Your health is an important part of your college success. Student Health Services and the staff of Norton Medical Center, Wheaton’s designated student health center, will provide the healthcare needed to stay well during your college years.

Enclosed in this packet are important health forms for you and your healthcare provider to complete and return to Student Health Services no later than July 8, 2019.

By law, no student is allowed to remain on campus without a complete immunization record on file. To protect you and the Wheaton community, the Massachusetts Department of Public Health mandates that all full-time students provide documentation of immunity to the following diseases: Measles, Mumps & Rubella; Tetanus, Pertussis & Diphtheria/Tdap; Hepatitis B, Varicella, and Bacterial Meningitis. *Immunization requirements differ from state to state. Please check with your primary physician to ensure receipt of these required immunizations.*

Please review your completed forms and confirm that all requested information is complete. Do not depend upon your health care provider’s office to review and return the forms for you. *Class registration and participation in varsity athletics will be on hold until all medical information is complete.*

**Wheaton’s Student Health Services:**
For questions or concerns regarding Norton Medical Center (Wheaton’s designated student health center), immunizations, health insurance, or other health related issues or, if you would like to make an appointment to discuss a chronic health condition or serious illness, please contact Cynthia Maricle, Associate Director, Student Health Services, at 508.286.8210 or maricle_cynthia@wheatoncollege.edu. More information may also be found at wheatoncollege.edu/health/.

**Varsity Athletics:**
The NCAA requires a physical exam dated within 6 months prior to the first day of practice. Please contact Greg Steele, Head Athletic Trainer, at 508.286.3986 if you have questions. Health forms required by Health Services are in addition to medical forms required by Athletics, though both departments require a physical exam. Please return *these* health forms to Health Services. Remember, you must provide an Athletics-specific physical exam to the athletic trainers along with additional Athletics medical forms found online at http://athletics.wheatoncollege.edu/information/athletictraining/index.

**Wheaton’s Counseling Center:**
Located on-campus, the Counseling Center is open M – F from 8:30 AM to 4:30 PM. Counseling is free of charge for all students and therapy is brief and goal-focused. For more information, please contact Valerie Tobia, Director, Counseling & Health Services, at tobia_valerie@wheatoncollege.edu or 508.286.3911. More information may also be found at wheatoncollege.edu/counseling-center/.

**Health Insurance:**
Please visit gallagherstudent.com for information regarding the student health insurance plan offered by the college (Blue Cross Blue Shield of MA, Blue Care Elect PPO), the online waiver form to complete when opting out of enrollment, plan brochure, and FAQs. By law, your health insurance coverage must be comparable to the BCBS student health insurance plan available through the College. For your convenience, a health insurance comparison chart is available at wheatoncollege.edu/health/health-insurance/.

Best wishes in the coming academic year.

Valerie Tobia
Director, Counseling & Health Services

Cynthia Maricle
Associate Director, Student Health Services
● **Your health forms are due July 8, 2019.** Your physical exam must take place after August 1, 2017.

● **If you’re unable to schedule a physical exam before the July 8th deadline,** please complete and submit the remaining forms accompanied by a note indicating the date of your scheduled physical. Forward the results of your physical exam as soon as completed. Office copies of your physical exam and immunization record are acceptable. Immunization requirements differ from state to state; please check with your physician to ensure receipt of all required immunizations.

● **The Immunization Record & Physical Exam form and TB Risk Questionnaire** (page 2 as appropriate) must be signed by your healthcare provider.

● **If you have not completed a multi-dose series of a certain vaccine** (ex. Hepatitis B), **receive as many doses as possible before arriving** in August. Any outstanding doses may be administered during the academic year at Norton Medical Center, the student health center. Deductibles and copays apply and all charges will be billed to your insurance.

● **If you have not received 2 doses of Meningitis vaccine or have not received a dose of Men ACW-Y vaccine administered on or after your 16th birthday,** you must sign the enclosed blue waiver form. *This vaccine is strongly recommended.* If you would like to receive the vaccine at any time during the academic year, you may do so at Norton Medical Center, the student health center. Deductibles and copays apply and all charges will be billed to your insurance.

● **Requests for a medical exemption or a religious exemption** may be granted in accordance with Massachusetts state law governing immunizations. The exemption form may be found online at wheatoncollege.edu/health/health-forms/.

