

**PLEASE FILL OUT AND
RETURN TO THE
OFFICE OF
RESIDENCE LIFE
ONLY**



EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____

Parents/Guardian: _____

Address: _____
City State Zip

Insurance Information:** (Please provide a current copy of insurance card) ******

Company: _____

City/State/Zip: _____

Policy ID: _____ **Group Number:** _____

In the event reasonable attempts to contact _____ (Phone Number) _____ (Phone Number)
_____ @ _____ or @ _____
_____ @ _____

have been unsuccessful, I do hereby give my consent for:

- 1. The administration of any treatment deemed necessary by a licensed physician, and**
- 2. The transfer of the student to any hospital reasonably accessible.**

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the student's medical history, including allergies, medications being taken, and any physical impairment to which authorized University personnel or a physician should be alerted:

DATE ____ / ____ / ____

Signature of Student

DATE ____ / ____ / ____

Signature of Parent or Guardian

IMMUNIZATION RECORD

Name _____

Date of Birth _____ Male _____ Female _____

Please list the dates of the immunizations that you have received. It is always wise to make sure that your personal shot record is up to date and add any that may be of concern to you.

IT IS IMPORTANT THAT SPECIFIC DATES BE LISTED

The list of immunizations below are recommended by the American College Health Association and Tiffin University recommends them along with requiring the MMR for all students residing on campus.

MMR (measles, Mumps, Rubella) (Two does required after 12 months of age)	Dose 1 given at 12-15 months of age or later <hr/> M D Y	Dose 2 given at age 4-6 years or later. <hr/> M D Y	A dose given to a student in the 6 th or 7 th grade. <hr/> M D Y		Required for all students residing in campus housing.
Tetanus-Diphtheria (Primary series with DTaP or DTP and booster with TTP in the last ten years meets requirements)	Primary series of four doses-#1 <hr/> M D Y	DTaP/DTP #2 <hr/> M D Y	DTaP/DTP #3 <hr/> M D Y	DTaP/DTP #4 <hr/> M D Y	DTP Booster <hr/> M D Y
Polio (Primary series in childhood meets requirement; three primary series schedules are acceptable)	OPV #1 <hr/> M D Y	OPV #2 <hr/> M D Y	OPV #3 <hr/> M D Y	OPV #4 <hr/> M D Y	
Chicken Pox (History of chicken pox disease or one varicella vaccine before age 13 or two doses after age 13)	History of Disease Yes or No	Date of Vaccine #1 <hr/> M D Y	Date of Vaccine #2 <hr/> M D Y		
Hepatitis B (Three doses of vaccine) Highly Recommended by T.U.	#1 <hr/> M D Y	#2 <hr/> M D Y	#3 <hr/> M D Y		
Meningococcal (Meningitis) Highly recommended for all students	Menactra <hr/> M D Y				
Flu Vaccine	As recommended by physician <hr/> M D Y				

The Ohio Revised Coded (ORC) Section 1713.55 states that beginning with the academic year that commences on or after July 1, 2005, an institution of higher education shall not permit a student to reside in on-campus housing unless the student (or parent if the student is younger than 18 years of age) discloses whether the student has been vaccinated against meningococcal disease and hepatitis B by submitting a meningitis and hepatitis B vaccination status statement.

ORC Section 3701.133 states that the Ohio Department of Health (ODH) shall make available on its Web site information

about meningitis and hepatitis B the risks associated with the diseases and the availability and effectiveness of the vaccines. ODH shall also make available, on its Web site, in a format suitable for downloading, a meningitis and hepatitis B vaccination status statement form that complies with the guidelines outlined in ORC Section 3701.133, (B).

Please note that this law does not require vaccination of the student at this time, nor does it require the institution to provide or pay for these vaccines. It requires only disclosure of vaccine status of the student.