



## Wellness Center

Completed Health Forms should be uploaded to the Wellness Center Patient Portal:

<https://dickinson.studenthealthportal.com>

DEADLINE DATE: JULY 1 FOR FALL SEMESTER  
JAN 2 FOR SPRING SEMESTER

The following list is an aid to guide you with completing the health requirements.

### 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
<b>Measles, Mumps, Rubella (MMR)</b>	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.
<b>Tetanus, Diphtheria, Pertussis (TDAP)</b>	One dose of Tdap within the past 10 years regardless of interval since last Td booster.	Provider-verified document of vaccine date.
<b>Varicella</b>	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>
<b>Meningococcal Quadrivalent</b>	Initial dose of conjugate vaccine: 11-12 years of age. <b>Booster dose: If initial dose &lt; 16 years.</b>	Provider-verified documentation of vaccine date(s) or signed <a href="#">waiver</a> .
<b>Hepatitis B</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.

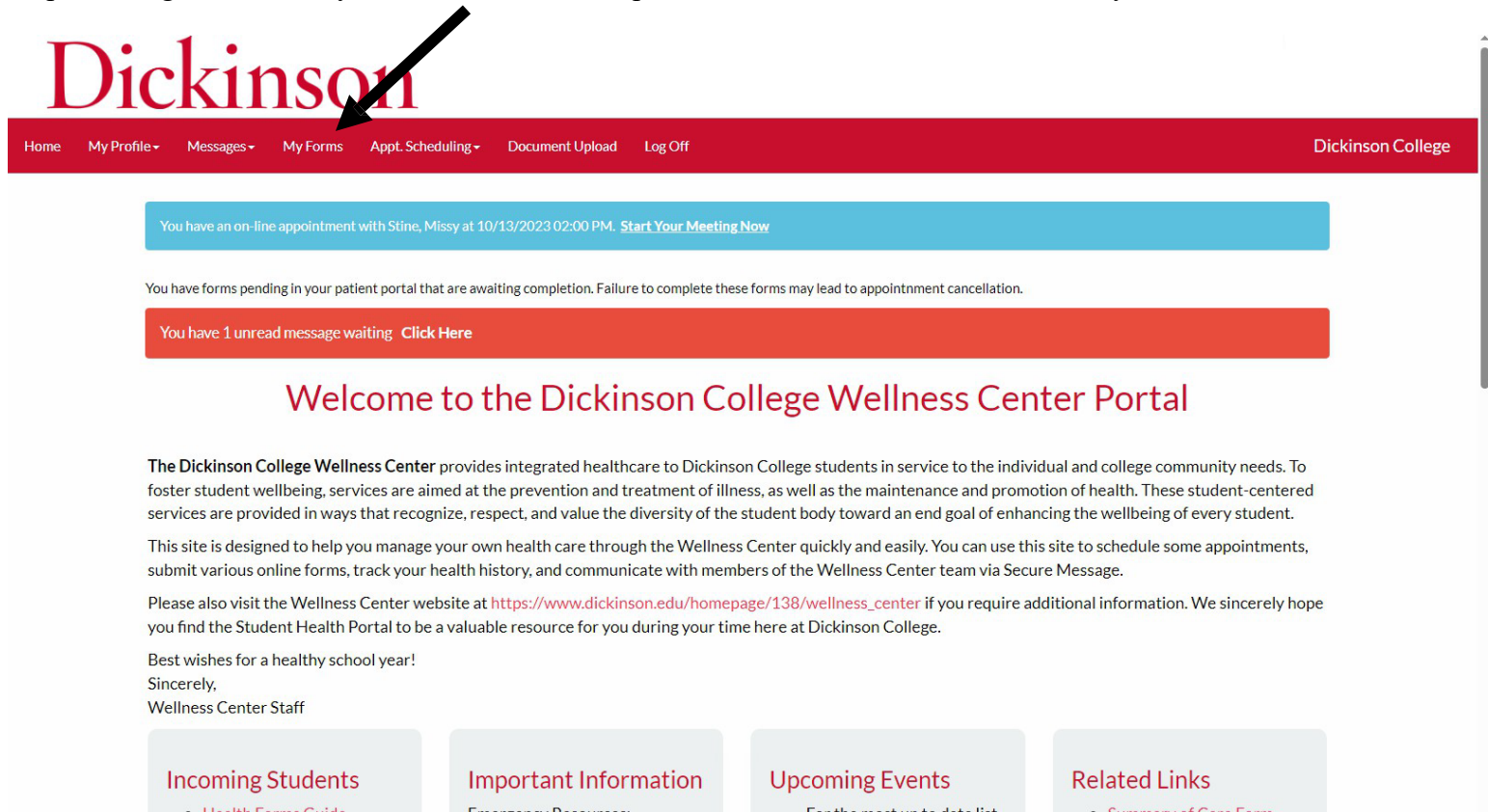
**YOU SHOULD HAVE YOUR COMPLETED IMMUNIZATION RECORD FORM WITH YOU PRIOR TO NAVIGATING THE PORTAL. EITHER AN IMMUNIZATION RECORD FROM YOUR PROVIDER OR OUR [IMMUNIZATION RECORD FORM](#) IS ACCEPTABLE.**