● **Varsity athletes:** The NCAA requires a physical exam dated within 6 months prior to the first day of practice. Please contact Greg Steele, Head Athletic Trainer, at 508-286-3986 if you have questions. Health forms required by Health Services are in addition to medical forms required by Athletics, though both departments require a physical exam. Please return these health forms to Health Services. You must provide an Athletics-specific physical exam to the athletic trainers along with additional Athletics medical forms found online at http://athletics.wheatoncollege.edu/information/athletictraining/index (under Inside Athletics).

● **Wheaton’s Counseling Center**, located at 42 Howard Street, is open M – F from 8:30 AM to 4:30 PM. Counseling is free of charge for all students and therapy is brief and goal-focused. For more information please refer to wheatoncollege.edu/counseling-center/ or contact Valerie Tobia, Director, Counseling & Health Services, at tobia_valerie@wheatoncollege.edu or 508.286.3905.

● For concerns regarding accommodations under the Americans with Disabilities Act due to a medical, psychological, or learning disability, please contact Autumn Grant, Associate Director for Accessibility Services at 508.286.8215 (voice) or 508.286.5828 (TTY).

● For questions or concerns regarding Norton Medical Center, Wheaton’s designated student health center, immunizations, health insurance, or other health related issues or, if you would like to make an appointment to discuss a chronic health condition or serious illness, please contact Cynthia Maricle, Associate Director, Student Health Services, at maricle_cynthia@wheatoncollege.edu or 508-286-8210.

● Please visit gallagherstudent.com for information regarding the student health insurance plan offered by the college (Blue Cross Blue Shield of MA, Student Blue, Blue Care Elect PPO), the online waiver form, plan brochure, FAQs, and other important information.

● Due to the high volume of health forms processed during the summer months, we are unable to respond to requests to confirm receipt of medical information/health forms. Please make copies for your records.

● Download, complete and return your forms by July 8, 2019 via US mail to Cynthia Maricle, Associate Director, Student Health Services, Wheaton College, Norton, MA 02766. **Faxing is unreliable and not recommended.**
HEALTH INSURANCE CHECKLIST

According to Massachusetts state law, your health insurance coverage must provide the following: access to care in the Wheaton College, Norton, MA area as well as comprehensive coverage which includes routine physician services, mental health services, and hospital services. The major medical health insurance plan (Blue Cross Blue Shield of MA - Student Blue, Blue Care Elect PPO) offered by Wheaton College meets or exceeds these minimum standards.

If you would like to remain enrolled in a personal health insurance plan, it is your responsibility to determine if it meets or exceeds the coverage available through the insurance plan offered by the college (see below).

Certain health insurance plans, such as MA Health Safety Net, MassHealth Limited, out-of-state Medicaid, HMOs with limited out-of-network coverage, and other out-of-state policies (e.g., Kaiser, GHI, Connecticare), as well as international plans which may or may not be headquartered in the US do not provide comparable coverage.

If you belong to such a plan, state law requires your participation in the college’s health insurance plan or in another comparable plan. International students are required to purchase the college sponsored insurance plan, regardless of other coverage. There are no exceptions.

To assist you in comparing health insurance plans, the BCBS of MA Student Blue brochure is accessible on or about July 15th at gallagherstudent.com/students/. For your convenience, a downloadable health insurance comparison chart may be found online at wheatoncollege.edu/health/health-insurance/.

If you belong to an HMO, Medicaid, or out-of-state health insurance plan, contact your insurance company and confirm that your plan provides coverage for:

• Routine (not “urgent”) Care in Massachusetts:
  In particular, by Dr. Rajani Mallick or Dr. Mark Umphrey, Norton Medical Center physicians; Sturdy Memorial Associates dba Norton Medical Center; and Sturdy Memorial Hospital.
  Referral from your PCP required? Copay required? Deductible required?
  In-Network and Out-of-Network coverage? Maximum benefit amount?

• Diagnostic Testing and Lab services through Sturdy Memorial Hospital’s lab.
  In-Network and Out-of-Network coverage?

• Mental Health Services:
  Copay amount? Deductible required? In-Network and Out-of-Network coverage?

• Substance Abuse Services:
  Copay amount? Deductible required? In-Network and Out-of-Network coverage?

• Prescription Drug Coverage:
  Copay amount? Maximum benefit amount? Participating pharmacies (CVS and Walgreens)?

