Your first year at Wheaton

Required medical forms

Student health forms checklist

All new students must complete and return the following forms to Cynthia Maricle, Associate Director, Student Health Services, 26 East Main Street, Norton, MA 02766, by July 17, 2020.

- Student Health Services Personal Information (HF1)
- Health History (HF2)
- Meningococcal Vaccine Waiver (HF3)
- Tuberculosis Risk Questionnaire (HF4) - this form is two-sided and may require healthcare provider’s signature based on answers provided to screening questions
- Immunization Record and Physical Exam (HF5) - this form must be completed and signed by your healthcare provider
- COVID-19 Status (HF6) - this form may require your healthcare provider’s signature
- Sturdy Memorial Hospital Permission for Release of Disposition Information (HF7)
- Optional Medi-Alert Form (HF8)
- Norton Medical Center Registration/Insurance Information (HF9)
- Copy (front and back) of private health insurance card
We value your health

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, provide the care and services 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.

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 and rubella, tetanus, pertussis and diphtheria, hepatitis B, varicella, and bacterial meningitis. Because immunization requirements differ from state to state, please check with your primary healthcare provider to ensure receipt of these required vaccinations.

Please review your completed forms and confirm that all requested information is correct. Do not depend upon your healthcare provider’s office to review and return the forms for you. **If you are a varsity athlete, the forms in this packet are required in addition to the medical forms that are required by the National Collegiate Athletic Association (NCAA). Submit NCAA medical forms to Wheaton’s athletic trainers.** Athletics medical forms can be downloaded from the Wheaton Athletics website at: athletics.wheatoncollege.edu/information/athletictraining.

Class registration for all students, as well as participation in varsity athletics, may be on hold until all medical information is complete.

Mail all completed health forms to:

Cynthia Maricle, Associate Director  
Student Health Services  
Wheaton College  
26 East Main Street  
Norton, MA 02766

Health resources and guidelines

Student Health Services

For questions or concerns regarding Norton Medical 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 Associate Director of Student Health Services Cynthia Maricle at 508-286-8210 or maricle_cynthia@wheatoncollege.edu. More information may also be found on the Wheaton College website at wheatoncollege.edu/health.

Counseling Center

Located on campus, the Counseling Center is open Monday through Friday from 8:30 a.m. to 4:30 p.m. Counseling is free of charge for all students, and therapy is brief and goal-focused. For more information, please contact Director of Counseling and Health Services Valerie Tobia at tobia_valerie@wheatoncollege.edu or 508-286-3905. More information may also be found on the Wheaton College website at wheatoncollege.edu/counseling-center.

Health insurance—local coverage required

According to Massachusetts state law, your health insurance coverage must provide the following: access to care in the Wheaton College area and comprehensive coverage extending beyond emergency care to include routine physician, mental health and hospital services. The student health insurance plan offered by Wheaton 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 student health insurance plan offered by the college. **Certain health insurance plans, such as MA Health Safety Net, 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 U.S., do not provide comparable coverage.**

If you are enrolled in a such a plan, state law requires your participation in the college’s student 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.
If you are enrolled in a personal health insurance plan, 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 doing business as Norton Medical Center; and Sturdy Memorial Hospital
- Diagnostic testing and lab services through Sturdy Memorial Hospital’s lab
- Mental health services
- Substance abuse services
- Prescription drug coverage
- Inpatient and outpatient hospital services, including behavioral/mental health/substance abuse
- Emergency services: including ambulance transport coverage

If your family plan is not sufficient, you are required to purchase the student health insurance plan (Blue Cross Blue Shield of MA, Blue Care Elect PPO), which provides coverage for 12 months, including during breaks and when studying abroad.

If your personal health insurance plan meets the above criteria, please make sure you know the following information about the plan:

- Is a referral from your primary care professional required?
- Are copays or deductibles applicable?
- What Norton services are considered in-network and out-of-network?
- Does your plan provide in- and out-of-network care?

If your current policy provides the required coverage, you may waive enrollment in the college-sponsored health insurance plan online in mid-July on the Gallagher Student Health & Special Risk website 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.

Physical exam

All entering students must have had a physical exam within the past two years; for those starting this fall, physicals must have taken place after August 1, 2018. If you are unable to schedule a physical exam before the July 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 possible. **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.

Vaccinations

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

If you have not received two doses of the meningitis vaccine (MenACWY) or have not received a dose of meningitis 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. Deductibles and copays apply, and all charges will be billed to your insurance.

Requests for an immunization exemption, for either religious or medical reasons, 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 six 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 all health forms in this packet 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 athletics.wheatoncollege.edu/information/athletictraining.

