

HEALTH FORM & IMMUNIZATION RECORD

This form constitutes a permission statement, which must be signed by the student's parent or guardian. Please print legibly.
The completed form must be returned to the Director of Health Services at the above address by **July 31**.

STUDENT'S NAME _____ BIRTHDATE ____/____/____
Last First Middle

HOME ADDRESS _____
Number and Street City State Zip

SOCIAL SECURITY # _____ -- _____ -- _____ SCHOOL YEAR _____ -- _____ GRADE _____

Student resides with (please circle one): Both parents, Mother, Father, Other _____

Father's full name _____ Res. Phone (____) _____

Email address _____ Cell _____ Bus. Phone (____) _____

Mother's full name _____ Res. Phone (____) _____

Email address _____ Cell _____ Bus. Phone (____) _____

Guardian's full name _____ Res. Phone (____) _____

Email address _____ Cell _____ Bus. Phone (____) _____

Alternate responsible person to be reached in case of emergency if parent or guardian is unavailable:

Name : _____ Relationship _____ Phone(____) _____

STUDENT'S HEALTH INSURANCE: (Health Insurance is required and a copy of the insurance card, front and back must be included with this Health Form. Any changes during the year should be faxed/mailed directly to the infirmary.)

Insurance Company _____ Policy holder Name _____

Policy holder SS # _____ Policy holder Date of Birth _____

MEDICAL AUTHORIZATION: I hereby authorize any hospital or physician to render necessary medical care to the cadet named above. This authorization does not include medical care beyond what is usual and customary for treatment on an outpatient basis, but does include x-rays, blood work, urinalysis and appropriate medications.

- ⇒ In an emergency, if I cannot be reached by FUMA or hospital staff or by a treating physician, I consent for FUMA to act *in loco parentis* and to grant permission for emergency treatment, including surgery requiring the use of an anesthetic.
- ⇒ I authorize the FUMA Infirmary to exchange medical information with health-care providers as necessary to ensure provision of appropriate medical care to the cadet.
- ⇒ I authorize any hospital or physician rendering necessary medical care to the cadet to provide copies of medical records and to share clinical information with the FUMA Infirmary Staff.
- ⇒ I authorize FUMA Infirmary staff to inform FUMA faculty and staff members about my son's medical conditions or treatments that may bear on his participation and performance in FUMA's educational, military, and athletic programs.

signature of parent or guardian

relationship

signature of cadet

date

FAMILY HISTORY:

	Age	State of Health	Occupation	Age at Death	Cause of Death		Have any of your relatives had any of the following?	Yes	No	Relationship
Father							Tuberculosis			
Mother							Diabetes			
Brothers							Heart Disease			
							Arthritis			
							Stomach Disease			
Sisters							Asthma, Hay Fever			
							Epilepsy, Convulsions			

PERSONAL HISTORY: All questions must be answered. **Comment on all "YES" answers** in the space below or on additional sheet. Mark if you have or have ever had any of the following:

	Yes	No		Yes	No		Yes	No		Yes	No
Measles			Seizures			Ear, nose, throat trouble			Head injury with unconsciousness		
German measles			Disease/injury or joints			Eye trouble			Insomnia		
Mumps			Back problems			Gum/tooth trouble			Frequent anxiety		
Chicken pox			"Trick" knee, shoulder			Stomach/intestinal trouble			Frequent depression		
Malaria			High/low blood pressure			Gallbladder trouble			Worry or nervousness		
Tuberculosis			Pain/pressure in chest			Jaundice			Recent gain/loss of weight		
Amoebic dysentery			Heart palpitations			Recurrent diarrhea			ALLERGY: (include reaction)		
Rheumatic fever			Chronic cough			Frequent urination			Penicillin		
Venereal disease			Shortness of breath			Diabetes			Sulfonamides		
Tumor, cancer, cyst			Hay fever			Albumin/sugar in urine			Other medicines		
Hernia			Asthma (last attack)			Kidney disease			Bee stings		
Weakness/paralysis			Recurrent colds			Bedwetting			Foods (which)		
Dizziness/fainting			Sinusitis			Recurrent headaches			Other		

Comments:

Answer the following questions fully. No information should be withheld.

