



Health Services Office

5000 Deer Park Dr. SE  
Salem, OR 97317-9392

Phone: 503.375.7010 x2181  
Fax: 503.585.4316

# Comprehensive Student Health and Disability Report HEALTH HISTORY

Last Name First Middle

Name of parent, guardian or spouse

Campus / Local Address, if known

Home Address

City State Zip

City State Zip

Phone Sex:  Male  Female

Student's state or country of birth

Program

Date of Birth Age Date Entering Corban

IN CASE OF EMERGENCY NOTIFY:	
Name	Relationship
Phone	

## PERSONAL AND FAMILY HISTORY

(check "Yes" answers only)

You Family Please Explain

Asthma			
Allergies / Environmental			
Migraines			
Diabetes			
Gastrointestinal Disorder			
Hepatitis			
Anemia or Blood Condition			
Heart Disease			
High Blood Pressure			
Kidney Disease			
Cancer			
Immunocompromising Condition			
Rheumatoid Arthritis			
Seizure Disorder			
Tuberculosis			
Head Injury / Concussion			
Hearing Loss			
Vision Impairment			
Mobility Limitations			
Depression			
Anxiety			
Bulimia / Eating Disorder			
ADD / Learning Disability			
Alcohol / Drug Counseling or Treatment			
Autism/Asperger's			

Allergies to medication \_\_\_\_\_

Prior hospitalizations (include residential and inpatient treatment) \_\_\_\_\_

Disability or condition that required accommodations in the past or that interferes with schoolwork \_\_\_\_\_

**To be evaluated for accommodations contact Office of Student Support 503.375.7012**

Drugs / Medicines you use regularly (includes contraceptives, herbal medicine) and conditions they treat \_\_\_\_\_

Mental health and medical conditions currently under treatment \_\_\_\_\_

Women: Date of last pap \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION AND THEN COMPLETE THE REQUIRED FORMS AND RETURN BY MAIL OR FAX.**

(For a list of required forms see "REQUIRED FORMS" page.)

In accordance with the Oregon State Health Division, Administrative Rule 333-19-080, documentation of two doses of measles vaccine (rubeola) is required of all entering students who are attending Corban University half-time or more.

**REQUIRED**

1. **Two Rubeola** (Red Measles) immunizations after 12 months of age if you were born on or after January 1, 1957.

Students can be considered immune to measles only if:

- They were born before 1957 (these people are assumed to have had measles)
- They have physician documentation of immunization with two doses of measles vaccine at least 30 days apart, on or after their 1st birthday.
- Physician diagnosed measles or
- Blood test showing evidence of immunity.

2. **Rubella** (German Measles) after one year of age.

3. **Mumps** after one year of age.

Most often MMR (Measles, Mumps and Rubella) was given as a combination immunization at 15 months of age or later.

The Registrar's office will be notified of students who are not in compliance with the Oregon State Health Division requirements. **Registration to attend classes will not be allowed for students who fail to complete their health requirements.**

Students can discuss any questions regarding the immunization requirements with personnel at Corban University.

**YOU MUST FILL OUT THE HEALTH HISTORY FORM TO MEET THIS REQUIREMENT.**

**IMMUNIZATION EXEMPTION**

You may be considered exempt of the immunization requirement if one or more of the following apply:

- You were born before January 1, 1957
- You adhere to a religion that is opposed to immunizations
- There is a medical reason that prohibits you from being immunized

If you are seeking to be exempted from the immunization requirement, please fill out the related section found on the "IMMUNIZATION (2 of 3)" form. Please check which exemption you are seeking and provide the proper signature.

**RECOMMENDED IMMUNIZATIONS (8)**

- |   |  |
|---|--|
| 1. Diphtheria/Tetanus (booster dose within last 10 years) | 5. Meningococcal - Menactra (1 dose)       |
| 2. Varicella (chicken pox)                                | 6. Rubella (German/3 day Measles) (1 dose) |
| 3. Mumps (1 dose)   | 7. Hepatitis A Series (2 doses)            |
| 4. Polio  | 8. Hepatitis B Series (3 doses)            |

**TUBERCULOSIS (TB) SCREENING / FOR ALL STUDENTS BORN IN HIGH INCIDENT COUNTRIES**

Students from low-incidence countries, as designated by the Oregon State Health Division, are not required to have TB screening. Low-incidence countries per Oregon State Health Division:

Australia • Austria • Belgium • Canada • Denmark • Finland • France • Germany • Great Britain • Greece • Ireland • Italy  
Luxembourg • Netherlands • New Zealand • Norway • Portugal • Spain • Sweden • Switzerland

Students born outside the above countries are at higher risk of being infected with Tuberculosis. **Tuberculosis skin testing is required for those students born outside the low-incidence countries.** Any student who has a history of a previous positive TB test should not be retested; these students need to have a chest x-ray. The student will need to bring a copy of the x-ray report or physician documentation of treatment for TB

Students should complete the Tuberculosis Screening Documentation Form if they were born in a high incident country and submit with the Health Form to Corban University.