• Inpatient and Outpatient Hospital Services including behavioral/mental health/substance abuse:
  Maximum benefit amount? Copay amount? Deductible required? In-Network and Out-of-Network coverage?

• Emergency Services:
  Ambulance transport coverage? ER copay required?

If your current policy provides the above coverage, you may waive enrollment in the health insurance plan available mid-July ONLINE at gallagherstudent.com/students/. If you choose not to waive enrollment in the plan available through the college, you will automatically be enrolled by the college and the annual premium will be billed to your student account. Students who do not submit valid waiver information will be enrolled in the plan and are responsible for the associated cost.
HEALTH FORMS CHECKLIST
Please complete and return the following forms to Student Health Services, 26 East Main Street, Norton, MA 02766 by July 8, 2019.

1. Personal Information Form (student form)

2. Immunization Record & Physical Exam Form and TB Risk Questionnaire (physician form)
   >Physical exam - within the last 2 years - must take place after 8/1/2017
   >Immunization record must include:
     • 2 doses of MMR vaccine or positive titer
     • 1 dose of Tdap within the last 10 years and 4 – 5 doses of primary DPT series
     • 3 doses of Hepatitis B vaccine or positive titer
     • 2 doses of Meningococcal vaccine (at least 1 dose Men ACW-Y required on or after age 16)
       OR sign enclosed waiver form
     • 2 doses of Varicella vaccine OR positive titer OR documented history of disease
   >TB Risk Assessment - page 1 and, if indicated, page 2 (physician form)

ATHLETES:
The NCAA requires a physical exam dated within 6 months prior to the first day of practice. Please contact Head Athletic Trainer, Greg Steele at 508-286-3986 for more information. Please be aware that in addition to submitting a copy of your physical exam along with the other required forms in this packet to Student Health Services, you must provide an Athletics-specific physical exam form to the athletic trainers along with additional Athletics medical forms found online at http://athletics.wheatoncollege.edu/information/athletictraining/index (under Inside Athletics).

3. Health History Form (student form)

4. Norton Medical Center Registration/Insurance Information Form (student form)
   By law, your health insurance coverage must be comparable to the BCBS student health insurance plan available through Wheaton College. Certain health insurance plans, such as out-of-state Medicaid, HMOs with limited out-of-network coverage, and other out-of-state policies (e.g., Kaiser, Connecticare, GHI) as well as international plans which may or may not be headquartered in the US do not provide comparable coverage. If you belong to such a plan, state law requires your participation in the health insurance plan offered by the college or in another comparable plan.

   To assist you in comparing health insurance plans, a copy of the plan brochure and FAQs are available online at gallagherstudent.com/students/ where you will also find the online waiver form (available mid-July) in order to opt out of enrollment in the plan offered by the college. If you belong to an HMO or out-of-state health insurance plan, contact your insurance company and confirm that your plan provides coverage in the Norton, MA area for:
   • Routine (not urgent) care in MA - Dr. Rajani Mallick or Dr. Mark Umphrey, Norton Medical Center physicians; Sturdy Memorial Associates dba Norton Medical Center; and Sturdy Memorial Hospital
   • Out-of-network coverage
   • Diagnostic testing and lab services
   • Mental health services
   • Prescription drug coverage
   • Inpatient and outpatient hospital services
   • Emergency services

   If your current policy provides the above coverage, you may waive enrollment in the college sponsored health insurance plan ONLINE mid-July at gallagherstudent.com/students/. If you waive enrollment, please print a copy of your confirmation number for your records. If you do not waive the insurance plan available through Wheaton, you will automatically be enrolled in the plan and the college will bill you for the annual premium.

