

## HEALTH & WELLNESS SERVICES

INSTRUCTIONS FOR COMPLETING THE REQUIRED MEDICAL FORMS FOR:  
U.S. CITIZENS WHO ARE **NOT** 18 YEARS OF AGE AT THE TIME THE FORMS ARE COMPLETED.

THIS REQUIREMENT MUST BE COMPLETED WHETHER:

YOU **DO OR DO NOT** PLAN TO USE HEALTH CARE SERVICES OFFERED AT THE HEALTH AND WELLENSS CENTER ON CAMPUS

YOU LIVE **ON OR OFF** CAMPUS

A PHYSICAL IS NOT REQUIRED

**Failure to complete this requirement prior to the start of the semester will result in your inability to register for future classes**

- 1. Consent for Treatment** – If your 18<sup>th</sup> birthday occurs no later than 2 weeks prior to your arrival on campus, complete this form online **AFTER** your birthday.  
If you will **NOT** be 18 years of age 2 weeks prior to your arrival on campus your parent/guardian must complete the Consent for Treatment of a Minor form that is attached to these instructions.
  - This form must be completed in order for you to receive healthcare services in the campus clinic.
- 2. Health History**
  - This form must be completed online prior to receiving healthcare services in the campus clinic.
- 3. Immunizations** – KU strongly recommends vaccines but they are not required.
  - You can obtain information from your family physician or high school as a resource to enter your immunization dates.
    - Do not send a paper copy to us.**
    - If you have vaccine dates to submit, you must enter them online. We cannot enter this information for you.**
- 4. Health Insurance** - See the attached letter from the PA Insurance Department for information.
  - Students who do have health insurance must complete the online form.
  - We also recommend that students carry an insurance ID card in case of an emergency.
- 5. Notice of Privacy Practices (HIPAA)**
  - This form must be completed in order to receive healthcare services in the campus clinic.
- 6. Options for Meningitis Compliance** – All students living on campus **MUST** complete this form.  
If your 18<sup>th</sup> birthday occurs no later than 2 weeks prior to your arrival on campus, complete this form online **AFTER** your birthday.  
If you will **NOT** be 18 years of age 2 weeks prior to your arrival on campus your parent/guardian must complete the Options for Meningitis Compliance for a Minor form that is attached to these instructions.
  - Students will experience a delay in moving into their campus residence if they have not completed this form prior to their arrival.**
- 7. TB Screening Questionnaire** – You must complete **PART 1** of this form online.
  - If you answer **YES** to **any** of the questions on PART 1 of the online form you must have your physician complete Parts 1, 2 and 3 of the form attached to these instructions.

**FORMS MUST BE COMPLETED PRIOR TO THE START OF YOUR FIRST SEMESTER**

IF YOU HAVE ANY QUESTIONS CALL 610-683-4082 OPTION 2 & OPTION 2

**\*\*\*IMPORTANT\*\*\***

- This information is for the Health and Wellness Center only.
- We do not share your information with other departments on campus.
- Depending on your major or if you are an athlete, you may be asked to submit medical information to additional departments.

**Kutztown University  
Health & Wellness Center  
Consent for Treatment of a Minor  
(Statement by Parent/Guardian for a student under age 18)**

**I hereby authorize medical treatment for my minor child/ward that may be recommended by  
the Health & Wellness Center:**

- I have reviewed the Required Medical Forms that must be submitted and attest that they have been completed accurately and to the best of my knowledge.
- I consent to the use or disclosure of the protected health information for my minor child/ward by the Health & Wellness Center staff for the purpose of diagnosis or treatment, obtaining payment for health care services rendered, or in order to conduct health care operations.
- I understand I will be held responsible for all charges not covered by the Health Center fee (diagnostic testing, hospital and community referrals, emergency transportation, etc.)

I understand that I have the right to request a restriction or limitation as to how the protected health information for my minor child/ward is used or to whom it may be disclosed for the above purposes. The Health & Wellness Center is not required to agree to such a request, but if agreed upon, the Center will comply unless the information is needed to provide emergency treatment.

