

Medical History

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 prior to registering for University courses. Please have your physician or local health department either fill out the compliance form (on back) or use the Mississippi State Board of Health Form #121 (available at local Health Department or physician's office).

NO OTHER TYPE OF IMMUNIZATION RECORD WILL BE ACCEPTABLE.

Please Return This Form To:
 Student Health Services
 V. B. Harrison Building
 P.O. Box 1848
 University, MS 38677-1848

Please fill in

Name _____
Last First Middle

Social Security No. _____ Date of Birth _____

Home Address _____ () _____
No. and Street City and State ZIP Telephone

Next of Kin _____ () _____
Home Telephone

Address _____ () _____
No. and Street City and State ZIP Business Telephone

LAST NAME (PRINT)

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

HAVE YOU HAD?	Yes	No		Yes	No		Yes	No
Measles			Scarlet Fever			Kidney Disease		
German Measles			Migraine Headaches			Rheumatic Fever		
Mumps			Head Injury			Heart Murmur		
Chicken Pox			Asthma			Joint Disease		
Allergies			Surgery			Joint Injuries		
Penicillin			Appendectomy			Back Problems		
Serum			Tonsillectomy			Stomach Ulcer		
Foods			Hernia Repair			"Mono"		
Other			Other			Anemia		

FIRST NAME

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.)

Signature of Student _____ Date _____

MIDDLE NAME

If a student is 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 Services.

Signature of Parent _____ Date _____