Please note: 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.
Student Health Services Personal Information

**Personal information**

Student's full legal name: ___________________________  
Preferred name: ___________________________  
Preferred pronouns: ___________________________  
Sex (at birth): ______  
Gender (ID): ___________________________

Home address:  
Street: ___________________________  
City: ___________________________  
State: ___________________________  
Zip: ___________________________

Country: ___________________________  
Place of birth: ___________________________

Date of birth: ___________________________  
Age: ___________________________  
Cell phone: ___________________________

Home phone (International students: please include country code and area code): ___________________________

- ☐  Athlete  
- ☐  Transfer student   
- ☐  First semester admit  
- ☐  Second semester admit

**Parent/guardian information**

Parent/guardian's name: ___________________________  
Parent/guardian'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 (NMC) 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 (NMC), 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.

**SIGNATURE REQUIRED**

Student signature: ___________________________  
Date: ___________________________

Signature: ___________________________  
Date: ___________________________

(Parent/legal guardian if student is under age 18)
## Health History

Name: __________________________ Date of birth: __________________

Please circle yes or no and provide details below.

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<th>Emotional</th>
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<td>Anxiety</td>
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<td>Hepatitis</td>
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<td>Knee problems</td>
<td>Inflammatory Disease</td>
</tr>
<tr>
<td>Double vision</td>
<td>Back problems</td>
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<tr>
<td>Swollen glands</td>
<td>Fractures</td>
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<tr>
<td>Deafness/hearing aid</td>
<td>Arthritis/painful joints</td>
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<tr>
<td>Recurrent strep throat/tonsillectomy</td>
<td>Genitourinary</td>
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<tr>
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<td>Kidney/bladder infections</td>
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<td>Recurrent nose bleeds</td>
<td>Kidney stones</td>
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<tr>
<td>Recurrent sinusitus</td>
<td>Date and results of last pap smear</td>
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<tr>
<td>Heart murmur</td>
<td>Habits/lifestyle</td>
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<td>Anabolic steroids</td>
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<td>Bronchitis</td>
<td>Recreational drugs</td>
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<tr>
<td>Fatigue associated with exercise</td>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Fainting or near-fainting</td>
<td>Tobacco/chewing tobacco</td>
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<tr>
<td>Shortness of breath</td>
<td>Vegan/vegetarian</td>
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<td>Chronic medical conditions:</td>
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<tr>
<td>Details of yes answers:</td>
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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 U.S., about 1,000–1,200 people get meningococcal disease each year and 10–15 percent die despite receiving antibiotic treatment. Of those who live, another 11–19 percent 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 most at 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) or 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 two different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against four 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 one 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) require 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 they 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 on the Massachusetts website at 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 MenACWY meningococcal vaccine.

Student name: ___________________________ Date: ________ Date of birth: __________
Wheaton ID #: ___________________________
Signature: ___________________________ Date: __________
(Student or parent/legal guardian if student is under age 18)
Tuberculosis Risk Questionnaire

Student: Complete questions 1–4 and refer to the key at the bottom of the page.

Required of all students (regardless of prior vaccination with BCG).

Name: _______________________________ Country of birth: ____________________________

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. Have you ever had a positive tuberculosis (TB) skin test? (If “yes,” go to page 2)</td>
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<tr>
<td>2. To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis (TB)?</td>
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<tr>
<td>3. Were you born in one of the countries listed below?</td>
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<td>4. Have you traveled/lived for more than one month in one or more of the countries below?</td>
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Countries with high rates of tuberculosis (TB) ± and TB-endemic countries

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<td>Montserrat</td>
<td>Sao Tome and Principe</td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td>Guyana</td>
<td>Morocco</td>
<td>Senegal</td>
<td></td>
</tr>
</tbody>
</table>

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 blank.
Medical Evaluation for Latent TB Infection

Name: ___________________________ Birth date: ___________________________

Health Care Provider: 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

Interpretation of tuberculin skin test (Please use table below and circle response): Negative / Positive

<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>5 mm or more</td>
</tr>
<tr>
<td>Born in a country with a high rate of TB</td>
<td>10 mm or more</td>
</tr>
<tr>
<td>Traveled/lived for 1+ month in a country with high TB rates</td>
<td>10 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)—Best if previously vaccinated with BCG.

Method used (please circle): QFT-G / Tspot Date obtained: ___________________________

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: ___________________________
Immunization Record and Physical Exam

Name: __________________________ Date of birth: ____________ Age: ____________

Physical exam

Physician: Complete the following and sign below. Physical exam must take place after August 1, 2018.

<table>
<thead>
<tr>
<th>System</th>
<th>WNL</th>
<th>Findings</th>
<th>Date of physical:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GI/GU</td>
<td></td>
<td></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>

Immunization record

Physician: Immunization requirements vary state to state. If the following vaccines have not been received, please administer as appropriate. (Immunization information is not confidential.)