5. Sturdy Memorial Hospital Permission for Release of Disposition Information Form (student form)

6. Copy (front and back) of private health insurance card (maintain the original card with you)

7. Optional Medi-Alert Form (student form)
PERSONAL INFORMATION

Student’s Full Legal Name ____________________________________________
Last ___________________________ First ___________________________ Middle Initial ____________
Preferred Name _________________________ Preferred Pronouns _____________________ Sex/Gender ____________

Home Address _____________________________________________________________________________________
Street __________________________________ City __________________________________ State _____________ Zip _____________
Country ___________________________________________________________________________________________

Cell Phone ____________________   Place of Birth _____________________ Athlete 1st semester admit 
Transfer 2nd semester admit __

Home Phone ____________________________________ Date of Birth __________________________ Age_________
(International students: please include country code & area code)

PARENT/GUARDIAN INFORMATION

Guardian/Parent’s Name __________________________   Guardian/Parent’s Name _____________________________

Home Phone ____________________________________ Home Phone __________________________________
Business Phone __________________________________ Business Phone __________________________________
Cell Phone ____________________________________ Cell Phone __________________________________

PLEASE NOTE: Wheaton Student Health Services and the medical staff of Norton Medical Center reserve the right to share select medical information provided on health forms and during NMC office visits with the Office of the Dean of Students and the Director of Counseling and Health Services or the Director’s designee.

I certify to the best of my knowledge that the information provided is accurate and complete. In the case of an emergency, I authorize Wheaton College to share medical information with hospital or emergency medical personnel and to assume responsibility for emergency surgery and anesthesia as deemed appropriate. In the event of serious illness or injury or the need for hospitalization and/or surgery, Wheaton College administrators will use reasonable effort to notify my emergency contact. Failure in such efforts, however, should not prevent the Wheaton College administrators from obtaining such emergency treatment as may be necessary under the circumstances.

Additionally, I consent to medical care/treatment and/or transport by the healthcare providers at Norton Medical Center, Wheaton’s designated Student Health Center. I also consent to receiving email notifications (appointment reminders and other requests to communicate with NMC medical providers) from Student Health Services on behalf of Norton Medical Center via my Wheaton email address. This authorization will remain in effect as long as I remain a student at Wheaton College.

Student Signature ____________________________________________ Date _________________________

Parent/Guardian Signature Required if Student Under Age 18 __________________________________________ Date


IMMUNIZATION RECORD & PHYSICAL EXAM
MAIL TO: Student Health Services, Wheaton College, 26 East Main Street, Norton, MA 02766 or
FAX TO: 508-286-5409 by July 8, 2019

NAME: ____________________________________ DATE OF BIRTH: __________________ AGE: ______________

PHYSICIAN: COMPLETE THE FOLLOWING and SIGN BELOW. Physical exam must take place after 8/1/2017.

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>NORMAL</th>
<th>FINDINGS</th>
<th>DATE OF PHYSICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro</td>
<td></td>
<td>BP:</td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td></td>
<td>PULSE:</td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
<td>WEIGHT:</td>
<td>HEIGHT:</td>
</tr>
<tr>
<td>Musculo skeletal</td>
<td></td>
<td>BMI:</td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td>ALLERGIES</td>
<td></td>
</tr>
<tr>
<td>GI/GU</td>
<td></td>
<td>PMH:</td>
<td></td>
</tr>
<tr>
<td>Endocrine/Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Athletes:** Submit a copy of this physical exam along with the remaining health forms to Student Health Services. Find the Athletics-specific physical exam and additional required NCAA pre-participation paperwork at athletics.wheatoncollege.edu/information/athletictraining/index (under Inside Athletics).

**PHYSICIAN:** IMMUNIZATION REQUIREMENTS VARY STATE TO STATE. IF THE FOLLOWING VACCINES HAVE NOT BEEN RECEIVED, PLEASE ADMINISTER AS APPROPRIATE. Immunization information is not confidential.

- **Primary DPT series completed** (4-5 vaccines between age 2 months and 4 years) □
- **Tdap Booster** (within the last 10 yrs. regardless of interval since last tetanus containing vaccine) _____ / ____ / ____ (Month/Date/Year)

**MMR**

<table>
<thead>
<tr>
<th>#1</th>
<th>_____ / ____ / ____</th>
<th>#2</th>
<th>_____ / ____ / ____</th>
<th>(Month/Date/Year)</th>
</tr>
</thead>
</table>

**OR** Actual positive antibody titer value:
- Measles: Value __________ Month/Date/Year __________ / __________ / __________
- Rubella: Value __________ Month/Date/Year __________ / __________ / __________
- Mumps: Value __________ Month/Date/Year __________ / __________ / __________

**Hepatitis B**

<table>
<thead>
<tr>
<th>#1</th>
<th>_____ / ____ / ____</th>
<th>#2</th>
<th>_____ / ____ / ____</th>
<th>(2 dose series) #3</th>
<th>_____ / ____ / ____</th>
<th>(Month/Date/Year)</th>
</tr>
</thead>
</table>

