Welcome, New Spiders!

The Doctors and Staff at the Student Health Center (SHC) look forward to meeting your health care needs while you attend the University of Richmond.

Student Health Center Fast Facts & Helpful Information

- **ELIGIBILITY**: Full-time (non-School of Continuing & Professional Studies) students are eligible to receive care at the SHC. There is no fee for office visits, however, there are charges for certain tests and procedures.
- **LOCATION**: Special Programs Building, 1st floor (near the Police Dept. and Parking Services)
- **HOURS**: Open during the academic year M-F, 8:30am – 12:00pm & 1:00pm - 4:30 pm.
- **AFTER HOURS NURSE LINE**: Fonemed covers our phone after hours: 1-855-292-3373
- **FOR EMERGENCIES**: Contact Campus Police: 804-289-8911
- **TO SCHEDULE APPOINTMENT**: Call the DIAL-A-NURSE line (804-289-8700) during our OPEN HOURS
  - TIP: Students, this is an excellent number to keep in your cell phone!
- **WEBSITE**: Visit UR Well: [wellness.richmond.edu](http://wellness.richmond.edu) for health and wellness information, available services, and on & off-campus providers. Answers to frequently asked questions can be found here: [http://wellness.richmond.edu/offices/healthcenter/health-history.html](http://wellness.richmond.edu/offices/healthcenter/health-history.html)
- **OUR STAFF**: Board-certified Family Practice physicians and Registered Nurses
- **Immunization Requirements**: MAIL the completed Health History forms (pages 1-4) to: Student Health Center, Special Programs Building, 28 Westhampton Way, University of Richmond, VA 23173 **ON OR BEFORE JUNE 13, 2014**. [http://wellness/offices/healthcenter/new-students.html](http://wellness/offices/healthcenter/new-students.html)
- **Prescriptions**: [http://wellness.richmond.edu/offices/healthcenter/services.html](http://wellness.richmond.edu/offices/healthcenter/services.html)
- **Chronic Illness**: If you require specialized treatment for medical or mental health care needs, please provide a medical summary from your physician with your diagnosis and treatment plan. If needed, the SHC may assist you in arranging specialty care while in Richmond.
- **Counseling and Psychological services**: [http://wellness.richmond.edu/offices/caps/index.html](http://wellness.richmond.edu/offices/caps/index.html)
- **Disability Accommodations**: [http://studentdevelopment.richmond.edu/disability-services](http://studentdevelopment.richmond.edu/disability-services)
- **Allergy injections**: Have your allergist’s office complete the Allergy Injection Administration Form: [http://wellness.richmond.edu/offices/healthcenter/services.html](http://wellness.richmond.edu/offices/healthcenter/services.html) and submit this with your allergy serum. If initiating therapy, the first injection must be given at your allergist’s office.
- **Health Insurance**: The SHC strongly encourages students to have appropriate medical coverage, however, the University does not require students to be covered by a medical insurance policy.
- **Suggested items to bring**: We recommend the following basic supplies: a digital thermometer, ibuprofen or acetaminophen for pain and fever, bandaids, antibiotic ointment such as Bacitracin, tissues, and a copy of your medical insurance card for off-campus providers.

*(Keep this page for your information)*
IMPORTANT REMINDERS PRIOR TO MAILING YOUR FORMS

In accordance with Virginia State Law completion of your Immunization Record is a requirement for all incoming students to the University of Richmond.

☐ Student (or parent if student is under 18) completes and signs:
   - Page 1: Health History Record
   - Page 2: Tuberculosis Risk Assessment
   - Page 4: If applicable, Vaccination Waiver Form (Return only if waived vaccinations)

☐ Health Care Provider completes and signs Page 2: Immunization Record.
   In accordance with Virginia State Law the University of Richmond Immunization Record Form must be completed in its entirety and signed by a health care provider. Attached records are not permissible.

☐ Check to see that your name and UR ID number are on every page.

☐ Make a copy to keep for your records.

ALL pages are due to the Student Health Center
BY MAIL on or before June 13, 2014.
Forms sent by fax or scan will not be accepted.

Students complete Pages 1 and 2.
Your health care provider completes and signs Page 3.

Failure to submit these forms will result in having student card (ONECARD) access blocked.

(Keep this page for your information)
2014-2015 HEALTH HISTORY RECORD
( Student Completes)

Deadline All Students: June 13, 2014
(Spring Semester Transfers - January 6, 2015)

MAIL THE COMPLETED FORM TO: Student Health Center, Special Programs Building, 28 Westhampton Way,
University of Richmond, VA 23173
RECORDS RECEIVED BY SCAN OR FAX WILL NOT BE ACCEPTED.

