



Academic Year 2014/2015

Dear Graduate Student:

It is our pleasure to welcome you to the University of the Pacific and to introduce you to Pacific Health Services and Counseling Services. We provide student-centered primary care and mental health counseling to Pacific students and promote optimal wellness and assist students to achieve their academic goals through quality health services. We respect the diversity of our students and are sensitive to their religious preferences and personal beliefs and practices. We encourage you to become involved in promoting healthy attitudes and lifestyles for yourself.

Health Services are delivered by Nurse Practitioners, a Physician and Dietitian who coordinate, when necessary, with Pacific's Counseling Services, which is staffed by psychologists, marriage family therapists and a psychiatrist. Additionally, we have increased our scope of care to include a partnership with St. Joseph's Medical Group. This partnership allows us to follow students through care beyond our scope of services.

In an effort to reduce our carbon footprint on the environment, the majority of our forms have been moved on-line. Graduate students carrying more than 9 units or want to use Pacific Health Services must submit an on-line Health History form. Graduate Health Science students also will be required to complete a Health History and Physical Examination form. All students are required to submit proof of required immunizations and TB clearance. Titters (blood tests) showing immunity can be submitted in place of immunization records. They can all be found <http://www.pacific.edu/Campus-Life/Student-Services/Health-Services/Health-Requirements-and-Forms.html> and <https://healthservices.pacific.edu>. **Failure to submit your immunization records by November 15, 2014 will result in a \$100 late fee.** If you are required to have a physical completed, you will need to have your health care provider complete the Health History and Physical Examination form or you can have this done at Pacific Health Services after August 1, 2014 as long as you have paid the Cowell Wellness Center fee. You will need to mail this form and documentation of your immunization records to Pacific Health Services, 3601 Pacific Avenue, Stockton, CA 95211. The rest of the forms can be completed on-line via MyHealth@Pacific (<https://healthservices.pacific.edu>). A list of the forms and their deadline date is included in the on-line check off list, which is attached. Our electronic medical record system meets The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules.

Pacific's mandatory health insurance policy is explained in detail here: <http://www.pacific.edu/insuranceoffice.xml>. You will get a postcard in the mail from Wells Fargo Insurance Services that will provide further information about enrollment and waivers, and after that all communication will be delivered to your Pacific email address. This process monetarily affects the student account, so be sure to either waive or enroll by September 5th, 2014. Students are responsible for ensuring that their coverage is current and active throughout enrollment at Pacific.

An attached check-list is provided for your convenience. Please take time to review it and complete the required tasks by the stated deadlines. Thank you and we look forward to providing health services to you.

*Patrick Day*

Patrick Day  
Vice President  
Division of Student Life

*Joanna Royce-Davis*

Joanna Royce-Davis, Ph.D.  
Dean of Students  
Division of Student Life

*Beth McManis*

Beth McManis, Ph.D., NP, CNM  
Director of Health Services  
Division of Student Life

*University of the Pacific* ▪ 3601 Pacific Avenue ▪ Stockton, CA 95211 ▪ (209) 946-2315



## **CHECK-OFF LIST FOR PACIFIC HEALTH SERVICES**

**FAX COPIES ARE NOT ACCEPTED**

### **MAIL-IN ITEMS – Due August 15, 2014**

(Forms found at <http://www.pacific.edu/Campus-Life/Student-Services/Health-Services/Health-Requirements-and-Forms.html>)

- History & Physical – *Physical exam must be completed by a provider. See Health Requirements to determine if you need to have this done.*
- Copy of immunization card(s) and immunization lab report(s) – *See Health Requirements form*
- Signed Consent for Medical Treatment of Minors (*17yrs or younger only*)
- Signed Mandated Meningitis Information Sheet

Mail documents to: *Pacific Health Services University of the Pacific ▪ 3601 Pacific Avenue ▪ Stockton, CA 95211-0197*

### **ON-LINE ITEMS – Due August 15, 2014**

(Found at MyHealth@Pacific link <https://healthservices.pacific.edu>)

- On-line Health History form
- Acknowledgement of Receipt of Notice of Privacy Practices
- Acknowledgement of No Show Cancellation Policy & Fee Schedule
- Patient Lab Service Policy

### **YEARLY INSURANCE WAIVER – Due September 5, 2014**

*The following **two items** must be completed by September 5, 2014 to avoid being charged the \$1105 Health Insurance premium. Completing the previous health-related items DO NOT satisfy the insurance waiver requirements.*

**Information regarding the 2014-15 Policy will be sent June 2014.**

- Complete the on-line waiver at <http://www.pacific.edu/Campus-Life/Student-Services/Health-Services/Medical-Insurance-Office.html>.
- Submit a copy of your health insurance card to the Health Services Insurance office in any of the following manners:
  - Hand deliver a copy of your card to the Insurance Office located in Health Services
  - Email a copy of your card to [insuranceoffice@pacific.edu](mailto:insuranceoffice@pacific.edu)
  - Mail a copy of your card with a return receipt (it is your responsibility to confirm we received a copy of your card – call 209-946-2027 to confirm or for more information.)