**OR** Actual positive HBsAb (Hepatitis B surface antibody) titer value: __________ on ____ / ____ / ____

**Bacterial Meningitis (Not Men B)**

Menomune (MPSV4) (received within the last 5 years – if not, revaccination required) _____ / ____ / ____

**OR**
- Menactra/Menveo (MenACYW - at least one dose at age 16 or older) #1 _____ / ____ / ____ #2 _____ / ____ / ____

**OR** Immunization declined; enclosed blue waiver form signed □

**Varicella**

<table>
<thead>
<tr>
<th>#1</th>
<th>_____ / ____ / ____</th>
<th>#2</th>
<th>_____ / ____ / ____</th>
<th>(Month/Date/Year)</th>
</tr>
</thead>
</table>

**OR** Positive history of disease □ Month/Date/Year __________ / ____ / ____

**OR** Actual positive antibody titer value: __________ on ____ / ____ / ____ (Month/Date/Year)

**PROVIDER SIGNATURE:** ___________________________________ DATE: __________________
ADDRESS: __________________________________ PHONE: __________________ FAX: ___________________
STUDENT: COMPLETE QUESTIONS 1 – 4 AND REFER TO KEY AT BOTTOM OF PAGE.
Required of all students (regardless of prior vaccination with BCG). Return with immunization record and physical exam.

NAME: ___________________________________________  COUNTRY of BIRTH: ____________________________  

Yes  No

>1. Have you ever had a positive tuberculosis (TB) skin test? (If “YES”, go to page 2)
>2. To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis (TB)?
>3. Were you born in one of the countries listed below?
>4. Have you traveled/lived for more than 1 month in one or more of the countries below?

**Countries with high Rates of tuberculosis (TB) ± TB Endemic Countries**

| Afghanistan | Djibouti | Malaysia | Sao Tome and Principe |
| Algeria     | Dominican Republic | Mali | Senegal |
| Angola      | DPR Korea | Marshall Islands | Seychelles |
| Anguilla    | DR Congo | Mauritania | Sierra Leone |
| Armenia     | Ecuador | Mauritius | Solomon Islands |
| Azerbaijan  | El Salvador | Mexico | Somalia |
| Bahrain     | Equatorial Guinea | Micronesia | South Africa |
| Bangladesh  | Eritrea | Mongolia | Sri Lanka |
| Belarus     | Ethiopia | Montserrat | Sudan |
| Belize      | Gabon | Morocco | Suriname |
| Benin       | Gambia | Mozambique | Swaziland |
| Bhutan      | Georgia | Myanmar | Tajikistan |
| Bolivia     | Ghana | Namibia | Thailand |
| Bosnia & Herzegovina | Guam | Nauru | Timor-Leste |
| Botswana    | Guatemala | Nepal | Togo |
| Brazil      | Guinea | Nicaragua | Turkmenistan |
| British Virgin Islands | Guinea-Bissau | Niger | Tuvalu |
| Brunei Darussalam | Guyana | Nigeria | Turkmenistan |
| Bulgaria    | Haiti | Northern Mariana Island | Tuvalu |
| Burkina Faso | Honduras | Pakistan | Uganda |
| Burundi     | India | Palau | Ukraine |
| Cambodia    | Indonesia | Panama | UR Tanzania |
| Cameroon    | Iraq | Papua New Guinea | Uzbekistan |
| Cape Verde  | Kazakhstan | Paraguay | Vanuatu |
| Central African Republic | Kenya | Peru | Viet Nam |
| Chad        | Kiribati | Philippines | Yemen |
| China       | Kyrgyzstan | Qatar | Zambia |
| China, Hong Kong SAR | Lao PDR | Poland | Zimbabwe |
| China, Macao SAR | Lesotho | Portugal | * |
| Colombia    | * | Liberia | Rep. Korea |
| Comoros     | Libyan Arab | Jamahiriya | Republic of Moldova |
| Congo       | Lithuania | Romania | 
| Cook Islands | Madagascar | Russian Federation | 
| Côte d’Ivoire | Malawi | Rwanda | 

**KEY:**

**HIGH RISK:** If you answered YES to questions 2, 3 or 4, your HEALTHCARE PROVIDER MUST COMPLETE THE “Medical Evaluation for Latent TB Infection” ON THE NEXT PAGE.