1. Has the student's physical activity been restricted during the past five years? (Give reasons and duration.)
2. Has the student received treatment or counseling for nervous condition, personality or character disorder, emotional or substance abuse problem? (Give details.)

- 3. Has the student ever been hospitalized? (Give dates and details.)

- 4. Has the student ever had outpatient or in-patient treatment due to emotional disturbances or drug use? (Give dates and details.)

- 5. Has the student consulted or been treated by clinics, physicians, healers or other practitioners within the past five years? (Other than routine check-ups.)

- 6. Has the student ever taken medication for depression, ADHD or impulsivity? If so, list medications and if discontinued, date of last dose.

- 7. Will the student require allergy injections while at FUMA? If so, bring all injection records and serum on admission day.

- 8. All students will be given an influenza inoculation after the beginning of the school year. If you **DO NOT** wish your son to receive this, please indicate by your signature:

EYE CARE:

It is strongly recommended that each student has a thorough eye exam before coming to school and that a copy of any lens prescription be included in this form. Many students wearing glasses are inconvenienced when their glasses are broken or lost. If contact lenses are worn, the student is **required** to have a pair of glasses for emergencies.

Students required to wear glasses for sports must have glasses, which comply with ANSI Z 87.1 standard. Students playing racket sports are advised to use eye protectors. Your ophthalmologist will be able to advise you about the most important protection for your eyes. If students report for contact sports with glasses that do not meet the safety standard, they will not be allowed to participate.

MEDICATIONS:

List below **all** medications the student will be taking while attending FUMA. All medications must be checked by the Infirmary. Upper School students will be given the required authorization by the Nurse to keep approved medication in their rooms.

Signature of Parent or Guardian

Physician's Signature

Date

TO BE COMPLETED BY PHYSICIAN:

Please complete ALL dates of below required immunizations:

	Immunization Record	1	2	3	4	5
Height _____	PPD (**required**) (must be within 1 year)	Date planted	Date read	Result _____mm		
Weight _____	DTP (minimum 3 doses required)					Tdap
Blood Pressure _____	OPV/IPV (minimum 3 doses required)					
Hemoglobin or hct _____	Hepatitis B (3 doses required) If pediatric 2 dose series, please note					
Urinalysis sugar _____ Albumin _____	MMR (2 doses required)					
Urinalysis micro _____	Meningococcal Vaccine (recommended)					

Are there abnormalities of the following systems? Describe fully. Use additional sheet if needed.

	Yes	No	Comments		Yes	No	Comments
Head, ears, nose, throat				Genitourinary			
Hearing				Musculoskeletal			
Respiratory				Metabolic/endocrine			
Cardiovascular				Neuropsychiatric			
Gastrointestinal				Skin			
Hernia				Any other condition			
Eyes							

Any known condition or injury of:	Date	Treatment	Restrictions
Ankle			
Knee			
Shoulder			
Head			
Other injury			

Is this student capable of physical activity and participation in a competitive athletic/military program?

