



Dorm Medical Information Form

OFFICE USE ONLY
Room # _____
Access Card # _____

Name _____
 Home Address _____
 City _____

SS # _____
 Student's Phone _____
 State/Zip _____

IN CASE OF EMERGENCY CONTACT:

Name _____
 Home Address _____
 City _____

Telephone _____
 State/Zip _____

MEDICAL CONDITIONS THAT STAFF SHOULD BE MADE AWARE OF: _____

Medications: _____

Allergic reactions to: _____

MUMPS & MEASLES:

Have you had at least one MMR vaccination? Yes No Have you had the measles? Yes No

Please provide FSCC with a copy of your vaccination records.

MENINGITIS: FSCC recommends that all students living in the dorm have a meningitis vaccination. Before a student can move into the dorm, he/she must provide a copy of his/her meningitis vaccination record or sign the waiver below.

Have you had a meningitis vaccination? Yes No If YES, a copy of your meningitis vaccination record must be on file with FSCC.

If NO, read and sign the following.

I understand that meningitis is an infection that causes inflammation of the brain and spinal cord and can cause serious illness and permanent disabilities (such as deafness, limb amputation or death). Furthermore, I acknowledge that FSCC has recommended that I receive the meningitis vaccination. However, I do not choose to be vaccinated for this disease and release FSCC from any liability for illness or disabilities resulting from meningitis, should I contract the disease.

Signature _____ Date _____
(Parent's signature if student is under 17)