Name ___________________________________ ______________________
Last First
Date of Birth ____/____/____ Social Security # __________________________ UR Student ID # ______________________
Permanent Address _____________________________________________________________
Street City State/Country Zip Code
Country of Birth ____________________ Email _________________________________
(Please print clearly)
Home Phone _______________ Student’s Cell __________________________

Although highly recommended, the University of Richmond does not require students to be covered by a medical insurance policy.

Is student covered by a medical insurance policy? Yes or No

MEDICAL HISTORY

Yes No Yes No Yes No
□ □ ADD/ADHD □ □ Diabetes □ □ Kidney/Urinary Problems
□ □ Allergies (annual/seasonal) □ □ Eating Disorders □ □ Mononucleosis
□ □ Anemia □ □ Mental Health Disorder □ □ Rheumatic Fever
□ □ Asthma/Exercise-Induced Asthma □ □ Gastrointestinal Problems □ □ Tuberculosis
□ □ Bone/Joint Disorder □ □ Gynecological Problems □ □ Sexually Transmitted Disease
□ □ Cancer □ □ Frequent Headaches □ □ High Blood Pressure
□ □ Chickenpox □ □ Heart Disease □ □ Frequent Throat Infections
□ □ Circulatory Problems/Blood Clots □ □ Hepatitis/Liver Disease □ □ Frequent Ear Infections
□ □ Convulsions/Seizures/Epilepsy □ □ HIV □ □ Other – Explain Below

Remarks or Additional Information: ________________________________________________

Allergies: medication/foods, etc (include reaction): ______________________________________

Significant illness/hospitalization/surgery (include dates): ________________________________

History of psychiatric/psychological disorder (include dates): ______________________________

EMERGENCY CONTACT: Name: __________________________ Relationship: __________________
Phone (list all): __________________________ Address: __________________________

Student Health Center
Special Programs Building
28 Westhampton Way
1 of 4
Student Name: ____________________________
UR ID: ___________________________________
Tuberculosis Risk Assessment (TBRA)
Student completes upon entrance or within 6 months of re-entrance to the University

1. Have you ever had a positive tuberculosis (TB) test?  NO _____ YES _____
   * If you have had a positive TB test in the past, you must submit documentation of the positive test, including chest x-ray report and treatment records. Further testing may not be required.

2. Do you have any of the following signs or symptoms of active TB disease?  NO _____ YES _____
   - Unexplained fever/chills for more than 1 week
   - Persistent cough of unknown etiology for more than 3 weeks
   - Cough with bloody sputum
   - Night sweats
   - Unexplained weight loss
   - Unexplained fatigue

3. Do any of the following situations apply to you?  NO _____ YES _____
   - Close contact with a person known or suspected to have TB
   - Use of any illegal injectable drugs
   - At risk for Human Immunodeficiency Virus (HIV) infection
   - Volunteered, resided, or worked in a healthcare facility or congregate living setting (homeless shelter, nursing home, or correctional facility) for longer than 1 month
   - History of silicosis, diabetes, renal disease, blood disorders or cancer
   - History of gastrectomy, jejunooileal bypass, or chronic malabsorptive condition
   - History of a solid organ transplant (kidney, heart, liver)
   - Immunosuppressive therapy, such as prolonged corticosteroid therapy, chemotherapy
     Or TNF-antagonist medications (Humira, Embrel, Remicade)
   - Are less than 10% of normal body weight or malnourished

4. Within the past 5 years, have you traveled to or lived in any of the following areas for more than one month?  NO ____ YES ____
   Africa, Asia, Central America, Cuba, Dominican Republic, Eastern Europe, Haiti, India and other Indian subcontinent nations, Middle East (except Egypt, Saudi Arabia, Jordan, Lebanon, UAE), Portugal, South America, South Pacific (except Australia and New Zealand).

Student Signature (or guardian if under 18): ________________________________ Date: ____________________

If you answered “yes” to any question above, TB testing is required. The Student Health Center (SHC) requires the IGRA (Interferon Gamma Release Assay) TB blood test for TB testing. PPD skin tests and chest x-rays are NOT accepted in lieu of IGRA testing. Currently, there are two IGRA tests available: The Quantiferon Gold TB test and the T-Spot TB test. You have the following options for IGRA testing:

1. Have the test done as soon as possible, prior to coming to the University. It may take several weeks for the results, so do not delay testing. Submit a copy of the written report to the Student Health Center.
2. Have the test done at the SHC during Orientation Week. The SHC will be open 8:30 am until 4:30 pm Tuesday, August 19 through Friday, August 22. The cost of the test at the SHC is $75. You may place the charge on your student account, pay with cash, check or Spider Card.
3. Students attending International Orientation will be scheduled for the test on Monday, August 18. UR’s Office of International Education will provide information regarding your appointment time.

