your privacy rights, please contact us. You may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint.