

MOUNT VERNON NAZARENE UNIVERSITY - Office of Residence Life
Student Emergency Information

The information requested on this side of this form is **REQUIRED**.

PERSONAL INFORMATION

NAME: _____ Cell Phone: _____
Last, First, MI Preferred name

GENDER: Male Female AGE: _____ BIRTHDATE: ____/____/____
Month Day Year

CLASS: PS FR SO JR SR MAJOR(S): _____

Meningococcal and Hepatitis B Vaccination Status

I understand, as a residential student of MVNU (over the age of 18) or as the parent of a student under the age of 18, that Ohio law requires all residential students at not-for-profit education institutions to report their vaccination status for Meningococcal Meningitis and Hepatitis B. I also understand that information is available to me in the MVNU Student Health services office regarding both the benefits and risks as well as the process for both vaccinations.

The information below regarding my/my student's vaccination status is accurate and is being provided in compliance with the Ohio Revised Code, Section 3701.133, (B).

Meningococcal vaccine received: Yes _____ No _____
If yes, please list the date: ____/____/____

Hepatitis B vaccine received: Yes _____ No _____
If yes, please list the date(s):
1st Dose ____/____/____
2nd Dose ____/____/____
3rd Dose ____/____/____

Signature (Student (Over 18)/Parent (Under 18)): _____ Date: ____/____/____

PARENT INFORMATION

NAME(S): _____ Relationship: _____

ADDRESS: _____
Street City State

TEL: (____) _____ (____) _____
Home Phone # Work or Cell #

NOTE: In case of EMERGENCY, and a parent is not available, please contact the following:

NAME(S): _____ Relationship: _____

ADDRESS: _____
Street City State

TEL: (____) _____ (____) _____
Home Phone # Work or Cell #

(OVER)

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The information requested on this side of this form is OPTIONAL however it is encouraged to assist certain MVNU staff should an occasion arise where this information could be helpful in an emergency situation.

Understand that all information submitted below is given voluntarily. Only authorized MVNU Student Development and Student Health Services personnel will view this form. Please understand that medical documentation submitted to Student Health Services is confidential and is not accessible by Student Development Staff.

MEDICAL INFORMATION

HEALTH PROBLEMS OF WHICH THE RA/RD STAFF SHOULD BE AWARE (i.e. allergies, asthma, insulin dependence, history of seizures, etc.):

PRESCRIPTION MEDICATION TAKEN REGULARLY AND REASONS OF WHICH THE RA/RD STAFF SHOULD BE AWARE:

OTHER MEDICAL INFORMATION THAT YOU BELIEVE WOULD BE BENEFICIAL FOR THE RESIDENCE LIFE STAFF TO KNOW:

I understand that this information will be filed by Residence Life personnel and may be referenced for emergency medical purposes.

Student's Signature

Date