**LOW RISK:** If the answer to all of the above questions is NO, a tuberculin skin test should not be done and there is nothing further your healthcare provider needs to complete. Leave the following page “Medical Evaluation for Latent TB Infection” blank.
TUBERCULOSIS RISK QUESTIONNAIRE – Page 2
MEDICAL EVALUATION for LATENT TUBERCULOSIS INFECTION

NAME: _____________________________________________________ BIRTH DATE: ________________________

PHYSICIAN: COMPLETE AND SIGN BELOW.

PLEASE NOTE: If a patient has had a POSITIVE TUBERCULIN SKIN TEST in the past, do not repeat the test. Go to section B below.

A. TUBERCULIN TESTING (Mantoux / Intermediate PPD or Interferon Gamma Release Assay [IGRA])

1. Mantoux – Please Note: Mantoux test must be read by a healthcare provider 48 – 72 hours after administration. If no Induration, mark "0". Results of multiple puncture tests, such as Tine or Mono – Vac are NOT accepted.

   Date administered: __/___/_____ Date test redone: __/___/_____ Result: _____mm of induration

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>POSITIVE RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close contact with a case of TB</td>
<td>5mm or more</td>
</tr>
<tr>
<td>Born in a country with a high rate of TB</td>
<td>10mm or more</td>
</tr>
<tr>
<td>Traveled / lived for 1+ months in a country with high TB rates</td>
<td>20 mm or more</td>
</tr>
<tr>
<td>No risk factors (test not recommended)</td>
<td>15 mm or more</td>
</tr>
</tbody>
</table>

OR

2. Interferon Gamma Release Assay (IGRA)

   Method used: (Please circle) QFT – G / Tspot Date obtained: __/___/_____ Month Day Year

   Result: (Please check appropriate response)   __ Negative   __ Positive   __ Intermediate   __ Borderline

B. POSITIVE SKIN TEST OR POSITIVE IGRA REQUIRES A CHEST X-RAY
(Mantoux / Intermediate PPD or IGRA tests)

1. Date of POSITIVE test: ____/___/_____
   Testing method: (please circle) Mantoux / IGRA

2. Chest X-Ray: (please circle) Normal / Abnormal
   Please attach a copy of the report (no discs or films)
   Describe: ______________________________________________________

3. Clinical Evaluation: (please circle) Normal / Abnormal
   Describe: ______________________________________________________

4. Treatment: (please circle) Yes / No
   Meds, Dose, Frequency, Dates: __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

PHYSICIAN SIGNATURE: ________________________ DATE: ________________________
Name: ____________________________________________________ DOB: _________________

Please circle YES or NO and provide details below.