The "Notice of Privacy Practices" describes my rights as well as the Health & Wellness Center's rights and responsibilities with respect to protected health information.

\_\_\_\_\_  
**PRINT STUDENT'S NAME**

\_\_\_\_\_  
**UNIVERSITY ID NUMBER**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

**FAX THIS COMPLETED FORM TO 610-683-4635 OR  
MAIL TO HEALTH AND WELLNESS CENTER, PO BOX 730, KUTZTOWN, PA 19530**

**OPTIONS FOR MENINGITIS COMPLIANCE FOR A MINOR**  
**(NOT 18 YEARS OR OLDER)**  
**STUDENTS WHO WILL BE LIVING ON CAMPUS MUST COMPLETE**  
**THIS FORM PRIOR TO MOVING ON CAMPUS**

The College and University Student Vaccination Act, 35P.S. § 633.1 *et seq.*, states that "an institution of higher education shall prohibit a student from residing in a dormitory or housing unit unless the student has received a one-time vaccination against meningococcal disease." 35 P.S. § 633.3 A student is exempt if he/she signs a written waiver stating that the University has provided detailed information on the risks associated with meningococcal disease, the availability and effectiveness of any vaccine and, at this time, the student has chosen not to be vaccinated. To comply with the state law, *all students residing in campus housing at Kutztown University will be required to select Option 1 and enter a meningococcal vaccine date or Select Option 2 and have a parent or guardian sign the waiver below.*

Before you make your decision, please be sure to visit the Centers for Disease Control and Prevention (CDC) website at <http://cdc.gov/meningitis/high-risk/college.html> to review the facts concerning this serious disease, the preventive measures that are available to reduce your risks, and information regarding the vaccine. If you choose not to be vaccinated, you must certify that you reviewed the information at the CDC website provided by Kutztown University and choose option 2 – waiver option, not to be vaccinated at this time.

**THE CENTER FOR DISEASE CONTROL RECOMMENDS AND KUTZTOWN UNIVERSITY STRONGLY ADVISES THAT ALL STUDENTS LIVING ON CAMPUS RECEIVE THEIR FIRST VACCINE OR A BOOSTER AT OR AFTER AGE 16**

OPTION 1 – VACCINE INFORMATION

I have had the vaccine. Date of Vaccination \_\_\_\_\_

**OR**

OPTION 2 – WAIVER OPTION

I have received and reviewed the information provided by Kutztown University through the link to the CDC website regarding the meningococcal disease. I am fully aware of the risks associated with the meningococcal disease and the availability and effectiveness of the vaccination against the disease. At this time, I knowingly have decided that the student named below will not to receive the vaccination.

\_\_\_\_\_  
PRINT STUDENT'S NAME

\_\_\_\_\_  
UNIVERSITY ID NUMBER

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

FAX THIS COMPLETED FORM TO 610-683-4635 OR  
MAIL TO HEALTH AND WELLNESS CENTER, PO BOX 730, KUTZTOWN, PA 19530

# TB SCREENING QUESTIONNAIRE

## YOU MUST COMPLETE PART 1 OF THIS FORM ONLINE

STUDENT NAME \_\_\_\_\_ KU ID \_\_\_\_\_ DATE \_\_\_\_\_

### PART 1

Please answer the following questions:

1. Have you ever had close contact with anyone who was sick with TB?  Yes  No
2. Have you traveled to or lived in one or more of the countries listed below in the last 5 years? If yes, please check the box below for the country/countries.  Yes  No
3. Have you been a resident, employee, volunteer or health-care worker in one of the following facilities: correctional facility, long-term care facility or homeless shelter?  Yes  No
4. Were you born in one of the countries listed below? If yes, please check the box for the country.  Yes  No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS ON THE ONLINE FORM  
 YOU MUST HAVE YOUR PHYSICIAN COMPLETE PARTS 2 & 3 ON THIS PAPER FORM  
 SUBMIT PARTS 1, 2 & 3 TO THE ADDRESS OR FAX LISTED BELOW.  
 FAX THE COMPLETED QUESTIONNAIRE TO 610-683-4635 OR  
 MAIL TO HEALTH AND WELLNESS CENTER, PO BOX 730, KUTZTOWN, PA 19530

