

The University of Mississippi

Medical History Form

This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and authorization.

Immunization Requirement

Any student entering the University of Mississippi whose birthday is after January 1, 1957, is required to submit proper documentation of immunization for measles (rubeola) and rubella and mumps, prior to registering for University courses. Please have your physical or local health department either fill out the compliance form or use the Mississippi State Board of Health Form #121 (available at local Health Department or physician's office)

Please Return This Form To:

Student Health Services
V.B. Harrison Building
PO Box 1848
400 Rebel Drive
University, MS 38677-1848

Name (last, first, middle) _____

Social Security No. _____ Date of Birth _____

Home Address _____ Telephone _____

Next of Kin _____ Home Telephone _____

Address _____ Business Telephone _____

Personal History (Please comment on positive answers under remarks.)

HAVE YOU HAD?	Yes	No		Yes	No		Yes	No
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Joint Disease	<input type="checkbox"/>	<input type="checkbox"/>
Allergies To:			Surgery:			Joint Injuries	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>
Foods	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillectomy	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	Hernia Repair	<input type="checkbox"/>	<input type="checkbox"/>	"Mono"	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	<input type="checkbox"/>	<input type="checkbox"/>

Remarks or additional information (Any special requests for privileges such as access to undesignated parking areas should be stated here with a letter attached from your physician.)

Student Signature _____

If a student under the age of 18 at the time of enrollment at The University of Mississippi, a parent must sign giving permission for treatment at Student Health Service.

Parent Signature _____