Yes _____ No _____ If no, please specify: _____

Examining physician (please print) _____ Signature _____

Date _____ Phone # (_____) _____ Fax # (_____) _____

Address _____

FORK UNION MILITARY ACADEMY Medication Policy *(for all cadets/parents)*

1. All medication must be authorized by the Infirmary nurse. Any natural therapies or supplements must be prescribed by a physician with written description of each substance and directions for use and follow up. The Infirmary staff must approve any health and fitness supplements. Creatine is not allowed on the FUMA campus. No liquid medications will be allowed in the barracks. All Middle School medications will be kept in the Infirmary.
2. All behavior medication must be kept in the Infirmary and administered by the nursing staff. Every effort is made to ensure that each cadet receives his medicine. However, **each cadet is held responsible for taking his medicine**. If a cadet does anything with his prescribed medicine other than take it as instructed, he is subject to dismissal from the Academy. Furthermore, a cadet's continued failure to take medicine as instructed can be cause for recommending his withdrawal from the Academy. It is the Academy's position that a cadet who does not have the maturity to take medications given to him does not have the requisite maturity to continue as a member of the Cadet Corps. This position stands regardless of how his actions may have been influenced by the condition for which the medications are prescribed.
3. **Cadets who do not report to the infirmary at the times above for medicine will be placed on report to the Commandant and subsequently disciplined**. It will be the cadet's responsibility to arrange to obtain his medicine if he is unable to come at the regular medicine administration time.
4. It is the parents' responsibility to ensure that an adequate supply of prescribed medication remains available at the Academy for administration to the cadet. **Parents should contact the school nurse regularly to confirm the cadet's medicine supply**. If the medicine prescription so permits, refills may be obtained through the local pharmacy, per the parent's instructions and charged to the cadet's tuition account. The Academy physician is not authorized to prescribe such medications. Therefore, when a cadet's medicine supply runs out he will not receive medication until his parents have resupplied the school nurse. All medications must be in the original prescription bottle indicating the student's name and proper medication/dosage. No loose medications will be accepted by the Infirmary staff.
5. The cadet's parents must also provide written instructions from the prescribing physician regarding regular daily and weekend dosages, as well as dosage modifications allowed on an as needed basis. The prescribing physician must authorize changes in type, dosage or frequency of medicine or discontinuation of medicine in writing. Likewise, monthly evaluation and written documentation with the prescribing physician is recommended. Parents are responsible for assuring that the documentation is forwarded to the Infirmary staff. **Failure to do these things may result in discontinuation of medication administration to the cadet**.
6. To insure proper monitoring of the medication's effectiveness, the cadet's parents should share with the prescribing physician regular reports and information, including instructors' classroom observations, regarding the cadet's conduct and academic performance at FUMA.
7. Supplies of behavior medications (Ritalin, Prozac, Dexedrine, Zoloft, etc.) are **NOT** given to cadets as they depart on leaves. Parents must therefore maintain a supply of medicine at home for leave periods. Parents **may not** have cadets deliver medication to the Infirmary. **Behavior medicines must be delivered by the parents** to the Infirmary directly or through the mail.
8. When misconduct occurs, special accommodations cannot be made for cadets with attention or behavioral disorders without undermining the discipline and consistency essential to the Academy's military-styled learning environment. It is therefore not the Academy's policy to excuse misconduct, even when it can be argued that the misconduct might not have occurred had the cadet taken his medication properly. Neither the existence of a behavioral or attention disorder, nor the possible inadequacy of medication under whatever circumstances, will provide cause for holding a cadet to a standard any different from his fellow cadets.

As a cadet and as a parent or guardian of a cadet currently enrolled at Fork Union Military Academy, we commit to support the Academy medication policy as stated above.

Cadet's Signature

Signature of Parent or Guardian

Date

ORTHODONTIC TREATMENT AUTHORIZATION

THIS FORM TO BE COMPLETED **ONLY** FOR THOSE CADETS REQUIRING ORTHODONTIC CARE (**BRACES**) WHILE AT FORK UNION MILITARY ACADEMY.

Parents are to make all necessary arrangements with the orthodontist of their choice **prior** to their son's arrival at the Academy. Please have your orthodontist's office contact the orthodontist you have chosen. Listed below are the names and phone numbers of orthodontists near Fork Union. Transportation is provided to Charlottesville. The fee is charged to their tuition accounts. The Academy Infirmary schedules orthodontic appointments, usually on Thursday afternoons. The Infirmary cannot adjust the coordinated orthodontic schedule to individual preference. Missed appointments may be rescheduled on an individual basis dependent upon the orthodontist's appointment availability.