CORBAN UNIVERSITY

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Phone: 503.375.7010 x2181 Fax: 503.585.4316

Comprehensive Student Health and Disability Report IMMUNIZATIONS (2 of 3)

History or Exemptions

Immunization records may generally be obtained from your family physician, last school attended or your parents.

MEASLES (RUBEOLA/HARD MEASLES) VACCINATION REQUIREMENT

Each entering student born on or after January 1, 1957, must have two doses of measles vaccine (documented by month and year of each dose) on or after the first birthday, with a minimum of 28 days between the doses.

MEASLES OR MMR IMMUNIZATION DATES(S): 1. \_\_\_/\_\_\_/\_\_\_ 2. \_\_\_/\_\_\_/\_\_\_ -or-

1st dose childhood record unavailable but given 2nd dose: \_\_\_/\_\_\_/\_\_\_ (International students need documentation of both dates)

If you fail to document compliance, you will not be allowed to complete your registration or attend classes.

AGE, MEDICAL OR RELIGIOUS EXEMPTION FOR TWO-DOSE MEASLES VACCINE

AGE EXEMPTION: I was born before 1957 and am therefore considered immune. Date of birth \_\_\_/\_\_\_/\_\_\_ (mo./day/year)

Student signature \_\_\_\_\_ Date \_\_\_\_\_

RELIGIOUS EXEMPTION: I am an adherent to a religion whose teachings are opposed to immunization and request that I be exempted from the immunization requirement. Student Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL EXEMPTION: I certify that the above-named student should be exempt from the requirements for the measles vaccine based on: A. History of measles \_\_\_ (month/year) B. Immune titer shows immunity to measles \_\_\_ (month/year) C. The following medical reason \_\_\_\_\_ constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Services for measles vaccine.

Health care practitioner signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name and title of health care practitioner \_\_\_\_\_ Telephone Number \_\_\_\_\_

MENINGOCOCCAL VACCINATION RECOMMENDATION (not required)

The CDC recommends that all first year students living in residence halls be immunized against meningococcal disease, a rare but potentially fatal bacterial infection commonly referred to as meningitis. College students living in residence halls are more likely to contract meningococcal disease than the general population due to lifestyle factors such as close living situations, irregular sleep patterns and sharing personal items. Meningococcal vaccines should be administered before arriving at Corban.

MENINGOCOCCAL IMMUNIZATION Date: \_\_\_\_\_ Type: [ ] Conjugate (Menactra Brand) [ ] Polysaccharide (Menomune)

OTHER RECOMMENDED IMMUNIZATIONS (not required)

- Diphtheria, Tetanus, Pertussis (booster within last 10 years) Date: \_\_\_\_\_ Type: [ ] Td [ ] Tdap
Polio Series (4 doses) Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_
Mumps and Rubella (within the MMR immunization-2doses) Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_
Hepatitis A Series (2 doses) Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_
Hepatitis B Series: (3 doses) Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
Varicella (Chickenpox) (2 doses) Dates: 1. \_\_\_\_\_ 2. \_\_\_\_\_
-or- History of Chickenpox infection Year: \_\_\_\_\_

Please check this box if you have not been immunized for chickenpox and have not had chickenpox [ ]

TUBERCULOSIS SCREENING TB testing is required for some international and nonnative students, depending on country of birth. Please see "Tuberculosis Screening Documentation Form" for more information.

Please sign and return this form before AUGUST 1 (Address and fax at the top of the page).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Date of Birth</i>
<i>Campus / Local Address, if known</i>			<i>Student's Country of birth</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Student I.D.# if Known</i> <span style="float: right;"><i>Zip</i></span>

Tuberculosis screening is **not required for students born in the United States or low-incidence countries**, as designated by the Oregon State Health Division, which include: Australia • Austria • Belgium • Canada • Denmark • Finland • France • Germany • Great Britain • Greece • Ireland • Italy • Luxembourg • Netherlands • New Zealand • Norway • Portugal • Spain • Sweden • Switzerland

Students born outside the above countries are at higher risk of being infected with tuberculosis. A Tuberculosis skin test within the past six months is required for those students born outside the low-incidence countries. Students who have a positive TB test must have a chest x-ray.

Any student who has had a positive TB test in the past should not be retested; these students should have a chest x-ray only. A copy of the x-ray report or documentation in the "CHEST X-RAY" box below will fulfill the tuberculosis screening requirement.

**TUBERCULIN SKIN TEST**

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
 mm Induration: \_\_\_\_\_ Test Result: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider*

**CHEST X-RAY**  
 Required for those with a positive skin test, history of a positive skin test, or history of tuberculosis infection.

