

The following list is an aid to guide you with completing the health requirements. The deadline date is Jan. 5, 2024.

REQUIRED HEALTH INFORMATION:

IMMUNIZATION RECORD OR COMPLETED FORM - Documentation must be provided in English.

Dickinson College's Pre-Arrival Arrival Policy is in effect to protect the health and well-being of the entire campus community.

All incoming students are required to submit immunization documentation that complies with the College's requirements. Students must enter the immunization information on the [Patient Portal](#) and a healthcare provider must complete and sign the [Immunization Record Form](#) or submit their healthcare provider's immunization record to verify the information entered online. Statements such as "received as a child", "records not available", or "up to date" **ARE NOT ACCEPTABLE.** *Students who have not completed the immunization requirements will not be able to move in into their housing assignment directly upon arrival on campus.*

VACCINE REQUIRED	VACCINATION SCHEDULE	DOCUMENTATION REQUIRED
Measles, Mumps, Rubella (MMR)	Two doses of MMR at least 28 days apart after 12 months of age.	Provider-verified documentation of (MMR) vaccine dates <i>or</i> 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.
Varicella	Two doses of varicella vaccine at least 12 weeks apart if vaccinated between 1-12 years of age and at least 4 weeks apart if vaccinated at age 13 or older.	Provider-verified documentation of vaccine dates, history of illness, <i>or</i> positive serologic test demonstrating immunity. <i>Parental-verified history of illness is acceptable.</i>
Meningococcal Quadrivalent	Initial dose of conjugate vaccine: 11-12 years of age. Booster dose: If initial dose < 16 years.	Provider-verified documentation of vaccine date(s) or signed waiver .
Hepatitis B	Series of three doses of vaccine (given at 0, 1-2 mo., and 6-12 mo) Alternatively, 2 (given at 0 and 4-6 mo). vaccinated between 11-15 years of age.	Provider-verified documentation of vaccine dates or positive serologic test demonstrating immunity

TUBERCULOSIS RISK ASSESSMENT

Tuberculosis risk assessment is required of all students, based upon guidelines of the American College Health Association and the CDC. The Tuberculosis Risk Assessment form must be completed by the student on the Wellness Center [Patient Portal](#). If any of the questions are answered "yes", the student's healthcare provider must complete the [TB Screening](#) form. If the student meets the high-risk criteria, the following testing is indicated. Previous negative TB testing: a tuberculin skin test (TST) is required. Previous positive TB testing or BCG inoculation: Interferon Gamma Release Assay (IGRA) or T-spot blood test report is required. If results are positive, then a chest x-ray report is also required.

MEDICAL HISTORY FORM

All students are required to complete the medical history form located on the Wellness Center [Patient Portal](#).

OPTIONAL HEALTH INFORMATION:

PHYSICAL EXAM/SUMMARY OF CARE

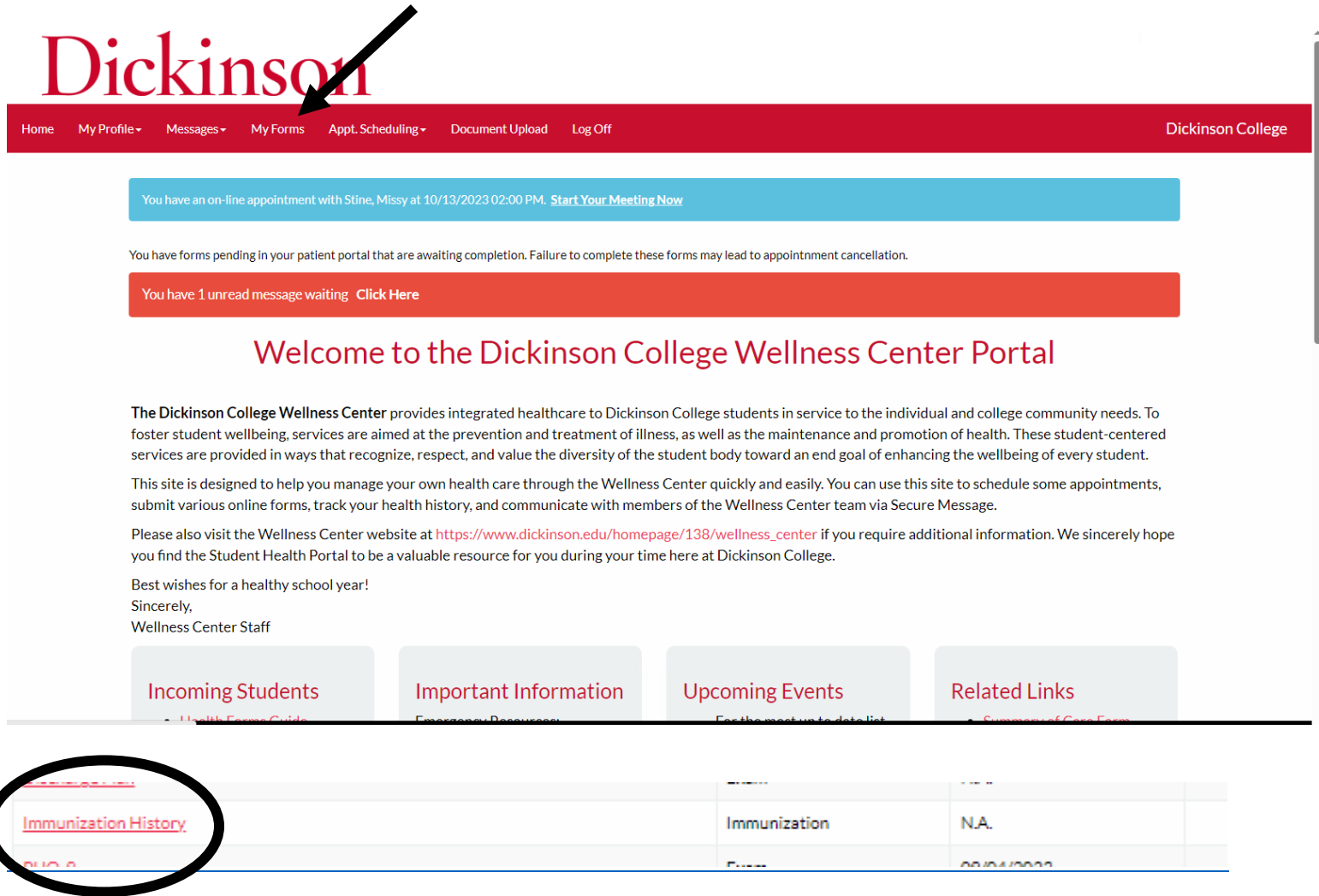
A physical exam or summary of care is optional. You may submit a completed physical exam report or our [physical exam](#) form. It is also recommended that students with a chronic illness submit a [summary of care](#) from their specialist or primary care provider.

