Dickinson **Wellness Center Health Services**

P.O. Box 1773
Carlisle , PA 17013
http://www.dickinson.edu/student-life/resources/health-center/

717-245-1835 (p)
717-245-1938 (f)
health@dickinson.edu

Dear Student,

On behalf of Dickinson College Wellness Center – Health Services, we would like to extend to you a very warm welcome! In order to provide the best possible care for you while at Dickinson, the College **requires** you to submit all health forms to our office by Fri. June 29, 2012. This information will become part of your confidential health record which will be on file in our office. ***You are required to have a physical exam dated no more than 1 year prior to date of matriculation, so please call to make an appointment with your health care provider as soon as possible.***

Information about Health Forms – the following must be completed prior to matriculation:

Forms	Links
Medical/Health History Form submitted online through Gateway. Your Gateway user name and password were included in your Orientation brochure. If you are unable to access the form online, you may download the form. All sections must be completed and electronically signed. **Complete and submit the hardcopy ONLY if you cannot complete it online.**	*https://gateway.dickinson.edu/* **OR** *Health History.pdf*
General Guidelines for Treatment and Privacy Statement – both forms must be signed and dated.	*Health Services Guidelines for Treatment and Privacy form.pdf*
Immunization and Physical Exam Form – all sections must be completed and signed by your health care provider.	*Immunization Record.pdf*

General Information:

Topics	Links
Allergy Injections If currently receiving allergy injections and plan to continue while at Dickinson, your Health Care Provider must complete the allergy injection information forms.	*http://www.dickinson.edu/uploadedFiles/student_life/resources/health_center/content/Allergy%20Injection.pdf*
Chronic Medical Conditions If under medical care at present for an ongoing or chronic medical condition a summary from your health care provider should be sent to Director, Wellness Center – Health Services. In lieu of the form, a letter containing diagnosis *(including initial date diagnosed)*, treatment, and follow-up plan will be accepted.	*http://www.dickinson.edu/uploadedFiles/student_life/resources/health_center/content/Summary%20of%20Care.pdf*
Health Insurance All students are required to have health insurance. The college has contracted with United HealthCare to provide health insurance to students at an affordable rate, if currently uninsured or if their policy will not cover them while at school. To waive out of the college plan, proof of eligible health coverage must be submitted online.	*http://www.dickinson.edu/about/offices/financial-operations/content/student-accounts/Health-Insurance/*
Health Services Fees All full-time students are eligible to be seen at the Wellness Center – Health Services at no cost for the visit, regardless of health insurance. Health Services does not submit charges to insurance companies, but will provide an itemized receipt to the student upon check-out. *See our webpage for a list of fees.*	*http://www.dickinson.edu/student-life/resources/health-center/content/Health-Center-Fees/*

Important Things to know:

- The State of Pennsylvania requires all students to provide proof of a valid meningitis vaccine or a signed waiver ***in order to be housed on campus.***

- The health forms may be submitted by any of the following methods:
  E-mail: health@dickinson.edu
  Fax: 717-245-1938
  Mail: Dickinson College
  Wellness Center – Health Services
  P.O. Box 1773
  Carlisle, PA 17013

- All health forms can be found at:
  http://www.dickinson.edu/student-life/resources/health-center/content/Health-Forms-and-Policies/

- For further information regarding health forms or health-related matters:
  Webpage: http://www.dickinson.edu/student-life/resources/health-center/
  Phone: 717-245-1835

- For questions related to the College Health Insurance plan or waiver, please contact:
  E-mail: stuaccts@dickinson.edu
  Phone: 717-245-1657

- **The deadline for the health forms is June 29, 2012. Students who have incomplete forms or who have not submitted the necessary forms will not be permitted to move into their room upon arrival to campus. We will notify you regarding any deficiencies by e-mail to your Dickinson e-mail account. Please check your e-mail on a frequent basis.**

Maintaining your health during your college years is an extremely important factor in being productive and achieving academic success. We look forward to helping you make your time at Dickinson a healthy and happy experience. If you have any questions or concerns, please contact Beth Graham, grahamb@dickinson.edu or Mary Polson, polsonm@dickinson.edu

Sincerely,

Mary Polson, Director

Beth Graham, Senior Admin Asst

Dickinson

Wellness Center
Health Services

PRE-ADMISSION IMMUNIZATION POLICY

Dickinson College Pre-Admission Immunization Policy has been established in accordance with recommendations on vaccine-preventable diseases from the CDC.