<table>
<thead>
<tr>
<th>Neurological</th>
<th>Gastrointestinal</th>
<th>Emotional</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Concussion/Head Injury</td>
<td>Yes N</td>
<td>Appendectomy</td>
<td>Y N</td>
</tr>
<tr>
<td>Dizzy Spells/Fainting</td>
<td>Yes N</td>
<td>Inflammatory Bowel Disease</td>
<td>Y N</td>
</tr>
<tr>
<td>Headaches/Migraines</td>
<td>Yes N</td>
<td>Gallstones</td>
<td>Y N</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Yes N</td>
<td>Hepatitis</td>
<td>Y N</td>
</tr>
<tr>
<td>Seizure Disorder</td>
<td>Yes N</td>
<td>Irritable Bowel Syndrome</td>
<td>Y N</td>
</tr>
<tr>
<td>Eyes, Ears, Nose &amp; Throat</td>
<td></td>
<td>Reflux/Ulcers</td>
<td>Y N</td>
</tr>
<tr>
<td>Blindness</td>
<td>Yes N</td>
<td>Muscleoskeletal</td>
<td></td>
</tr>
<tr>
<td>Color Blindness</td>
<td>Yes N</td>
<td>Knee Problems</td>
<td>Y N</td>
</tr>
<tr>
<td>Double Vision</td>
<td>Yes N</td>
<td>Back Problems</td>
<td>Y N</td>
</tr>
<tr>
<td>Swollen Glands</td>
<td>Yes N</td>
<td>Fractures</td>
<td>Y N</td>
</tr>
<tr>
<td>Deafness/Hearing Aid</td>
<td>Yes N</td>
<td>Arthritis/Painful Joints</td>
<td>Y N</td>
</tr>
<tr>
<td>Recurrent Strep Throat/</td>
<td>Yes N</td>
<td>Genitourinary</td>
<td></td>
</tr>
<tr>
<td>Tonsillectomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent Ear Infections</td>
<td>Yes N</td>
<td>Kidney/Bladder Infections</td>
<td>Y N</td>
</tr>
<tr>
<td>Recurrent Nose Bleeds</td>
<td>Yes N</td>
<td>Kidney Stones</td>
<td>Y N</td>
</tr>
<tr>
<td>Recurrent Sinusitis</td>
<td>Yes N</td>
<td>Date &amp; Results of Pap Smear</td>
<td>Y N</td>
</tr>
<tr>
<td>Cardiac &amp; Respiratory</td>
<td></td>
<td>BCPs</td>
<td>Y N</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Yes N</td>
<td>Gynecological Condition</td>
<td>Y N</td>
</tr>
<tr>
<td>Asthma</td>
<td>Yes N</td>
<td>Endocrine</td>
<td></td>
</tr>
<tr>
<td>Palpitations</td>
<td>Yes N</td>
<td>Diabetes</td>
<td>Y N</td>
</tr>
<tr>
<td>Exertional Chest Pain</td>
<td>Yes N</td>
<td>Thyroid Disease</td>
<td>Y N</td>
</tr>
<tr>
<td>Heart Murmur</td>
<td>Yes N</td>
<td>Habits/Lifestyle</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>Yes N</td>
<td>Anabloc Steroids</td>
<td>Y N</td>
</tr>
<tr>
<td>Bronchitis</td>
<td>Yes N</td>
<td>Recreational Drugs</td>
<td>Y N</td>
</tr>
<tr>
<td>Fatigue associated with</td>
<td>Yes N</td>
<td>Alcohol</td>
<td>Y N</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>Yes N</td>
<td>Tobacco/Cheering Tobacco</td>
<td>Y N</td>
</tr>
<tr>
<td>Allergies:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications:</td>
<td></td>
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<tr>
<td>Chronic Medical Conditions:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Details of YES answers:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHEATON COLLEGE/STURDY MEMORIAL HOSPITAL
PERMISSION FOR RELEASE OF DISPOSITION INFORMATION

NAME (please print): ___________________________________________ DATE OF BIRTH: ____________________

I permit Sturdy Memorial Hospital emergency room and/or inpatient staff to inform the Wheaton College Public Safety Department of my disposition location in the event that I am

• admitted to Sturdy Memorial Hospital
• transferred to another facility, and/or
• discharged

Wheaton College Public Safety Officers are authorized to request and receive such information. WPS may be reached at 508-286-8213 (24/7).

This release in no way pertains to the use and disclosure of confidential medical and protected health information generated through care and treatment received at Sturdy Memorial Hospital.

__________________________________________________________________________________________________

As a student at Wheaton College, I give permission for the Sturdy Memorial Hospital emergency room and/or inpatient staff to notify the Wheaton College Public Safety Office of my discharge/disposition location.

This authorization will remain in effect as long as I remain enrolled at Wheaton College.

Signature of Student: ____________________________________________________ Date: ______________________

Signature of Parent or Guardian if student under age 18: _________________________________ Date: ______________
NORTON MEDICAL CENTER
REGISTRATION FORM

This is not a health insurance waiver; waive ONLINE at gallagherstudent.com/students/.
Norton Medical Center (NMC) is Wheaton’s designated health clinic, a private neighborhood facility located on-campus, owned and operated by Study Memorial Hospital.

