

https://dickinson.studenthealthportal.com



The following list is an aid to guide you with completing the health requirements. The deadline date is July 1, 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 | Provider-verified documentation of (MMR) vaccine dates <i>or</i> positive serologic test demonstrating immunity. | |
|---------------------------------------|---|---|--|
| Measles, Mumps, Rubella (MMR) | Two doses of MMR at least 28 days apart after 12 months of age. | | |
| Tetanus, Diphtheria, Pertussis (TDAP) | One dose of Tdap within the past 10 years regardless of interval since last Td booster. | Provider-verified document 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> . | |
| Meningocccal 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 <u>waiver</u> . | |
| 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 <u>physical exam</u> form. It is also recommended that students with a chronic illness submit a <u>summary of care</u> from their specialist or primary care provider.

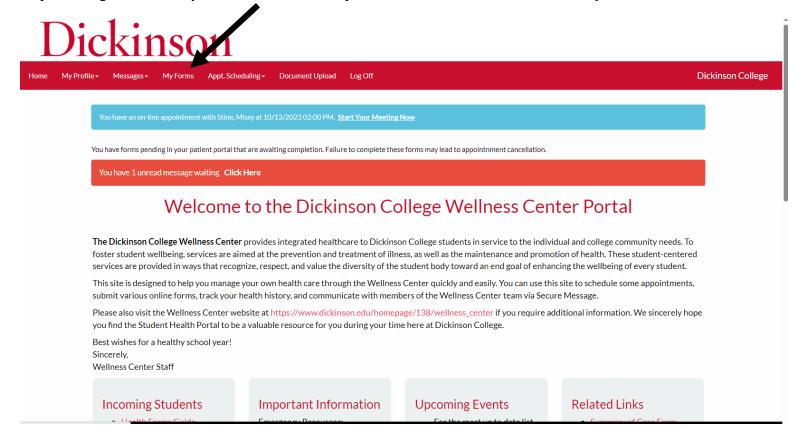
YOU SHOULD HAVE YOUR COMPLETED IMMUNIZATION RECORD FORM WITH YOU PRIOR TO NAVIGATING THE PORTAL. EITHER AN IMMUNIZATION RECORD FROM YOUR PROVIDER OR OUR IMMUNIZATION RECORD FORM IS ACCEPTABLE.

Your health forms will not be complete until verified by the Wellness Center staff. Notifications regarding your health forms status will be sent by email to your Dickinson email.

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

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

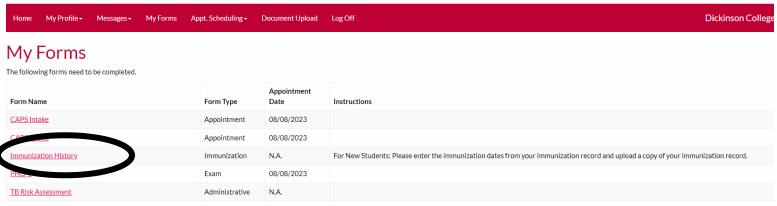
Step 2. Navigate to the "My Forms" section of the portal and select "Immunization History"



Step 3: Complete the Immunization History form using the Immunization Record Form provided by your provider (or our form Immunization Record Form). Type your Name and Date to sign form where prompted and press submit.

Please note, statements such as "received as a child", "records not available", or "up to date" <u>ARE NOT</u> <u>ACCEPTABLE</u>. Students who have not completed the immunization requirements will not be able to move in into their housing assignment directly upon arrival on campus.





Sample Portal Immunization History Form

| Immunization History For New Students: Please enter the immunization dates from your immunization record and upload a copy of your immunization record. |
|--|
| This form times out after 20 minutes. Please save answers by hitting the "complete later" button at the bottom frequently |
| Please Upload Your Immunization Record AND Enter the Corresponding Dates Below Select File |
| If you are requesting a religious or medical exemption please upload your forms. Forms are located (https://www.dickinson.edu/downloads/download/5851/medical_exemption_from_immunization_requirements or https://www.dickinson.edu/download/downloads/id/14096/religious_exemption_request_form.pdf). |
| 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 |
| If waiving meningitis vaccine, please complete the Meningitis Maiving Form Select File |