VACCINE	VACCINATION SCHEDULE	DOCUMENTATION REQUIRED
Measles, Mumps, Rubella	Two doses of MMR at least 28 days apart after 12 months of age.	Provider-verified documentation of **(MMR)** vaccine dates *or* positive serologic test demonstrating immunity.
Tetanus, Diphtheria, Pertussis (TDAP)	One dose of Tdap regardless of interval since last Td booster.	Provider-verified documentation of vaccine date.
Polio	Primary series should be completed with IPV or OPV.	Provider-verified documentation of primary series completed and booster date.
Varicella	Two doses of varicella vaccine at least 12 weeks apart if vaccinated between 1 and 12 years of age and at least 4 weeks apart if vaccinated at age 13 years or older.	Provider-verified documentation of vaccine dates, history of disease *or* positive serologic test demonstrating immunity.
Hepatitis B	Series of three age appropriate doses (given at 0, 1-2 mo., and 6-12 mo) at any age. Alternatively, 2 adult doses (given at 0, and 4-6 mo.) if vaccinated between 11-15 years of age.	Provider-verified documentation of of vaccine dates *or* positive serologic test demonstrating immunity.
Meningococcal Quadrivalent	Initial dose of conjugate vaccine: 11-12 years of age. Booster dose: If initial dose < 16 years; booster dose at 16-18 years of age. If initial dose given age ≥ 16 years, no booster is needed.	Provider-verified documentation of vaccines *or* signed waiver*.
***The State of Pennsylvania requires all students to provide proof of immunization or sign a waiver declining the meningitis vaccine in order to be housed on campus.**		
Tuberculosis Screening Test	A tuberculin skin test (TST) *or* Interferon Gamma Release Assay (IGRA) blood test is required on all students who meet the "high risk" criteria, regardless of previous BCG inoculation. Positive Results: if positive, a chest x-ray is is required.	Provider-verified documentation of TST *or* IGRA results.
The following vaccines are strongly recommended, but not required:		
HPV	Series of three vaccines.	
FLU VACCINE	Given on an annual basis.	

Dickinson College has a Pre-Admission Immunization Policy to protect the health and well being of the entire campus community. Students who have not completed the immunization requirements will not be able to move into their housing assignment upon arrival to campus.

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717-245-1938 (FAX)
E-mail: health@dickinson.edu

Health Forms Checklist

We have provided the following checklist in order to help you meet the mandatory health-related requirements:

Physical Exam

❑ Call your health care provider to schedule physical exam appointment

Welcome Letter and Pre-Admission Immunization Policy

❑ Carefully review the Welcome letter and Pre-admission Immunization Policy

Online Medical/Health History Form (in Gateway)

Complete all sections of the form:

❑ Medical/Health history
❑ Meningitis vaccine information or waiver
❑ TB Risk Assessment
❑ Social History
❑ Acknowledgement Statement

Medical Record Form

Have your health care provider complete all pages :

❑ Immunization Record
❑ Physical Exam
❑ Tuberculosis TB Screening

Health Insurance Waiver or Enrollment

❑ Go to Student Accounts web page http://www.dickinson.edu/about/offices/financial-operations/content/student-accounts/Health-Insurance/ to complete online

Dickinson
Wellness Center

Health Services – General Guidelines for Treatment

I. DESCRIPTION OF HEALTH SERVICES

The Dickinson College Wellness Center is a multidisciplinary integrated care system that includes medical, counseling, nutrition and psychiatry services. All services provided at the Wellness Center are confidential. Treatment providers at the Wellness Center may consult with one another on occasion to ensure that you receive the most appropriate care. During these consultations, treatment providers will share only the relevant information to help them provide you with the appropriate care.

Dickinson College Student Health Services serves as your primary-care provider while you are away from home. The Center is staffed with nurse practitioners and a physician consultant. The office offers multiple services, including treatment for common illnesses and injuries, preventive sexual-health services, immunizations and physical exams. All full-time students are eligible to be seen at Health Services regardless of type of health insurance.