Date of x-ray: \_\_\_\_\_ Results of reading: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider*

NOTE: The Registrar/Deans will be notified of students who are not in compliance with the State Health Division requirements. Attendance in class and pre-registration will not be allowed for students who are not in compliance.

**Mail or fax this with your Health History form to:** Corban University / Health Services Office (see information at the top of the page)

Name: \_\_\_\_\_  
Last First M.I.

**LIABILITY RELEASE**

All information on this form will be kept confidential and will be shared with appropriate Corban personnel on a need-to-know basis only. Please return your completed form to the Student Life Office in the enclosed return envelope.

Corban University provides no insurance coverage or payment for medical expenses for students who sustain injuries while enrolled at Corban. This includes injuries sustained in all college activities, including, but not limited to, injuries occurring in classes, while participating in class-sponsored activities, internship programs, community service assignments, intramural sports, intercollegiate athletic programs, mission trips, educational excursions, or ASB sponsored events.

The undersigned acknowledges there are inherent risks of injury from participating in various school activities and waives and releases Corban University from any and all claims or demands for damages or injury, known or unknown, that the participant may have against them while a student at Corban.

If physical activity of a student has been restricted by a physician, the student is responsible for observing such restrictions.

*I have read and agree to the above statements:*

\_\_\_\_\_  
Student signature Date

\_\_\_\_\_  
Parent/Gaurdian signature (if student is under 18) Date

**INSURANCE INFORMATION**

Name of Health Insurance Company: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

\*Name of Insured: \_\_\_\_\_ \*Insured's Date of Birth: \_\_\_\_\_

Employer of Insured: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

*\*Usually applies to parent who carries the policy*

**Please attach a photocopy of front and back of insurance card**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Last tetanus shot: \_\_\_\_\_



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Comprehensive Student Health and Disability Report  
**MENTAL HEALTH HISTORY**

Name: \_\_\_\_\_  
*Last First M.I.*

**MENTAL HEALTH**

All information on this form will be kept confidential and will be shared with appropriate Corban personnel on a need-to-know basis only. Please return your completed form to the Student Life Office in the enclosed return envelope.

Describe any medical or mental health problems that have required psychological care. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check any of the following you HAVE experienced or are presently experiencing.  
For each item checked provide: •Diagnosis •Age or Dates and •Treatment  
(if more space is needed please use the back and indicate item # describing)

- 1. ADD/ADHD \_\_\_\_\_
- 2. Alcohol or substance abuse or dependence \_\_\_\_\_
- 3. Anger management issue \_\_\_\_\_
- 4. Anti-social or conduct disorder \_\_\_\_\_
- 5. Autism/Asperger's disorder \_\_\_\_\_
- 6. Anxiety disorder \_\_\_\_\_
- 7. Bipolar disorder \_\_\_\_\_
- 8. Depression \_\_\_\_\_
- 9. Eating disorder \_\_\_\_\_
- 10. Learning disability \_\_\_\_\_
- 11. Obsessive-compulsive disorder \_\_\_\_\_
- 12. Panic disorder \_\_\_\_\_
- 13. PTSD \_\_\_\_\_
- 14. Self-injury \_\_\_\_\_
- 15. Sleep disorder \_\_\_\_\_
- 16. Suicidal thoughts \_\_\_\_\_
- 17. Suicide attempt \_\_\_\_\_
- 18. Are you now taking or have you ever taken medication for any of the above? (Specify medication and dates.)  
\_\_\_\_\_  
\_\_\_\_\_
- 19. Do you desire to begin or continue counseling during college? \_\_\_\_\_
- 20. Have you been hospitalized for a psychiatric disorder? \_\_\_\_\_
- 21. Have you been treated for alcohol and/or drug addiction? (Specify dates) \_\_\_\_\_

NOTE: We may contact you if we are unsure how to best accommodate your mental health needs. All students are expected to function independently in the college environment (i.e. take medication as prescribed, maintain regular class and chapel attendance, take care of themselves physically, and safely reside in the residence hall). If you have questions, please call the Office of Student Life.

# Student Contract

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*Responsibilities of membership in the community of Corban University*

As a Christian university, Corban is committed to providing a Christian education for life and service. We believe that the expectations outlined in the student handbook are conducive to your personal growth and are in the best interest of the Corban community as a whole. Our community expectations are based on biblical principles, our local church support, our school history and responsiveness to today's culture. While we recognize that you may not have personal convictions wholly in accord with these responsibilities and standards, the purposes and ideals underlying them necessitate that you be willing to modify your own personal preferences and standards of conduct while associated with the University. If you cannot then you should seek a living/learning situation more acceptable to you.