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Virginia State Law and the University of Richmond Require the Following Immunizations

A) MMR (Measles, Mumps, Rubella)

Two doses live vaccine required at or after 12 months of age, at least one month apart

If vaccinated separately:
- Measles Dose #1 ___/___/____
- Mumps Dose #2 ___/___/____
- Rubella Dose #1 ___/___/____

Dose #1 ___/___/____
Dose #2 ___/___/____

B) TETANUS/DIPHTHERIA/PERTUSSIS (Tdap) or TETANUS/DIPHTHERIA (TD)

This booster date must be within last 10 years: ___/___/____

C) MENINGOCOCCAL VACCINE (ACYW-135)

This booster date must be after student turns 16: ___/___/____

(or sign waiver – see next page)

D) HEPATITIS B VACCINE

(3 doses required)

Dose #1 ___/___/____
Dose #2 ___/___/____
Dose #3 ___/___/____

(or sign waiver – see next page)

B) POLIO VACCINE

Last Dose ___/___/____

RECOMMENDED IMMUNIZATIONS

a. HEPATITIS A VACCINE

2 doses vaccine given at 0, 6-12 months

Dose #1 ___/___/____
Dose #2 ___/___/____

b. HUMAN PAPILLOMAVIRUS VACCINE (HPV)

3 doses at 0, 2, and 6 month intervals

Dose #1 ___/___/____
Dose #2 ___/___/____
Dose #3 ___/___/____

Mo Day Yr

c. PNEUMOCOCCAL VACCINE

(Type of Vaccine): PPSV23 ____ OR PCV13 ____

Dose #1 ___/___/____

Mo Day Yr

VARICELLA VACCINE

‘STRONGLY RECOMMENDED’

Two doses of vaccine one month apart

Dose #1 ___/___/____
Dose #2 ___/___/____

OR History of Disease ___/___/____

Verified by: Health Care Provider’s Signature

Name Printed
Address

Phone

3 of 4
WAIVER DOCUMENT

INFORMATION REGARDING HEPATITIS B AND MENINGOCOCCAL MENINGITS DISEASE AND IMMUNIZATION

In compliance with Virginia state law, the University of Richmond requires that all incoming full-time students be vaccinated against meningococcal disease and Hepatitis B disease OR sign a waiver indicating they have received information about these diseases, the availability and effectiveness of the vaccines and choose not to be vaccinated.

HEPATITIS B is a serious infection of the liver caused by the Hepatitis B virus. The Hepatitis B virus (HBV) may cause lifelong infection, cirrhosis of the liver, liver cancer, liver failure and death. Hepatitis B is transmitted through infected body fluids such as blood, semen, and vaginal secretions; infection may occur through mucous membranes and broken skin. Most commonly, Hepatitis B is transmitted by sexual contact. It may also be spread by exposure to blood through contact sports, repeatedly sharing an infected person’s razor, toothbrush, or earrings, travel to a high-risk area, use of illicit injectable drugs or through contaminated needles use for tattooing or piercing. The Hepatitis B vaccine is safe and effective. The vaccine is generally a series of three doses given over a period of 6 months, although the series never has to be re-started if the schedule is interrupted.

HEPATITIS B VACCINE WAIVER
I have reviewed the information provided on the risks associated with Hepatitis B disease, and the effectiveness of any vaccine against Hepatitis B disease and I choose not to be vaccinated at this time.

_________________________________________________________________       ___________________________________
Signature of student or Legal Guardian if under age 18       Date

MENINGOCOCCAL DISEASE is a potentially fatal bacterial infection caused by the organism Neisseria meningitis. Although meningococcal disease is relatively rare, the initial flu-like symptoms may make diagnosis difficult. The disease may lead to brain damage, vital organ failure, permanent disability or death. Studies indicate college students living in residence halls, especially freshmen residents, are at increased risk of infection.

MENINGOCOCCAL VACCINE WAIVER
I have reviewed the information provided on the risks associated with Meningococcal disease, and the effectiveness of any vaccine against Meningococcal disease and I choose not to be vaccinated at this time.

_________________________________________________________________       ___________________________________
Signature of student or Legal Guardian if under age 18       Date