Health Services does not bill insurance companies. If there are charges, a receipt will be provided for your convenience that can be submitted to your insurance company for reimbursement. The receipt will have your diagnosis, and any lab or medication charges you are seeking to have reimbursed. If you charge your student account, the only information the Student Accounts Office receives is your name, the date of service, the amount to be charged, and the office from which the charge is being initiated. No diagnosis or any other information is given to the Student Accounts Office. If you use your declining balance account the same information as described above is electronically stored and the amount is deducted from your declining balance account. No health information is present on your monthly statements and no Dickinson College department other than the Wellness Center has the ability to retrieve that information.

II. REFERRING TO EXTERNAL TREATMENT PROVIDERS

Most of your health care needs can be met at the Wellness Center. In the event that your health condition warrants a referral to an external provider or specialist, Health Services will help to facilitate that process. Your treatment provider will attempt to refer you to a provider that participates with your insurance network; however, it is ultimately your responsibility to be familiar with your insurance coverage and its requirements.

III. APPPOINTMENTS

Students can call to schedule appointments for services during the academic year from 8:30 a.m. to 4:30 p.m., Monday through Friday (Tuesday the office is closed from 1 p.m. to 2 p.m.), and Saturdays from 11 a.m. to 1 p.m. The facility operates like your medical office at home, so please call 717-245-1835 to make an appointment. The appointment desk staff members are trained to determine the urgency of the appointment. If they are unsure, one of the nurse practitioners will be consulted. Appointments will be scheduled as available and most students are seen the same day they call. **If you will be late to your appointment or need to cancel/reschedule your appointment, we ask that you call the office at 717-245-1835.**

IV. MEDICAL EMERGENCIES

In a life threatening medical or mental health emergency when the Wellness Center is closed please call the Department of Public Safety at 717-245-1111 for assistance. They will assist you in getting to the right resources, including arranging transportation to the local emergency room if needed.

Students needing immediate assistance about non-emergent medical concerns when the office is closed can call NurseLine at 866-409-1859 for non-emergency medical advice from a nurse. Students can also directly connect to NurseLine by calling the office after hours and after listening to the voicemail message press #2.The nurse operators will provide medical advice based upon nationally accepted triage guidelines. They have the ability to connect you directly to the Department of Public Safety, if deemed necessary.

V. CONTACT PREFERENCES

SHOULD YOU NEED TO CONTACT ME, PLEASE CONTACT ME BY:
CELL PHONE ____ EMAIL ____ HUB ____

I HAVE READ AND UNDERSTAND THE WELLNESS CENTER HEALTH SERVICES - GENERAL GUIDELINES FOR TREATMENT FORM.

_____ _____
SIGNATURE **DATE**

Revised 10.12.11

Dickinson

PRIVACY STATEMENT

The Dickinson College Wellness Center is a multidisciplinary integrated care system that includes medical, counseling, nutrition and psychiatry services. This Privacy Statement describes how and when the Dickinson College Wellness Center uses or discloses your personal health information. This is provided to you in compliance with federal regulations (HIPAA) as well as state law and ethical regulations. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand whom, what, when, where and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

Understanding Your Health Record/Information

Each time you visit the Wellness Center or the Wellness Center has an interaction with a third party about you, the information is documented. Typically, this record contains a summary of your presenting concerns and symptoms, physical exam and/or mental health intake, test results, diagnoses, treatment and a plan for future course of treatment if appropriate. This information makes up your "medical record" or personal health information, and serves as a:

- basis for planning your care and treatment;
- means of communication with other health professionals who contribute to your care;
- legal document describing the care you received;
- means by which you or a third-party payer can verify that services billed were actually provided, if appropriate;
- source of information for public health officials charged with protecting the health of this state and the nation (only under very restricted circumstances);
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Confidentiality

All services provided at the Wellness Center are confidential. Your status as a patient/client of the Wellness Center will neither be confirmed nor denied and none of your personal health information will be disclosed to any third parties outside of the Wellness Center without 1) your written or verbal consent -OR- 2) as required by law. Treatment providers at the Wellness Center may consult within the office with one another on occasion to ensure that you receive the most appropriate care (e.g., a psychologist may consult with a nurse practitioner). During these consultations, the treatment providers will share only the relevant information necessary about your care. All records are kept separate from your academic, disciplinary, and financial records and are maintained in a database that is secured, password protected and accessible only to Wellness Center staff. (Note: Health Services and Counseling and Psychiatric Services records are stored separately). In accordance with state law, Wellness Center records are retained for a period of seven (7) years.