The following are step by step instructions on how to navigate the Dickinson Health Portal.

YOU SHOULD HAVE YOUR COMPLETED IMMUNIZATION RECORD FORM WITH YOU PRIOR TO NAVIGATING THE PORTAL. EITHER AN IMMUNIZATION RECORD FROM YOUR PROVIDER OR OUR [IMMUNIZATION RECORD FORM](#) IS ACCEPTABLE.

Step 1. Log into the Wellness Center Health Portal using your Dickinson Email address and password:
<https://dickinson.studenthealthportal.com>

Step 2. Navigate to the “My Forms” section of the portal and select “Immunization History”



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You have an on-line appointment with Stine, Missy at 10/13/2023 02:00 PM. [Start Your Meeting Now](#)

You have forms pending in your patient portal that are awaiting completion. Failure to complete these forms may lead to appointment cancellation.

You have 1 unread message waiting [Click Here](#)

Welcome to the Dickinson College Wellness Center Portal

The Dickinson College Wellness Center provides integrated healthcare to Dickinson College students in service to the individual and college community needs. To foster student wellbeing, services are aimed at the prevention and treatment of illness, as well as the maintenance and promotion of health. These student-centered services are provided in ways that recognize, respect, and value the diversity of the student body toward an end goal of enhancing the wellbeing of every student.

This site is designed to help you manage your own health care through the Wellness Center quickly and easily. You can use this site to schedule some appointments, submit various online forms, track your health history, and communicate with members of the Wellness Center team via Secure Message.

Please also visit the Wellness Center website at https://www.dickinson.edu/homepage/138/wellness_center if you require additional information. We sincerely hope you find the Student Health Portal to be a valuable resource for you during your time here at Dickinson College.

Best wishes for a healthy school year!
Sincerely,
Wellness Center Staff

[Incoming Students](#) [Important Information](#) [Upcoming Events](#) [Related Links](#)

Immunization History	Immunization	N.A.
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Step 3: Complete the Immunization History form using the Immunization Record Form provided by your provider (or our form Immunization Record Form). Please note, statements such as “received as a child”, “records not available”, or “up to date” **ARE NOT ACCEPTABLE.** *Students who have not completed the immunization requirements will not be able to move in into their housing assignment directly upon arrival on campus.*). Please note, statements such as “received as a child”, “records not available”, or “up to date” **ARE NOT ACCEPTABLE.**

If while completing the Immunization form you identify as TB High Risk, please follow applicable instructions under Step 4.

Sample Immunization History Form

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Immunization History

This form times out after 20 minutes. Please save answers by hitting the "complete later" button at the bottom frequently

REQUIRED IMMUNIZATIONS

Pennsylvania Senate Bill No. 955 requires that all students living in campus housing must receive vaccination against meningococcal disease or sign waiver form. Requirement must be met in order to move into campus housing.

Meningococcal Vaccine (Menactra or Menveo) If Meningitis vaccine given before 16th birthday, must receive a booster vaccine. Must ensure vaccination covers all strains: A,C,Y, and W-135.