**FAX COPIES ARE NOT ACCEPTED**



## HEALTH REQUIREMENTS

### Pharm-D Students (Undergrad coursework **NOT** Pacific)

*(Acceptable documentation includes copies of childhood immunization records, immunization records/print-outs from a provider, and/or lab reports.)*

**Please attach this form to your immunization records.**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_ Birthdate \_\_\_\_\_

#### **Required**

- Online Health History Form and Health History and Physical Examination (paper form)**
  - Health History and Physical Examination (paper) must be completed within 3 months of the start of classes
  - Complete online Health History Form within 3 months of classes
  - Forms are found at <http://www.pacific.edu/Campus-Life/Student-Services/Health-Services/Health-Requirements-and-Forms.html> (paper form) and <https://healthservices.pacific.edu> (online form)
  - Physical may be done at Pacific Health Services beginning August 1 and Student Health fee has been paid. Fee may be charged. May also have exam done by your provider.
  
- Hepatitis B**
  - Three documented vaccines (Titer will suffice if documentation is not available.)
  - Hep B Surface Antibody showing immunity (Must have even if you have 3 vaccines)
  
- MMR (Measles, Mumps, Rubella)**
  - Two documented vaccines or titer showing immunity
  
- Tdap Vaccine (Tetanus, Diphtheria, Acellular Pertussis)**
  - One documented vaccine in the last 10 years (Td is not acceptable.)
  
- Varicella Vaccine (Chickenpox) (Documentation of the disease is not acceptable)**
  - Two documented vaccines **or** titer showing immunity
  
- Influenza Vaccine Form**
  - To be offered on campus in the fall. Will be required to submit documentation of 2013-14 influenza vaccine
  
- Tuberculosis Screening (see Tuberculosis Screening Information sheet)**
  - 2-step PPD screening within 3 months of starting school if no history of positive PPD test or disease
  - Chest X-ray within 6 months of starting school if history of positive PPD test or disease
  -
  
- Meningitis Vaccine**
  - Must submit CA Meningitis Awareness Disclosure Form or have had Meningitis vaccine in the last 5 years
  - Recommended if living in Residence Halls and not updated in last 5 years
  - Please submit documentation of Meningitis vaccine if administered

#### **Recommended**

- HPV Vaccine**
  - Recommended for males and females, 26 years or younger. A series of three vaccines.

Mail documents to: *Pacific Health Services University of the Pacific* ▪ 3601 Pacific Avenue ▪ Stockton, CA 95211-0197



## California State Required Meningitis Awareness Disclosure Form

California law requires that universities make an increased effort to educate students about the risk of Meningococcal disease or "Meningitis". Although the incidence of Meningitis is relatively rare, about one case per 100,000 persons per year, studies done by the CDC and American College Health Association (ACHA) found that the cases of Meningococcal disease are three to four times higher among college freshman that live in the resident halls. The Meningococcal vaccine is effective against the four kinds of bacteria that cause about two thirds of the Meningococcal disease in the United States.

### What is Meningococcal Meningitis?

Meningococcal meningitis is a potentially fatal infection caused by the bacterium Neisseria meningitides that causes inflammation of the membranes surrounding the brain and spinal cord.

### How is Meningitis Spread?

Meningitis is spread by direct contact with infected individuals. The bacterium is present in respiratory secretions and can be spread by coughing or sneezing. It is also spread by sharing eating utensils, water bottles, cigarettes and kissing. Social factors such as smoking, excessive alcohol consumption and bar patronage also increase the chance that a person will contract meningitis from an infected individual.

### Is There a Vaccine For Meningitis?

There are two vaccines available that are 85% to 100% effective in preventing four kinds of bacteria that cause about 70% of disease in the U.S. Menomune, the Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. Menactra, the Meningococcal conjugate vaccine (MCV4,) was licensed in 2005. Both vaccines work well and are safe with generally mild side effects such as redness and pain at the injection site lasting up to two days. Immunity develops within 7-10 days after vaccination and lasts approximately 3-5 years. The newer Menactra vaccine is the preferred vaccine for people 11-55 years of age and is expected to give better, longer-lasting protection and should also be better at preventing the disease from spreading from person to person.

### What Are The Symptoms of Meningitis?

Cases of Meningitis peak in late winter and early spring, overlapping the flu season. Symptoms can easily be mistaken for the flu. These symptoms may include high fever, rash, vomiting, severe headache, neck stiffness, lethargy, nausea and sensitivity to light. If a student has two or more of these symptoms at one time, they should seek health care immediately. Meningitis progresses rapidly and can lead to shock and death within hours of the first symptoms if left untreated.