- |   |  |   |   |                                      |
|---|--|---|---|--------------------------------------|
| <input type="checkbox"/> Algeria            | <input type="checkbox"/> Afghanistan       | <input type="checkbox"/> Angola                       | <input type="checkbox"/> Argentina            | <input type="checkbox"/> Armenia     |
| <input type="checkbox"/> Azerbaijan         | <input type="checkbox"/> Bahrain           | <input type="checkbox"/> Bangladesh                   | <input type="checkbox"/> Belarus              | <input type="checkbox"/> Belize      |
| <input type="checkbox"/> Benin              | <input type="checkbox"/> Bhutan            | <input type="checkbox"/> Bolivia                      | <input type="checkbox"/> Bosnia/Herzegovina   | <input type="checkbox"/> Botswana    |
| <input type="checkbox"/> Brazil             | <input type="checkbox"/> Brunei Darussalam | <input type="checkbox"/> Bulgaria                     | <input type="checkbox"/> Burkina Faso         | <input type="checkbox"/> Burundi     |
| <input type="checkbox"/> Cambodia           | <input type="checkbox"/> Cameroon          | <input type="checkbox"/> Cabo Verde                   | <input type="checkbox"/> Central African Rep. | <input type="checkbox"/> Chad        |
| <input type="checkbox"/> China              | <input type="checkbox"/> Columbia          | <input type="checkbox"/> Comoros                      | <input type="checkbox"/> Congo                | <input type="checkbox"/> Congo DR    |
| <input type="checkbox"/> Cote d'Ivoire      | <input type="checkbox"/> Djibouti          | <input type="checkbox"/> Dominican Republic           | <input type="checkbox"/> Ecuador              | <input type="checkbox"/> El Salvador |
| <input type="checkbox"/> Equatorial Guinea  | <input type="checkbox"/> Eritrea           | <input type="checkbox"/> Estonia                      | <input type="checkbox"/> Ethiopia             | <input type="checkbox"/> Fiji        |
| <input type="checkbox"/> Gabon              | <input type="checkbox"/> Gambia            | <input type="checkbox"/> Georgia                      | <input type="checkbox"/> Ghana                | <input type="checkbox"/> Guatemala   |
| <input type="checkbox"/> Guinea             | <input type="checkbox"/> Guinea-Bissau     | <input type="checkbox"/> Guyana                       | <input type="checkbox"/> Haiti                | <input type="checkbox"/> Honduras    |
| <input type="checkbox"/> India              | <input type="checkbox"/> Indonesia         | <input type="checkbox"/> Iran                         | <input type="checkbox"/> Iraq                 | <input type="checkbox"/> Kazakhstan  |
| <input type="checkbox"/> Kenya              | <input type="checkbox"/> Kiribati          | <input type="checkbox"/> Korea-DPR                    | <input type="checkbox"/> Korea-Republic       | <input type="checkbox"/> Kuwait      |
| <input type="checkbox"/> Kyrgyzstan         | <input type="checkbox"/> Lao PDR           | <input type="checkbox"/> Latvia                       | <input type="checkbox"/> Lesotho              | <input type="checkbox"/> Liberia     |
| <input type="checkbox"/> Libya              | <input type="checkbox"/> Lithuania         | <input type="checkbox"/> Madagascar                   | <input type="checkbox"/> Malawi               | <input type="checkbox"/> Malaysia    |
| <input type="checkbox"/> Maldives           | <input type="checkbox"/> Mali              | <input type="checkbox"/> Marshall Islands             | <input type="checkbox"/> Mauritania           | <input type="checkbox"/> Mauritius   |
| <input type="checkbox"/> Mexico             | <input type="checkbox"/> Micronesia        | <input type="checkbox"/> Moldova Republic             | <input type="checkbox"/> Mongolia             | <input type="checkbox"/> Morocco     |
| <input type="checkbox"/> Mozambique         | <input type="checkbox"/> Myanmar           | <input type="checkbox"/> Namibia                      | <input type="checkbox"/> Nauru                | <input type="checkbox"/> Nepal       |
| <input type="checkbox"/> Nicaragua          | <input type="checkbox"/> Niger             | <input type="checkbox"/> Nigeria                      | <input type="checkbox"/> Niue                 | <input type="checkbox"/> Pakistan    |
| <input type="checkbox"/> Palau              | <input type="checkbox"/> Panama            | <input type="checkbox"/> Papua New Guinea             | <input type="checkbox"/> Paraguay             | <input type="checkbox"/> Peru        |
| <input type="checkbox"/> Philippines        | <input type="checkbox"/> Poland            | <input type="checkbox"/> Portugal                     | <input type="checkbox"/> Qatar                | <input type="checkbox"/> Romania     |
| <input type="checkbox"/> Russian Federation | <input type="checkbox"/> Rwanda            | <input type="checkbox"/> St. Vincent & The Grenadines | <input type="checkbox"/> Sao Tome & Principe  | <input type="checkbox"/> Senegal     |
| <input type="checkbox"/> Serbia             | <input type="checkbox"/> Seychelles        | <input type="checkbox"/> Sierra Leone                 | <input type="checkbox"/> Singapore            | <input type="checkbox"/> Solomon Is  |
| <input type="checkbox"/> Somalia            | <input type="checkbox"/> South Africa      | <input type="checkbox"/> South Sudan                  | <input type="checkbox"/> Sri Lanka            | <input type="checkbox"/> Sudan       |
| <input type="checkbox"/> Suriname           | <input type="checkbox"/> Swaziland         | <input type="checkbox"/> Tajikistan                   | <input type="checkbox"/> Tanzania UR          | <input type="checkbox"/> Thailand    |
| <input type="checkbox"/> Timor-Leste        | <input type="checkbox"/> Togo              | <input type="checkbox"/> Trinidad & Tobago            | <input type="checkbox"/> Tunisia              | <input type="checkbox"/> Turkey      |
| <input type="checkbox"/> Turkmenistan       | <input type="checkbox"/> Tuvalu            | <input type="checkbox"/> Uganda                       | <input type="checkbox"/> Ukraine              | <input type="checkbox"/> Uruguay     |
| <input type="checkbox"/> Uzbekistan         | <input type="checkbox"/> Vanuatu           | <input type="checkbox"/> Venezuela                    | <input type="checkbox"/> Vietnam              | <input type="checkbox"/> Yemen       |
| <input type="checkbox"/> Zambia             | <input type="checkbox"/> Zimbabwe          |   |   |                                      |