Name: Last ___________________________________ First _________________________ Middle Initial ___________
Preferred Name: _______________________________ Preferred Pronouns: ___________________________________
DOB: _______________________________________ Sex/Gender: _________________________________________

Home Address: ____________________________________________________________________________________
Home Phone: _________________________________ Cell Phone: __________________________________________

Father’s/Guardian’s Name: ___________________________________________________________________________
Home Address: ____________________________________________________________________________________
Home Phone: ____________________________________________ DOB: ___________________________________

Mother’s/Guardian’s Name: __________________________________________________________________________
Home Address: ____________________________________________________________________________________
Home Phone: ____________________________________________ DOB: ___________________________________

HEALTH INSURANCE INFORMATION:

The information you provide below does NOT constitute a waiver of enrollment in the student health insurance plan available through Wheaton College. If your current insurance company is based in the U.S. and your current plan provides comparable coverage to the college sponsored plan (see enclosed checklist), you may waive enrollment in the health insurance plan available through Wheaton at gallagherstudent.com/students/. More information regarding the cost of the health insurance plan, as well as how and when to waive enrollment in the plan, can be found at wheatoncollege.edu (Student Financial Services and Student Health Services webpages) as well as gallagherstudent.com.

PLEASE NOTE: If you do not wish to enroll in the health insurance plan available through the college, you must complete an ONLINE waiver at gallagherstudent.com. Hard waivers are not available.

All international students are required to purchase and will be automatically enrolled in the health insurance plan offered through the College. There are no exceptions.

Your Primary Health Insurance: Wheaton □ Other: _______________________________________________________
Address: ______________________________________________________________________________________
Phone: _______________________________ Policy Holder: _____________________________________________
ID # ______________________________________ Group # ______________________________________________

Your Secondary Insurance: Wheaton □ Other: _________________________________________________________
Address: ______________________________________________________________________________________
Phone: _______________________________ Policy Holder: _____________________________________________
ID # ______________________________________ Group # ______________________________________________

Please attach a copy of your insurance card if you are not enrolling in the health insurance plan available through Wheaton College.

Signature: _______________________________________________________ Date: ____________________________
MEDI-ALERT LIST

(Optional)

Wheaton College Student Health Services annually provides the Director of Public Safety, the Dean of Students, the Dean On-Call, and the Area Coordinator On-Call with a Medical-Alert (Medi-Alert) list.

This is a confidential listing of students with significant health conditions that assists first responders in providing prompt emergency care when required. It is strongly suggested that you participate in the Medical-Alert listing if you have a specific medical condition or health concern.

If you would like to be included on the Medi-Alert list, please sign below and return this form to Student Health Services.

I, _______________________________________________________, give Wheaton College Student Health Services permission to release information from my medical record to Wheaton College Public Safety Officers, the Dean of Students, the On-call Dean, and the On-call Area Coordinator for inclusion on the Medi-Alert list.

I understand that my name will remain on the Medi-Alert list while I attend Wheaton College.

Specific medical condition or health concern: _____________________________________________________________

Name: _________________________________________________________________ Date: ______________________

Signature: _________________________________________________________ Wheaton ID #: ______________________

Witness: _______________________________________________________________ Date: ______________________
Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools

Colleges: Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., college) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y or fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

Residential Schools: Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding schools) to receive a dose of quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W and Y or fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease? Meningococcal disease is caused by infection with bacteria called Neisseria meningitidis. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, or suffer seizures or strokes.

How is meningococcal disease spread? These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease? High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease from some of the serogroups.

Are some students in college and secondary schools at risk for meningococcal disease? College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease caused by some of the serotypes contained in the quadrivalent vaccine, as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.
Is there a vaccine against meningococcal disease? Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16th birthday do not need a booster. Individuals in certain high risk groups may need to receive 1 or more of these vaccines based on their doctor’s recommendations. Adolescents and young adults (16-23 years of age) who are not in high risk groups may be vaccinated with meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

Is the meningococcal vaccine safe? Yes. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women. A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.

Is meningococcal vaccine mandatory for entry into secondary schools that provide housing, and colleges? Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) requires both newly enrolled full-time students attending a secondary school (those schools with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., colleges) to receive a dose of quadrivalent meningococcal vaccine.

At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past, unless they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Exemptions: Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can’t receive the vaccine; 2) the student (or the student’s parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student’s parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Where can a student get vaccinated? Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information? Your healthcare provider, The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi and your local health department (listed under government).

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of quadrivalent meningococcal vaccine. I understand that Massachusetts’ law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

☐ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of the Men ACW-Y meningococcal vaccine.

Student Name: ____________________________ Date of Birth: ____________________________ Student ID: ____________________________

Signature: __________________________________________ Date: ____________________________

(Student or parent/legal guardian, if student is under 18 years of age)

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800 MDPH Meningococcal Information and Waiver Form 2018.