1. Primary DPT series completed (4-5 vaccines between age 2 months and 4 years) ☐
2. Tdap booster (within the last 10 yrs. regardless of interval since last tetanus-containing vaccine) ________ (Month/Day/Year)
3. MMR
   #1 ________ (Month/Day/Year) #2 ________ (Month/Day/Year)
   OR Actual positive antibody titer value:
   Measles: Value __________________________ Date ____________ (Month/Day/Year)
   Rubella: Value __________________________ Date ____________ (Month/Day/Year)
   Mumps: Value __________________________ Date ____________ (Month/Day/Year)
4. Hepatitis B
   #1 ________ (Month/Day/Year) #2 ________ (Month/Day/Year) #3 ________ (2 dose series ☐) 
   OR Actual positive HBsAb (Hepatitis B surface antibody) titer value __________________________ on ____________ (Month/Day/Year)
5. Bacterial Meningitis (Not MenB)
   Menomune (MPSV4) (received within the last 5 years—if not, revaccination required) ____________ (Month/Day/Year)
   OR Menactra or Menveo (MenACYW—at least one dose at age 16 or older) #1 ________ (Month/Day/Year)
   #2 ________ (Month/Day/Year) OR Immunization declined; enclosed blue waiver form signed on the next line ☐
6. Varicella
   #1 ________ (Month/Day/Year) #2 ________ (Month/Day/Year)
   OR Positive history of disease ☐ ____________ (Month/Day/Year)
   OR Actual positive antibody titer value: __________________________ on ____________ (Month/Day/Year)

SIGNATURE REQUIRED

Physician signature: __________________________ Date: ____________

Address: __________________________ Phone: ____________ Fax: ____________
COVID-19 Status

1. COVID-19 Testing: Circle **YES** or **NO**

   If **YES**, date of positive test: __________ (Month/Day/Year)  
   and attach medical documentation or provide medical professional’s signature below.

2. COVID-19 Serology Testing: Circle **YES** or **NO**

   If **YES**, provide actual titer results: _______________ Date: _______________ (Month/Day/Year)  
   and attach medical documentation or provide medical professional’s signature below.

Healthcare Provider Signature: ________________________________________________ Date: __________

Address: _____________________________________________________________________

Phone: __________________________ Fax: ________________________________
Medi-Alert Form (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 submit this information 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 #: __________
Sturdy Memorial Hospital Permission for Release of Disposition Information

Name (please print): ____________________________ Date of birth: ________________

I authorize 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. Public Safety may be reached 24/7 at 508-286-8213.

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: ____________________________ Date: ________________

(Parent/legal guardian if student is under age 18)
Norton Medical Center
Registration/Insurance Information

Norton Medical Center (NMC) is Wheaton's designated health center, a private neighborhood facility located on-campus, owned and operated by Sturdy Memorial Hospital.

Name: 
Preferred name: 
Preferred pronouns: 
Date of birth: 
Sex (at birth): 
Gender (ID): 
Home address: 
Home phone: 
Cell phone: 

Parent/guardian name: 
Home address: 
Home phone: 
Date of birth: 

Parent/guardian name: 
Home address: 
Home phone: 
Date of birth: 

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 checklist on page 2), you may waive enrollment in the student health insurance plan available through Wheaton on the Gallagher Student Health & Special Risk website 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 there as well as at wheatoncollege.edu/office-of-health-wellness.

Please Note: If you do not wish to enroll in the student health insurance plan available through the college, you must complete an online waiver on the Gallagher Student Health & Special Risk website 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 health 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: 
Reminder: Everfi educational modules

As a community that values personal wellness as paramount for academic success, Wheaton provides educational opportunities that enhance the safety and well-being of all students. As part of our comprehensive wellness effort, the college requires every first-year student to complete the following three online Everfi educational courses:

1. **AlcoholEdu for College** is a non-opinionated, science-based course taken by hundreds of thousands of students each year. Whether you drink or not, AlcoholEdu will empower you to make well-informed decisions about alcohol and help you better understand the drinking behavior of your peers.

2. **Sexual Assault Prevention for Undergraduates** addresses the critical issues of sexual assault, relationship violence, and stalking, and will provide you with important skills to intervene in potentially dangerous situations.

3. **Diversity, Equity, and Inclusion for Students** will help you better understand key concepts related to identity, bias, power, privilege, and oppression; appreciate the benefits of being part of a diverse community, and develop skills related to ally behavior, self-care, and creating inclusive spaces.

Look for more information regarding accessing and completing the Everfi modules in an email from Dean Zack this August.