If you have any questions regarding the meningitis vaccines please contact your healthcare provider or call Pacific Health Services at 209-946-2315. More information can be found at the CDC website ([www.cdc.gov](http://www.cdc.gov)) or the ACHA website ([www.acha.org](http://www.acha.org)).

The Menactra Vaccine for Neisseria meningitides is available at Pacific Health Services (fee may vary). We will keep this confidential as part of your medical record in accordance with HIPAA. Please indicate your preference and acknowledgement of this information by signing below:

### Mark One of The Boxes Then Sign Below

- I have received the meningococcal vaccine. Date: \_\_\_/\_\_\_/\_\_\_\_\_ **Please provide proof of immunization.** (Hib meningitis vaccine does NOT qualify)
- I am planning to contact Pacific Health Services about receiving one of these vaccines in the next few weeks.
- I have read the provided information and do not want to receive either vaccine. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Student Signature Student ID #

\_\_\_\_\_  
Student Name (Please Print Clearly) Date

\_\_\_\_\_  
Parent / Guardian signature (if student under age 18)

\_\_\_\_\_  
Print Parent Name

Please return to Pacific Health Services, 3601 Pacific Avenue, Stockton, CA 95211



## TUBERCULOSIS (TB) SCREENING

### GRADUATE Health Science Students

1. Have you had a positive TB (or PPD) test?
  - a. If **YES**, have a chest x-ray performed no more than 6 months prior to August 2014. Turn in a copy of the chest X-ray report with the rest of your documents. Turn in documentation of INH treatment if possible (INH treatment involves taking medicine for 6 months to 9 months after a positive test).
  - b. If **NO**, go to #2
2. Have a TB (PPD) test placed by your provider. The test must be read by a provider or nurse within 48 to 72 hours of being placed. This must be done no more than 3 months prior to August 2014.
  - a. If it is negative, **go to step #3**.
  - a. If it is positive, have a chest x-ray performed no more than 6 months prior to August 2014. Turn in a copy of the chest X-ray report with the rest of your documents. You have completed this requirement. Discuss INH treatment with your provider.
3. Have a **SECOND** TB (PPD) test placed by your provider 1 week after the first test was placed. **The second TB test must be placed no more than 3 weeks after the first test.** The test must be read by a provider or nurse within 48 to 72 hours of being placed.
  - a. If it is positive, have a chest x-ray performed no more than 6 months prior to August 2014. Turn in a copy of the chest X-ray report with the rest of your documents. You have completed this requirement. Discuss INH treatment with your provider.

#### First PPD

Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ mm \_\_\_\_\_ Positive Negative

#### Second PPD

Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ mm \_\_\_\_\_ Positive Negative

#### Chest X-ray (Please attach radiology report)

Date \_\_\_/\_\_\_/\_\_\_ Result \_\_\_\_\_

#### INH Medication

Did the patient taken INH medication? Yes No

Dates given \_\_\_\_\_

Please provide the name of your medical practice, address, phone number and fax number. You may use a stamp containing this information.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Student ID # \_\_\_\_\_

## **Hepatitis B Requirement for Health Science & Athletic Training Students**

*This protocol applies to the following students:*

*Dental students and residents*

*Dental Hygiene students who have entered the dental hygiene portion of the program*

*Athletic Training students – juniors and seniors*

*Pharm-D students*

*Physical Therapy students*

*Speech/Language Pathology – all students*

***READ ALL OF THE STEPS. FAILURE TO DO SO MAY RESULT IN NOT COMPLETING THE REQUIREMENTS.***

*Students must present immunization records showing three Hepatitis B vaccines placed at 0, 1 month and 6 months. Some students may not have these records so a positive titer will meet the requirement. The series of three Hepatitis B vaccines should be started immediately if the student never had the vaccines.*

*After completing all three vaccines (recently or in the past), **ALL STUDENTS MUST HAVE A HEPATITIS B SURFACE ANTIBODY TITER (HBsAb)** drawn at least 1 month after the completion of the series. Students must have the titer drawn even if they have had the 3 vaccines.*

*If the titer is POSITIVE/IMMUNE then the requirement is completed.*

*If the titer is NEGATIVE/NON-REACTIVE/NON-IMMUNE then the student must complete one of the following steps:*

*If the student has documentation showing 3 previous Hepatitis B vaccines at some point in time, the student should receive one (1) Hepatitis B vaccine and be re-tested for the Hepatitis B Surface Antibody Titer (HBsAb) at least one month later. **The series of 3 vaccines should not be repeated. The student will be required to get the titer after the fourth vaccine even if he/she wants to complete the entire series of three vaccines.***