**PART 2 - Clinical Assessment by Health Care Provider**

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented.

History of a positive TB skin test or IGRA blood test? (If yes, document below) **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

History of BCG vaccination? (If yes, consider IGRA if possible.) **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**1. TB Symptom Check**

**Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If No, proceed to 2 or 3

**If yes, check below:**

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

**2. Tuberculin Skin Test (TST)**

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)\*\*

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                   M   D   Y                  M   D   Y

Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                   M   D   Y                  M   D   Y

Result: \_\_\_\_\_ mm of induration \*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

**\*\*Interpretation guidelines**

**>5 mm is positive:**

- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

**>10 mm is positive:**

- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant\* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel

Residents, employees, or volunteers in high-risk congregate settings

Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

**>15 mm is positive:**

Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

**3. Interferon Gamma Release Assay (IGRA)**

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-GIT T-Spot other \_\_\_  
M D Y

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_ (T-Spot only)

Date Obtained: \_\_\_/\_\_\_/\_\_\_ (specify method) QFT-GIT T-Spot other \_\_\_  
M D Y

Result: negative\_\_\_ positive\_\_\_ indeterminate\_\_\_ borderline\_\_\_ (T-Spot only)

**4. Chest x-ray: (Required if TST or IGRA is positive)**

Date of chest x-ray: \_\_\_/\_\_\_/\_\_\_ Result: normal\_\_\_ abnormal\_\_\_  
M D Y

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**PART 3 - Management of Positive TST or IGRA**

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

\_\_\_\_\_ Student agrees to receive treatment

\_\_\_\_\_ Student declines treatment at this time

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Health Care Professional Signature

Date



At this point in your college career, you probably haven't given much thought to health insurance, but even if you're still on your parents' plan, you won't be forever. Now is the time to start learning about your options so you are prepared to make the best decision for your health when the time comes.