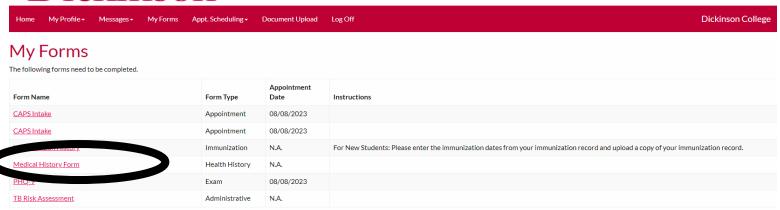
| Hepatitis B Vaccine | | | | | |
|--|--|--|--|--|--|
| Hepatitis B Vaccine Date Dose 1 | | | | | |
| Hepatitis B Vaccine Date Dose 2 | | | | | |
| Hepatitis B Vaccine Date Dose 3 | | | | | |
| MMR Vaccine (1st vaccine cannot be given prior to age 1.) | | | | | |
| MMR Vaccine Date Dose 1 | | | | | |
| 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 | | | | | |
| OR Date of Varicella Disease | | | | | |
| Varicella Incidence Date | | | | | |
| 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 Influenza Vaccine Date | | | | | |

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.



Step 4: Complete the medical history form under "My Forms".

Dickinson



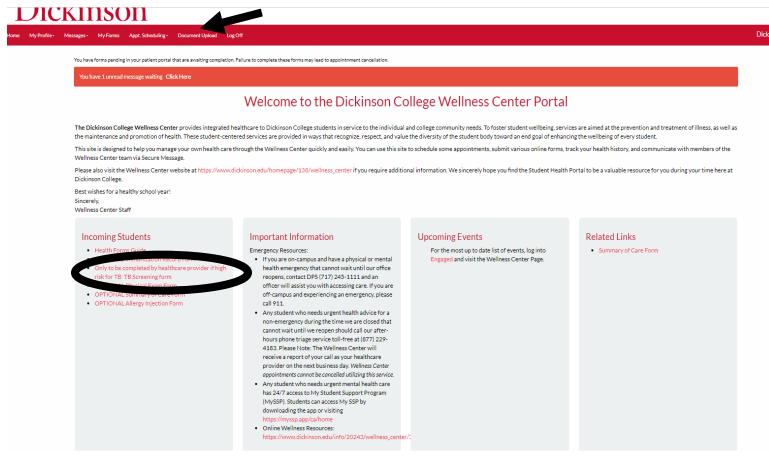
Step 5: Complete the TB Risk Assessment Form located under My Forms. If you answer, "yes" to any of the questions, please follow applicable instructions under Step 6.

My Forms The following forms need to be completed. Appointment Form Name Form Type Instructions 08/08/2023 **CAPS Intake** Appointment CAPS Intake 08/08/2023 Appointment Immunization History Immunization N.A. For New Students: Please enter the immunization dates from your immunization record and upload a copy of your immunization record.08/08/2023 TB Risk Assessment Administrative N.A.

Sample Portal TB Risk Assessment Form

DICKINSON

| Home | My Profile - Messages - My Forms Appt. Scheduling - Documen | t Upload Log Off | Dickinson College | | |
|--|---|---|------------------------------|--|--|
| | | TB Risk Assessment | | | |
| | Please answer the following questions: | | | | |
| | Have you ever had close contact with persons known or suspected to have active TB disease? | Not Answered | ~ | | |
| | Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? | Not Answered | • | | |
| Afghanistan Algoria Angolia Anguilla Arpentina Armenia Azerbaijan Bangladesh Belarus Belizo Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chia China China, Hong Kong SAR China, Macao SAR Colombia Comoros Congo Côte d'Ivoire Democratic People's Republic of Korea Democratic Republic of the Congo Ojibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Etirea Ethiopia Fiji Gabon Gambia Georgia Ghana Greenland Guam Guatemala Guinea Hait Honduras India Indonesia Iraq Kazakhstan Kenya Kiribati Kuwait Kyngyzstan Leo People's Democratic Republic Lahvia Lesotho Liberia Libya Lithuania Madagascar Malaiwi Malalysia Malidives Mali Marshail Islands Mauritania Mauritus Macico Micronesia (Tenetardo States of) Mongolia Montenegro Morocco Mozambique Myammar Namibia Nisuru Negari New Galedoria Nicaragua Niger Nigeria Cheno Stangapore Solomon Islands Palas P | | | | | |
| | Have you had frequent or prolonged visits (more than one month) to one or more of the countries or territories listed above with a high prevalence of TB disease? (Not Entered). | Not Answered | • | | |
| | 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 | • | | |
| | Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? | Not Answered | • | | |
| | 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 | • | | |
| | If the answer is YES to any of the above questions, please bring the TB scre Failure to complete this form can impact move in to the residence halls. | eening form (https://www.dickinson.edu/download/downloads/id/12898/tb_screeninghealthcare_provider_form.pdf) to your provider and submi | t it to your patient portal. | | |
| If the answer to all of the above questions is NO, No further testing or further action is required. | | | | | |
| | Submit Complete later | | | | |



Step 6: 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 6.