

EMBRY RIDDLE AERONAUTICAL UNIVERSITY - Daytona Beach Campus
Health Services
600 S. Clyde Morris Blvd. Bldg 20
Daytona Beach, FL 32114-3900
(386) 226-7917 PHONE
(386) 226-6082 FAX
www.erau.edu/db/health
dbhealth@erau.edu

Dear Embry Riddle students and parents,

Welcome to the university! The staff of Health Services is committed to providing you with the health care and preventive education that will support your academic and co-curricular goals. Please read the following important information prior to completing the STUDENT MEDICAL REPORT and returning it to Health Services by mail or fax.

IMPORTANT INFORMATION REGARDING STUDENT HEALTH CARE SERVICES

Please make sure that the authorization for treatment has been signed. Health Services staff members will use your personal medical information for purposes of diagnosis, care and consultation. The information you include in this record is confidential and is not released for students 18 years of age and older without your written consent except in cases of extreme medical emergency or by court order. Parents or legal guardians of students under age 18 have legal access to medical records except for those regarding issues of contraception and sexually transmitted infection.

Health Care Visits - All students registered in the current semester can be seen and treated at our on-campus Health Services center free of charge. Our facilities are supported by the Health Services fee paid by the student each semester with their registration fees. For “after hours” routine care, our currently registered students can also visit the Halifax Community Walk-In Clinic located directly behind Halifax Medical Center. There is no charge to be seen. However, charges will apply for treatment at the Halifax Medical Center Emergency Room. Additional information on operating hours can be located at www.erau.edu/db/health
If transportation is needed, students living on campus may call Safety at 386-226-6480 for transportation.

Health Insurance - the university requires all students to participate in the Student Injury and Sickness Insurance Plan unless proof of comparable insurance coverage is provided. Students will be automatically enrolled in the university’s student health insurance plan. Benefits may be viewed at www.uhcsr.com. Students having coverage comparable to the university’s plan must complete an online Waiver to have the charge removed from their student account. Instructions are available at www.erau.edu/db/health

Immunization Requirements – Proof of immunization is required for MMR (measles, mumps, rubella). Details follow within this form. In addition, students are required to show proof of having received immunizations against meningococcal meningitis and Hepatitis B. For your safety, ERAU encourage all students to be immunized against these diseases. Although our campus has never experienced an outbreak of bacterial meningitis, a number of college and university campuses have, sometimes with dire consequences to the life and health of the student. Prior to leaving home, please discuss these concerns with your personal physician. You can learn more at www.HelpPreventHepatitis.com and www.voicesofmeningitis.org. To assist students in obtaining these vaccines, Health Services will host immunization clinics during the year. Clinic schedules and pricing can be located at www.erau.edu/db/health

Please feel welcome to contact us should you have any questions regarding the completion of this form, immunization requirements or your health care while enrolled at the university.

Sincerely,
Marianne Baskin
Director, Health Services
Daytona Beach Campus

NAME _____ DATE OF BIRTH ____/____/____

REQUIRED IMMUNIZATION DATA --- Students who fail to comply will have a HOLD placed on class registration and/or will be denied class attendance pending satisfactory completion of required data.

A licensed health care provider must certify immunization data. Copies of school or military immunization records will be accepted with appropriate dates and signatures indicated.

- A. MMR (MEASLES/MUMPS/RUBELLA):** Students must provide proof of two doses administered on or after the first birthday. The second dose of MMR must be administered 30 days or more after the first dose. Alternately, students may provide copies of laboratory reports indicating positive antibody titers for these diseases.

1st MMR ____/____/____ 2nd MMR ____/____/____

HEPATITIS B AND MENINGOCOCCAL MENINGITIS: Please log onto www.erau.edu/db/health for information regarding these diseases and their prevention through vaccination. **All students who reside in University Housing must either document the immunizations for Hepatitis B and meningococcal meningitis OR complete the waiver in section B below.** We urge you to discuss these concerns with your personal physician and consider vaccination. **There will be opportunities for vaccination at campus-sponsored clinics during Orientation and campus-specific dates to be announced.**

Hepatitis B dose 1: ____/____/____ Meningococcal Meningitis ____/____/____
dose 2: ____/____/____
dose 3: ____/____/____

Physician or authorized signature ____/____/____ date _____
License # & Office Stamp with Address

B. WAIVER TO DECLINE

I have read the detailed information provided regarding the risks of contracting meningococcal meningitis and Hepatitis B disease and the potential benefits of being vaccinated to reduce those risks. **Please be sure to indicate which vaccine/s you are declining.**

- I decline to receive Hepatitis B vaccines.
- I decline to be vaccinated for meningococcal meningitis.

Student Signature Date ____/____/____

AND by parent or legal guardian if under 18 and single Date ____/____/____

AUTHORIZATION FOR TREATMENT

I hereby grant permission to the Health Services or Counseling Center staff of Embry Riddle Aeronautical University or the University Physician(s) to render any health care or emergency treatment to myself/son/daughter/ward. I also grant permission for the above referenced ERAU staff to arrange for health care, emergency treatment or hospitalization at an accredited hospital or other medical, psychological or dental care facility when considered necessary by the Health Services or Counseling Center staff or University Physician(s).

Signed _____ Date ____/____/____
Student Signature

Signed _____ Date ____/____/____
AND by parent or legal guardian if under 18 and single