1) You or your care provider may decide that sharing information about you and/or your particular situation with another person or agency is in your best interest. In this case, you and your provider will discuss the purpose and scope of sharing the information, and with your written authorization, the Wellness Center will release only necessary information to the third party you indicated.

   A Note about Athletics*: Participating in sports is a privilege, not a right. As such, athletes sign a release form entitled "Express Assumption of Risks and Release" from the Department of Physical Education and Athletics. The release authorizes "the Dickinson College Health Center & Athletic Department to exchange any and all pertinent medical information which may affect health and /or performance while participating in sports". Health Services professionals have the right and responsibility to exchange such information, when in their professional judgment the student would place themselves or others in danger if they participate in practice or a sporting event.*

   A Note about Disciplinary Sanctions: *Occasionally, a student will be required to have an assessment by the professional staff at the Wellness Center as part of the resolution of a conduct situation. Where an assessment is mandated by the college, the student is expected to provide consent to the Wellness to Center to communicate with the Office of the Dean of Students. Generally, the Wellness Center will report to the appropriate representative of the Office of the Dean of Students whether a student has completed the assessment mandated and the date(s) of the assessment.*

2) In certain legal and ethical circumstances, we may be required to disclose information about you without your authorization. Instances where this may occur are as follows:
   - If you express a threat to seriously injure or kill yourself or others, and we determine that you are likely to carry out the threat, we are mandated to take reasonable measures to prevent harm to you or others. These measures may include directly advising the potential victim of the threat, referring you to a higher level of care, and/or informing responsible Dickinson College officials and family members.
   - If you disclose a history of child abuse where you were the victim, and it is reasonable to believe that another child is currently in harm's way by the same abuser, we may be required to inform the child protective service agency with jurisdiction over the geographical location where the current situation may be occurring.
   - In the case of a potential medical emergency or a serious threat to health or safety if it is determined that you may require a higher or more specialized care than can be provided at the Dickinson College Wellness Center.
   - In cases where other health care providers or facilities are involved in your care, such as the lab we send our STI (sexually transmitted infection testing to or when government agencies do regularly scheduled site visits to verify that our facility continues to meet criteria for certification of our medical laboratory and for national accreditation. In such situations, our business associates are also required by law to protect your personal health information as outlined in federal guidelines.
   - We may disclose to the Food and Drug Administration health information relative to adverse events with respect to food, supplements, product, and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
   - If you are a student worker, and sustain an injury while working, we may disclose health information to comply with laws relating to workers compensation or other similar programs established by law.
   - We may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
   - In response to a lawfully issued subpoena or order of court. We will attempt to notify you prior to disclosing information about you in response to a subpoena or court order.

Your Rights

As a patient of the Wellness Center, you have the right to…

- Receive confidential communications by alternative means. We normally communicate with students by phone or electronic mail. If you prefer to have communication through your Holland Union mailbox or other address instead, please make a written request of this.
- Terminate services at any time.
- Request a change of treatment provider within the Wellness Center.
- Request restrictions on certain uses and disclosures of your health information. However, we are not required to agree to a restriction you request.
- Inspect, copy and amend your health information upon your written request.
- Request and provide written authorization to release information. You have the right to revoke your authorization in writing at any time except to the extent that disclosure is required by law or disclosure has already occurred.
- An accounting of disclosures of health information which you have not authorized, upon your written request.
- Obtain a paper copy of this notice of information practices upon request.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our privacy practices change, we will mail a revised notice to the address you have supplied us, or if you agree, we will e-mail the revised notice to you.

Please discuss any questions or concerns you have about this Privacy Statement with your treatment provider.

I HAVE READ AND UNDERSTAND THE WELLNESS CENTER PRIVACY STATEMENT.