Health care is changing, and you may need to buy your own coverage. All Americans are now required to have health insurance coverage or they may have to pay a penalty when they file their annual taxes. If you do not have health insurance or expect to lose your health insurance in the future, make sure you understand what options are available to you and stay enrolled in coverage so you do not face this penalty.

The Affordable Care Act (ACA) provides many options for health coverage. Choosing the right plan is not always easy, so the Pennsylvania Insurance Department wants to help you understand your options so you know where you can find help.

Under the Affordable Care Act, you are allowed to stay on your parents' health plan until you turn 26. If your parent is covered by their Pennsylvania employer's group plan, you may have the option of staying on that plan through age 29. However, if you are planning on relocating to a different state or city after graduation, you may need to consider a different plan if many of the health care providers in your new area do not accept your plan. Make sure you do your research when preparing to move.

If you need to look for your own coverage, the ACA provides a couple of ways to do this. You may purchase coverage through the health insurance marketplace. Information on this is available at [Healthcare.gov](https://www.healthcare.gov). Several different health plans are available through the marketplace, and plans are available at different costs for different levels of service.

One advantage of using Healthcare.gov to buy your insurance is that some individuals receive subsidies from the government to offset health care costs. If you are considering buying your own insurance as a student and are working part-time or not at all, chances are very good you will qualify for a subsidy to help with your health insurance costs.

You may also buy health insurance on what is called the open market where private insurance companies directly sell you individual health plans. Many of these plans have the same or similar coverage as those available on Healthcare.gov, but there could be different options available on the private market. Government subsidies are NOT available on the open market, so you would be responsible for all costs associated with your plan.

To find out what individual health plans are available through the marketplace where you live – visit [Healthcare.gov](https://www.healthcare.gov).

If you apply for coverage through Healthcare.gov (either directly or through the help of a private company) and your income is too low for subsidies, your application will be routed to determine your eligibility for Medicaid health coverage.

**Office of the Insurance Commissioner**

1326 Strawberry Square | Harrisburg, Pennsylvania 17120 | Phone: 717.783.0442 | Fax: 717.772.1969

[www.insurance.pa.gov](http://www.insurance.pa.gov) | [ra-in-commissioner@pa.gov](mailto:ra-in-commissioner@pa.gov)



Your school might also offer a student health plan that you are eligible for while you are enrolled, and this plan may be the only insurance accepted by your on-campus health center. Talk to your college administration about this option, but make sure you understand the services that are covered by this plan as well as the doctors you can see off-campus before purchasing the insurance.

Governor Wolf and I have made consumer outreach and protection our top priorities for the Insurance Department. You may contact our Consumer Services Bureau if you have any insurance-related questions. You can find them on our website, [www.insurance.pa.gov](http://www.insurance.pa.gov), under Consumers, or by calling

1-877-881-6388. We have added a shoppers' guide for health insurance on our website, to help consumers learn more about the available health insurance options. The shoppers' guide is available under the Consumers tab, by clicking on "Health".

Individuals called navigators are also available at no charge to help you explore the different health coverage options. A health insurance agent can also help you understand your options and direct you to a plan that fits your needs. You can find a list of navigators and health insurance agents in Pennsylvania on our website, [www.insurance.pa.gov](http://www.insurance.pa.gov), then under Consumers, click on "Find Insurance Professional."

I encourage you to take advantage of the options the ACA has made available and use the resources listed above to help find the plan that's right for you.

Sincerely,

A handwritten signature in blue ink that reads "Teresa D. Miller". The signature is written in a cursive style.

Teresa D. Miller  
Insurance Commissioner

**Office of the Insurance Commissioner**

1326 Strawberry Square | Harrisburg, Pennsylvania 17120 | Phone: 717.783.0442 | Fax: 717.772.1969

[www.insurance.pa.gov](http://www.insurance.pa.gov) | [ra-in-commissioner@pa.gov](mailto:ra-in-commissioner@pa.gov)