Drs. Frederick and David Hamer 434-296-0188
Dr. Quay Parrot 434-296-0188
Dr. Barton Weis 434-971-9601
Dr. James Soderquist 434-971-9601

Dr. Suzanne Dennis 434-973-4446
Dr. William Horbaly 434-973-6542
Dr. David Inouye 434-975-7435

Cadet's Name _____ Grade _____

Does the cadet wear braces at this time? Yes / No

Orthodontist Chosen _____

Circle one: Routine Care Emergencies Only

I have made the necessary financial arrangements and transfer of records with the above orthodontist. I authorize the Academy to schedule orthodontic appointments as indicated above. I respect the fact that these appointments must be kept according to schedule based upon our contract with our son's orthodontist. I am aware of the charges if appointments are missed and need to be rescheduled.

Parent or Guardian _____ Date _____

Notice of Privacy Rights

The FUMA infirmary, as a “provider” under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), complies with all regulations designed to protect the privacy of individual health information.

Understanding Your Health Record/Information—A record is made of every visit to a health care provider, including the Infirmary. Typically this record contains the patient’s symptoms, examination/test results, diagnoses, and treatment. This medical or health record is used to plan patient care and permit communication among health professionals, to document care received and verify services provided, to provide data for public health officials, and to improve health care services.

Your Health Information Rights—Although the health record is the physical property of the Infirmary or the entity that compiled it, the information belongs to the patient. As the cadet patient’s legal guardian you have the right to request a restriction on certain uses and disclosures, to obtain a copy or to request (in writing) to amend the record, to obtain an accounting of disclosures, to request communication of the health information by alternative means, and to revoke your authorization to use/disclose health information except to the extent already done.

FUMA (Infirmary) Responsibilities—The Academy must maintain the privacy of the cadet’s health information, provide you with this notice of FUMA’s legal duties and privacy practices, notify you if FUMA is unable to grant requested restrictions, and accommodate reasonable requests to communicate health information by alternative means or at alternative locations. FUMA will maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard personal information. FUMA may disclose information for law enforcement purposes as required by law or in response to a valid subpoena. Persons violating the school’s Privacy Policy will be subject to disciplinary procedures. FUMA reserves the right to change its practices regarding protected health information, in which case a revised privacy notice would be emailed or mailed to the address you have supplied.

Uses and Disclosures of Health Information—FUMA personnel will use or disclose cadet health information only as needed in treatment, payment, and health care operations. In particular FUMA may, without specific additional authorization, disclose the cadet’s health information to any healthcare provider treating or otherwise rendering professional services to the cadet and/or to insurers as necessary to facilitate payment for the cadet’s health care. Health care providers may, without specific additional authorization, disclose information to FUMA (the Infirmary) as needed for the cadet’s care and treatment. Except as described in this notice and as provided by law, FUMA will not use or disclose health information without authorization.

For More Information or to Report a Problem—If you have questions, please contact the Infirmary staff at 434-842-4310. If you believe your son’s privacy rights have been violated, you have the right to file a complaint with the Department of Health and Human Services (1-877-696-6775). FUMA will not retaliate for you filing a complaint.

Acknowledgement of Authorization to Use and Disclose Health Information

I understand and agree that by enrolling at FUMA the young man named in this Health Form, and by my signature below, I authorize FUMA personnel to use and disclose the young man’s protected health information as needed in treatment, payment, and health care operations. FUMA personnel may, without my specific authorization, disclose the cadet’s health information to any healthcare provider treating or otherwise rendering professional services to him and to insurers as necessary to facilitate payment for services. I understand that information received pursuant to this authorization may be disclosed by the recipient and might lose its protected status.

I understand that I may revoke this authorization at any time by written notice to the FUMA Infirmary.

Parent’s Signature

Date

Parent’s Name, printed