_____ _____

Signature Date

Dickinson Wellness Center Health Services

_____ _____
(Last Name, First Name) Date of Birth

Immunization Record (all information must be provided in English)

To be completed by health care provider. Please note: such statements as "received as a child", "records not available", or "up to date" ***ARE NOT ACCEPTABLE.***

REQUIRED IMMUNIZATIONS	DATES (Month/Day/Year)	PENNSYLVANIA STATE REQUIREMENTS
MMR	#1_____/_____/_____ #2_____/_____/_____	2 doses of MMR (measles,mumps, and rubella), single component vaccines or positive titers. Minimum of 4 weeks between doses. **1st vaccine dose cannot be given before 1st birthday.**
OR	Measles #1_____/_____/_____ #2_____/_____/_____	
	Mumps #1_____/_____/_____ #2_____/_____/_____	
	Rubella #1_____/_____/_____ #2_____/_____/_____	
OR Positive Titer	❑ Measles _____/_____/_____ ❑ Mumps _____/_____/_____ ❑ Rubella _____/_____/_____	
Tdap	❑ Adacel _____/_____/_____ ❑ Boostrix _____/_____/_____	Tetanus, Diphtheria, Pertussis vaccine within the past 10 years. Tetanus/Diphtheria only vaccine i**s not acceptable.**
Meningitis	❑ Menomune_ _____/_____/_____ ❑ Menactra _____/_____/_____ ❑ Booster (if indicated) _____/_____/_____ ❑ Waiver Completed - online through Gateway (If unable to complete through Gateway, download from http://www.dickinson.edu/student-life/resources/health-center/content/Meningitis/) and forward to our office.)	If initial dose < 16 years; booster dose at 16-18 years of age. If initial dose given age = or > 16 years, no booster is needed. **All students must provide proof of immunization or sign a waiver declining the meningitis vaccine in order to be housed on campus.**
Hepatitis B Series	#1 _____/_____/_____ #2 _____/_____/_____ #3 _____/_____/_____	3 doses of pediatric formulation, 2 doses of adult formulation (if between 11 – 15 years of age), or positive titer.
OR **Hepatitis B Titer**	Hepatitis B Surface Antibody _____/_____/_____	
Varicella	#1 _____/_____/_____ #2 _____/_____/_____	Health care provider or parental history of illness, health care provider documentation of immunization, or positive titer.
OR	Date of Disease _____/_____/_____	2 doses of vaccine **at least 12 weeks apart if between the age of 1 and 12 years.**
OR	Positive Titer Date _____/_____/_____	2 doses of vaccine **at least 4 weeks apart if between the age 13 years or older.**
Polio	❑ Primary Series Completed ❑ Booster _____/_____/_____	Primary series in childhood with IPV alone, OPV alone or IPV/OPV sequentially.

For Office Use Only:

❑ Form Complete ❑ Form Incomplete ❑Written/Verbal Notification (date) _____ ❑ Resolved

❑ Missing _____ ❑ Entered _____

_____ _____
(Last Name, First Name) Date of Birth

Physical Exam Record – must be within one year of matriculation and signed by health care provider

❑Male ❑Female Age _____ Height_____ Weight_____ BP____/____ Pulse_____

Date of physical exam: _____/_____/_____

This student has been evaluated to be in good health and capable of normal physical activity: ❑Yes ❑No
If NO, give reasons and limitations_____

① Please list any pertinent positive medical findings: _____

_____

② Please list any pertinent past medical history: (include full page summary, if needed) _____

_____

Any special accommodations needed for disability?
❑Physical Disability_____ ❑Learning Disorder_____
❑Emotional/psychiatric Disability_____ ❑Disordered Eating_____
❑The student has no disabilities

Tuberculosis (TB) Risk Assessment – Required of all students entering Dickinson College, based upon guidelines of the American College Health Association and the U.S. Centers for Disease Control. For more information, see www.acha.org or www.cdc.gov/tb.

1. Has the student ever had a positive tuberculin skin test (TST, formerly PPD) or Quantiferon TB test? ❑Yes ❑No
2. Does the student have a medical condition associated with increased risk of progressing to TB disease? ❑Yes ❑No
3. Is the student a member of a high risk group? ❑Yes ❑No
   - *Had close contact with a known case of active tuberculosis*
   - *Use of illegal injected drugs*
   - *Immunosuppressed by medication or disease*
   - *Resident, employee, or volunteer in a nursing home, homeless shelter, correctional facility, or other health care facility*

TABLE OF COUNTRIES ENDEMIC FOR TUBERCULOSIS:

Afghanistan	Burkina Faso	Ecuador	Honduras	Malawi	Nigeria	Sao Tome and Principe	Timor-Leste
Algeria	Burundi	El Salvador	India	Malaysia	Pakistan	Senegal	Togo
Angola	Cambodia	Equatorial Guinea	Indonesia	Maldives	Palau	Seychelles Sierra	Tunisia Turkey
Argentina	Cameroon	Eritrea	Iraq	Mali	Panama	Leone Singapore	Turkmenistan
Armenia	Cape Verde	Estonia	Japan	Marshall Islands	Papua New Guinea	Solomon Islands	Tuvalu
Azerbaijan	Central African Republic	Ethiopia	Kazakhstan	Mauritania	Paraguay	Somalia	Uganda
Bangladesh	Chad	Fiji	Kenya	Mauritius	Peru	South Africa	Ukraine
Belarus	China	Gabon	Kiribati	Mexico	Philippines	Sri Lanka	UR Tanzania
Belize	Colombia	Gambia	Kuwait	Micronesia	Poland	Sudan	Uruguay
Benin	Comoros	Georgia	Kyrgyzstan	Mongolia	Qatar	Suriname	Uzbekistan
Bhutan	Congo	Ghana	Lao PDR	Morocco	Rep Korea	Swaziland	Vanuatu
Bolivia	Côte d'Ivoire	Guam	Latvia	Mozambique	Republic of Moldova	Syrian Arab Republic	Venezuela
Bosnia & Herzegovina	Croatia	Guatemala	Lesotho	Myanmar	Romania	Tajikistan	Viet Nam
Botswana	DPR Korea	Guinea	Liberia	Namibia	Russian Federation	Thailand	Yemen
Brazil	DR Congo	Guinea-Bissau	Libyan Arab Jamahiriya	Nepal	Rwanda	The Former Yugoslav	Zambia
Brunei Darussalam	Djibouti	Guyana	Lithuania	Nicaragua	St. Vincent and	Republic of Macedonia	Zimbabwe
Bulgaria	Dominican Republic	Haiti	Madagascar	Niger	the Grenadines		

4. Has the student lived in an endemic country and arrived in the U.S. within the past 5 years? ❑Yes ❑No
   Has the student traveled (for longer than 2 weeks) to an endemic country within the past 5 years? ❑Yes ❑No

If all above answers are no, student does not meet high-risk criteria and further testing is not needed. If answered yes to any of the above questions, the student does meet high-risk criteria and is required to undergo tuberculosis screening: ❑Not High Risk ❑High Risk

PROCEED TO TUBERCULOSIS SCREENING, IF INDICATED

_____ _____

(Last Name, First Name) Date of Birth

TUBERCULOSIS SCREENING – Date of screening must be within the past 6 months

1. **Does the student have signs or symptoms of active tuberculosis disease?** ❑Yes ❑No
   - *Unexplained elevation of temperature for more than one week, weight loss, night sweats, persistent cough for more than 3 weeks*
   - *Cough with production of bloody sputum (hemoptysis)*

   If NO, proceed to tuberculosis testing. If YES, proceed with additional evaluation to exclude active tuberculosis disease, including tuberculosis testing, chest x-ray, and sputum evaluation, as indicated.

Tuberculosis Testing

Tuberculin Skin Test (TST): *TST results should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0".*

Date placed_____Date read_____Results: _____mm ❑pos ❑neg

Quantiferon Test (QFT): I*f a previously received BCG vaccine, a blood test such as Quantiferon Gold or T-spot is the preferred test to indicate absence of TB.*

Date obtained_____Results: ❑pos ❑neg ❑indeterminate

If a current or previous TST or QFT is positive, a chest x-ray is required. ***A copy must be provided in English.***

Date obtained _____Results: ❑normal ❑abnormal

INH Treatment: Date Started _____x_____months or ❑declined

The College reserves the right to require further testing for tuberculosis screening. Students who study, live, or travel to endemic areas should be screened for tuberculosis.

HEALTH CARE PROVIDER CERTIFICATION:

- **I have reviewed the immunization and completed the tuberculosis risk assessment and/or tuberculosis screening.**
- **I have performed a physical exam on the above name patient and find him/her to be physically and emotionally healthy to the extent of participating in activities related to normal college life.**

Please print or use office stamp:

_____

Provider Name

_____

Street Address

_____

City, State, Zip

_____

Health Care Provider Signature Date