Meningococcal MCV Vaccine Date Dose 1

Meningococcal MCV Vaccine Booster Date

Meningitis Waiver Form https://www.dickinson.edu/download/downloads/id/7254/meningitis_waiver.pdf

Select File

Hepatitis B Vaccine

Hepatitis B Vaccine Date Dose 1

Hepatitis B Vaccine Date Dose 2

Hepatitis B Vaccine Date Dose 3

MMR Vaccine (1st vaccine cannot be given prior to age 1.)

MMR Vaccine Date Dose 1

MMR Vaccine Date Dose 2

Tetanus Diphtheria and Pertussis (Tdap) Adacel or Boostrix (Must be within past 10 years. Td is not acceptable.)

Tdap Unspecified (Tetanus, Diphtheria, Pertussis) Vaccine Date

Varicella (Chicken Pox) must have vaccine or the disease (1st vaccine cannot be given prior to age 1.)

Varicella Vaccine

Varicella Vaccine Date Dose 1

Varicella Vaccine Date Dose 2

Varicella Vaccine Date Dose 1

Varicella Vaccine Date Dose 2

OR Date of Varicella Disease

Varicella Incidence Date

Select File

RECOMMENDED IMMUNIZATIONS

Meningitis B Vaccine (Trumenba or Bexsero)

Meningitis B Vaccine Date Dose 1

Meningitis B Vaccine Date Dose 2

Meningitis B Vaccine Date Dose 3

Hepatitis A Vaccine

Hepatitis A Vaccine Date Dose 1

Hepatitis A Vaccine Date Dose 2

HPV (Gardasil)

HPV Date Dose 1

HPV Date Dose 2

HPV Date Dose 3

Influenza Vaccine

Influenza Vaccine Date

REQUIRED: Tuberculosis Risk Assessment

Please answer the following questions:

1. Have you ever had close contact with anyone who was sick with TB?

Not Answered

2. Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol?

Not Answered

3. Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?

Not Answered

4. Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?

Not Answered

5. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, Colombia, Comoros, Congo, Cook Islands, Côte d'Ivoire, Croatia, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, French Polynesia, Gabon, Gambia, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Japan, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libyan Arab Jamahiriya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Micronesia (Federated States of), Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe

Not Answered

6. Have you lived, traveled or had frequent or prolonged visits (more than 1 month) to one of more of the countries or territories listed above with a high prevalence of TB disease WITHIN THE PAST 5 YEARS.

Not Answered

If all answers are NO, no further testing or action is required.

If you answered YES to any of the above Tuberculosis questions, you will need to have a TB skin test (TST) or Quantiferon (QFT) or TB Gold blood test. A copy of the report must be in English and dated within 6 months from the start of classes.

If you have POSITIVE TB testing, a chest x-ray is required. A copy of the report must be in English and dated within 6 months from the start of classes.

Statement must be signed by student.

I have personally provided the above information and attest that it is true and complete to the best of my knowledge. I understand that any falsification, omission or concealment of material fact may subject me to liability.

Please type your name and date for official signature

Submit

Complete later

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Wellness Center Staff

Incoming Students

- [Health History Form](#)
- [REQUIRED Immunization Record Form](#)
- [Only to be completed by healthcare provider if high risk for TB: TB Screening form](#)
- [OPTIONAL Summary of Care Form](#)
- [OPTIONAL Allergy Injection Form](#)

Important Information

- Emergency Resources:
- If you are on-campus and have a physical or mental health emergency that cannot wait until our office reopens, contact DPS (717) 245-1111 and an officer will assist you with accessing care. If you are off-campus and experiencing an emergency, please call 911.
 - Any student who needs urgent health advice for a non-emergency during the time we are closed that cannot wait until we reopen should call our after-hours phone triage service toll-free at (877) 229-4183. Please Note: The Wellness Center will receive a report of your call as your healthcare provider on the next business day. Wellness Center appointments cannot be cancelled utilizing this service.
 - Any student who needs urgent mental health care has 24/7 access to My Student Support Program (MySSP). Students can access My SSP by downloading the app or visiting <https://myssp.app/ca/home>
 - Online Wellness Resources: https://www.dickinson.edu/info/20243/wellness_center/

Upcoming Events

For the most up to date list of events, log into Engaged and visit the Wellness Center Page.

Related Links

- [Summary of Care Form](#)

Step 4: TB High Risk, if you answered “yes” to any of the TB risk questions, you meet the high-risk criteria. Please have your healthcare provider complete the TB Screening form (circled above) and upload it using “Document Upload. If you were not identified as TB High Risk while completing the Immunization History Form, please skip to Step 5.

Step 5: Type your Name and Date and sign form where prompted

Step 6: Return to the Patient Portal and locate the medical history form under “My Forms”, complete the form and press submit.

Medical History Form	Health History	N.A.	
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