*I hereby certify that I understand and accept the responsibilities of membership into the Corban community and will adhere to the standards of conduct outlined in the Student Handbook for the duration of my association with the University. I understand this includes breaks when classes are not in session and I will sign this contract each fall as an indication of my continued commitment.*

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Student Name (Please Print)

Date

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Student Signature



**CORBAN**  
UNIVERSITY

5000 Deer Park Drive SE | Salem, Oregon 97317  
800-845-3005 | [www.corban.edu](http://www.corban.edu)

# Housing Preference Form

OFFICE OF STUDENT LIFE  
 503.375.7010 | 503.585.4316 fax | studentlife@corban.edu

<b>Office Use Only</b>	Date Form Received ____/____/____	Date Housing Fee Paid ____/____/____
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Semester:  Fall  Spring 20\_\_\_\_  
 Status:  Freshman  Transfer  Re-admit  
 If transfer or readmit, class standing:  Fr  So  Jr  Sr  
 Gender:  Male  Female

Name \_\_\_\_\_ Preferred name (if different) \_\_\_\_\_  
 Height \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
 Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Home e-mail \_\_\_\_\_  
 Roommate Preference (must be a mutual request) \_\_\_\_\_  
 Residence Hall preference(s) \_\_\_\_\_

We try to honor requests for a specific roommate but reserve the right to use our own discretion and take space availability into consideration when final room assignments are made. The earlier you pay your housing fee, the more likely we will be able to accommodate your preference!

Meal plan preference will be determined at Orientation. You will be given the opportunity to change your meal plan for 10 days following Orientation.

In anticipation of having a roommate(s), rate the following according to the importance it has for you. Respond to the statements by circling one of the numbers. The number that you circle represents the degree to which the statement is characteristic of you. These will be used in determining the type of roommate with which you would best get along.

	Never	Occasionally	Often	Always
1. I need a quiet, organized environment in which to study.	1	2	3	4
2. I tend to go to bed before 11 p.m.	1	2	3	4
3. I keep my room very clean.	1	2	3	4
4. I like having people in my room to socialize with.	1	2	3	4

Of the previous four statements, which is most important to you? \_\_\_\_\_

Rate 1-5 (1 being lowest priority and 5 being highest priority)

\_\_\_ Studying  
 \_\_\_ Social Interaction  
 \_\_\_ Developing strong relationships within the dorm  
 \_\_\_ Spiritual Development  
 \_\_\_ Keeping busy with activities

What type of music do you listen to? \_\_\_\_\_

What is your planned major? \_\_\_\_\_

What are your interests? \_\_\_\_\_

Have you been recruited to play a team sport?  Yes  No If yes, which one? \_\_\_\_\_

Mail the completed form directly to:  
 Office of Student Life  
 Corban University  
 5000 Deer Park Drive SE  
 Salem, OR 97317-9392



# RESIDENCE HALL LIVING

*A checklist of items to bring for living on campus*

## Necessities

Bedding - Regular twin  
Towels  
Soap/Shampoo/Toiletries  
Alarm Clock  
Laundry Supplies/Basket

## Highly Recommended

Computer (Anti-Virus software required)  
Printer  
Desk Lamp  
\*Telephone

## Optional

Small Refrigerator  
Room Decor  
Microwave

**Laundry Facilities:** Every residence hall is equipped with laundry facilities. Each resident student will be given a pre-paid laundry card upon arrival. If at any time during the year the student's laundry card is depleted of funds, the student may bring it to the Student Life Office to be refilled at no additional cost. Students are responsible to provide their own laundry detergent and dryer sheets.

**Furniture:** If you plan to bring personal furniture or additional electrical appliances (from those listed above) you **MUST** have it cleared by the Residence Life Office. You can contact them at (503) 375-7010.

**Extension Cords:** Extension cords must be a 14 gauge fused power strip. Standard extension cords are not allowed. Electric cords (i.e. Christmas lights) should not be placed under carpets or through doorways. Christmas lights are permitted only during the Christmas season.

**Pets:** No personal pets are permitted in or about the premises. Fish are allowed (fish tanks not to exceed two gallons).

**Prohibited Electrical Appliances:** Halogen lamps, hot plates, hot pots, electric heaters, electric blankets, electric mattress pads, space heaters, toaster ovens, liquid incense, and electric potpourri burners.

**Candles and Flammables:** According to fire code, NO open flames (bunsen burners, candles, incense) are allowed in the residence halls. Candles may be displayed but NOT burned. In addition, flammable materials (e.g., gasoline, solvents, spray paint) are not permitted in the residence halls.

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**\*Telephone:** You are encouraged to bring your own telephone. All rooms are equipped with a working telephone line. If it is not possible for you to bring your own telephone, the University will provide a phone for your room at the cost of \$5.00 per year. To order a phone, go to Information Systems office during Family Orientation.