The University of Mississippi Medical History

This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and authorization.

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Immunization Requirement		I r			
Any student entering the University of Mis January 1, 1957, is required to submit prop for measles (rubeola) and rubella and mu University courses. Please have your physi either fill out the compliance form or use t Health Form #121 (available at local Health office). * <i>Other forms are accepted</i> .	er documentation of immunization mps, prior to registering for ician or local health department he Mississippi State Board of	on	Please Return This Fo Student Health Service V.B. Harrison Building PO Box 1848 400 Rebel Drive University, MS 38677-	, 1st Floor	
Name (last, first, middle)					
			Date of Birth		
			Telephone		
Emergency			ome Telephone		
Address B		Busir	usiness Telephone		
Personal History (Please c	omment on positive	answe	rs under remarks.)		
HAVE YOU HAD? Yes No		Yes 1	No	Yes No	
Measles	Scarlet Fever		Kidney Disease		
German Measles	Migraines		Rheumatic Feve		
Mumps	Head Injury		Heart Murmur		
Chicken Pox	Asthma		Joint Disease		
Allergies To:	Surgery:		Joint Injuries		
Penicillin	Appendectomy		Back Problems		
Insect Stings	Tonsillectomy		Stomach Ulcer		
Foods	Hernia Repair		"Mono"		
Other	Other		Anemia		

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.)

Student Signature

If a student 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 Service.

Parent Signature -