**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”



**Dickinson**

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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](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](#)

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” **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.*

## My Forms

The following forms need to be completed.

Form Name	Form Type	Appointment Date	Instructions
<a href="#">CAPS Intake</a>	Appointment	08/08/2023	
<a href="#">CAPS Intake</a>	Appointment	08/08/2023	
<a href="#">Immunization History</a>	Immunization	N.A.	For New Students: Please enter the immunization dates from your immunization record and upload a copy of your immunization record.
<a href="#">PHQ-9</a>	Exam	08/08/2023	
<a href="#">TB Risk Assessment</a>	Administrative	N.A.	

## 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](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](https://www.dickinson.edu/download/downloads/id/14096/religious_exemption_request_form.pdf)).

Select File

#### 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 Waiver 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 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.

Please type your name and date for official signature

This field is required.

When finished with the form, please click submit.

Submit

Complete later

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

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[Home](#) [My Profile ▾](#) [Messages ▾](#) [My Forms](#) [Appt. Scheduling ▾](#) [Document Upload](#) [Log Off](#)

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<a href="#">Immunization History</a>	Immunization	N.A.	For New Students: Please enter the immunization dates from your immunization record and upload a copy of your immunization record.
<a href="#">Medical History Form</a>	Health History	N.A.	
<a href="#">PHQ-2</a>	Exam	08/08/2023	
<a href="#">TB Risk Assessment</a>	Administrative	N.A.	

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.

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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 Algeria Angola Anguilla Argentina Armenia Azerbaijan Bangladesh Belarus Belize Benin Bhutan Bolivia (Plurinational State of) Bosnia and Herzegovina Botswana Brazil Brunei Darussalam Bulgaria Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad 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 Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Ethiopia Fiji Gabon Gambia Georgia Ghana Greenland Guam Guatemala Guinea Guinea-Bissau Guyana Haiti Honduras India Indonesia Iraq Kazakhstan Kenya Kiribati Kuwait Kyrgyzstan Lao People's Democratic Republic Latvia Lesotho Liberia Libya Lithuania Madagascar Malawi Malaysia Maldives Mali Marshall Islands Mauritania Mauritius Mexico Micronesia (Federated States of) Mongolia Montenegro Morocco Mozambique Myanmar Namibia Nauru Nepal New Caledonia Nicaragua Niger Nigeria Northern Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Portugal Qatar Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Sao Tome and Principe Senegal Serbia Sierra Leone Singapore Solomon Islands Somalia South Africa South Sudan Sri Lanka Sudan Suriname Swaziland Syrian Arab Republic Tajikistan Tanzania (United Republic of) Thailand Timor-Leste Togo Tunisia Turkmenistan Tuvalu Uganda Ukraine Uruguay Uzbekistan Vanuatu Venezuela (Bolivarian Republic of) Viet Nam Yemen Zambia Zimbabwe

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 screening form ([https://www.dickinson.edu/download/downloads/id/12898/tb\\_screening\\_-\\_healthcare\\_provider\\_form.pdf](https://www.dickinson.edu/download/downloads/id/12898/tb_screening_-_healthcare_provider_form.pdf)) to your provider and submit it to your patient portal. Failure to complete this form can impact move in to the residence halls.

If the answer to all of the above questions is NO, No further testing or further action is required.

Submit Complete later

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Home

My Profile

Messages

My Forms

Appt. Scheduling

Document Upload

Log Off

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### Incoming Students

- Health Forms Guide
- Immunization Record Form
- Only to be completed by healthcare provider if high risk for TB: TB Screening form**
- Physical Exam 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/](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 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.