*If the student does not have documentation of ever receiving all three vaccines, the series of 3 vaccines should be given at 0, 1 and 6 months. The titer must be repeated 1 one month after the third vaccine. This option should not be followed for students who have 3 documented Hepatitis B vaccines.*

*If the second titer is NEGATIVE/NON-REACTIVE/NON-IMMUNE then the student must complete one of the following steps:*

*If the student had the fourth vaccine and then a negative titer, administer the fifth vaccine immediately and the sixth vaccine in 5 months. Repeat the titer. If this titer is negative, then test the student for Hepatitis C antibodies and Hepatitis B Surface Antigens. Consult with Pacific Health Services about follow-up.*

*If the student did the series of 3 vaccines and the titer is negative, then test the student for Hepatitis C antibodies and Hepatitis B Surface Antigens. Consult with Pacific Health Services about follow-up.*

**HISTORY AND PHYSICAL (General or Entrance)**

This document consists of a two paged History and Physical. It is to be completed by a Physician, Nurse Practitioner or Physician's Assistant, signed and dated on page 2.

**STUDENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **STUDENT ID #:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **MAJOR:** \_\_\_\_\_ **GRAD YEAR:** \_\_\_\_\_

**PAST MEDICAL HISTORY:**

1. Significant past health problems, major illnesses/injuries, surgeries, hospitalizations:  
\_\_\_\_\_
2. Childhood Diseases: \_\_\_\_\_
3. Medications (Prescribed, Vitamins, Supplements, OTC) within the last 3 months:  
\_\_\_\_\_
4. Drug allergies & reactions: \_\_\_\_\_

**FAMILY HISTORY:**

1. Parents: \_\_\_\_\_
2. Siblings: \_\_\_\_\_

**SOCIAL HISTORY:**

1. Employment: \_\_\_\_\_
2. Exercise program: \_\_\_\_\_
4. Dietary Patterns: \_\_\_\_\_

**SUBSTANCE USE:**

Alcohol: \_\_\_\_\_ Tobacco: \_\_\_\_\_ Recreational Drugs: \_\_\_\_\_

**REVIEW OF SYSTEMS:**

**General:** \_\_\_\_\_ **Ears:** \_\_\_\_\_  
**Skin:** \_\_\_\_\_ **Nose:** \_\_\_\_\_  
**Head:** \_\_\_\_\_ **Throat:** \_\_\_\_\_  
**Eyes:** \_\_\_\_\_ **Mouth:** \_\_\_\_\_

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

ROS: \_\_\_\_\_  
Breasts: \_\_\_\_\_ Ob/Gyn: \_\_\_\_\_

Resp: \_\_\_\_\_ MS: \_\_\_\_\_

CV: \_\_\_\_\_ Neuro/Psych: \_\_\_\_\_

GI: \_\_\_\_\_ Heme/Lymph: \_\_\_\_\_

GU: \_\_\_\_\_ Endo: \_\_\_\_\_

Other: \_\_\_\_\_

**PHYSICAL EXAMINATION:**

Ht \_\_\_\_\_ Wt \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ Temp \_\_\_\_\_

Visual Acuity Right 20/\_\_\_\_\_ Left 20/\_\_\_\_\_ Both 20/\_\_\_\_\_ uncorrected corrected

Sexually Active: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Children: \_\_\_\_\_

(Write "N/A" if item does not apply to student)

GENERAL/Mental Status: \_\_\_\_\_

SKIN: \_\_\_\_\_ LUNGS: \_\_\_\_\_

HEAD: \_\_\_\_\_ CV: \_\_\_\_\_

EYES: \_\_\_\_\_ ABD: \_\_\_\_\_

EARS: \_\_\_\_\_ EXT: \_\_\_\_\_

NOSE: \_\_\_\_\_ NEURO: \_\_\_\_\_

THROAT: \_\_\_\_\_ GU MALE: \_\_\_\_\_

NECK: \_\_\_\_\_ LAST PELVIC RESULT: \_\_\_\_\_ DATE: \_\_\_\_\_

BREASTS: \_\_\_\_\_

**ASSESSMENT AND PLAN:**

1. Health recommendations: \_\_\_\_\_
2. Please review the student's immunization status, provide the necessary vaccines and/or titers to complete entrance requirements. Please provide documentation of immunizations.
3. Please review the student's TB status, administer the appropriate TB screening and provide appropriate documentation of TB clearance to complete entrance requirements

\_\_\_\_\_  
Signature of Provider/Printed Name License # Date

\_\_\_\_\_  
Address of Provider (Stamp preferred) Phone/Fax Numbers  
3601 Pacific Avenue ▪ Stockton, CA 95211 ▪ Phone: 209-946-2315 ▪ Fax: 209-946-3001