

University of Mary Washington
1301 College Avenue, Fredericksburg, VA 22401
Student Health Center – Lee Hall 112
Phone 540-654-1040, FAX 540-654-1077
Athletic Training Department – Goolrick Hall, Room 102
Phone 540-654-1872 or 1874, FAX 540-654-1892

Welcome to the UMW Student Health Center and Athletic Training Department!

Dear Incoming UMW Student,

Welcome to the University of Mary Washington. To provide you with the best medical care while you are a student at UMW, certain health information must be on file prior to beginning your studies. This letter details those requirements.

What information and forms are required?

All full-time students enrolling for the first time at UMW are required by Virginia state law to provide a **Health History**, an **Immunization Record** and a **TB screening form**. In addition, students 17 years of age and younger on the first day of classes must have their parent or guardian sign the **Permission to Treat** section located on the Immunization Record.

When do these forms need to be completed?

UMW requires that these forms be completed and signed within the **12 months** preceding your enrollment and returned by **AUGUST 1** if enrolling for the Fall semester and **JANUARY 3** if enrolling for the Spring Semester. If you are a previously enrolled student re-entering as a full-time student and you have been absent for more than three years, you will need to complete a new health history form. If your absence has been more than 10 years, you will need to complete the health history, immunization record and TB screening forms. NCAA Athletes must have their forms completed and signed within **six months** prior to the student-athlete's participation. **NCAA athletes must submit copies of all forms to their coach by AUGUST 1**. We recommend that you print a copy for your records.

Who completes the forms?

YOU will fill in all information for the **Health History** sections listed below. General information in Section 1 should be completed and submitted to UMW. Then, the entire form should be completed and printed for review, updates, and **signature** by a health practitioner. This may be a physician (MD), osteopath (DO), registered nurse (RN), physician's assistant (PA) or nurse practitioner (NP).

Section 1:	General information	... to identify you to us
Section 2:	Insurance information	... if we need to order lab and x-ray
Section 3:	Family and Personal History	... so we know your medical conditions

You may fill-in immunization dates on the **Immunization Record** form if you have your immunization records and dates. If you do not have your immunization records then it is your responsibility to obtain them for your practitioner or have your practitioner fill in the dates from office records. The Immunization Record must then be reviewed and **signed** by your practitioner to identify and administer any immunizations that you may need to attend UMW. Do not fill out the form yourself and submit without a health practitioner's review and signature.

What do I need to know about immunizations?

There are several things you need to know about immunizations:

- Persons born before 1957 are considered immune to rubeola (measles) and mumps.
- You must document the month, day and year for immunizations for rubeola (measles), mumps, rubella, tetanus, diphtheria, polio, meningococcal and Hepatitis B vaccines.
- If official documentation for tetanus, diphtheria, rubeola, mumps, rubella or polio is not available you should repeat the vaccination or have blood work drawn to prove immunity. A history of the disease is not acceptable.

What happens if I don't complete the forms or get them signed?

If your forms are incomplete or not signed by a health practitioner, you will be placed on academic hold and not allowed to register for classes for the following semester until the forms are completed. If you are an NCAA athlete you will not be allowed to participate until these forms are completed and on file in the Athletic Training Department.

Do I need a physical examination or lab studies?

Students who only participate in physical education classes, intramural athletics and club sports do not need a physical examination or lab studies prior to enrollment at UMW. **NCAA Athletes** are required by the NCAA to have one complete physical exam prior to participation in any try-outs, practices or games. There are **NO EXCEPTIONS**.

NCAA Athletes

Will I be a candidate for NCAA Varsity Athletics?

If “YES”, you must complete all sections of the following (6) forms, sign and return all forms to your coach by **AUGUST 1**.

- **Health History Form** (All Pages)
- **Immunizations Record** (All Pages)
- **NCAA Intercollegiate Athletics Pre-participation Health Examination Form**
Have this form completed and signed by a health practitioner.
- **NCAA Acceptance of Risk Waiver and Release of Medical Information.**
- **Extended Health History Form** (All Pages)
- **ADD/ADHD Medication Exemption Form** (As of August 1, 2009, the NCAA is requiring all NCAA student-athletes who take medication for ADD/ADHD to provide written documentation of these medications. In addition, yearly follow-up documentation must be turned into the Athletic Training staff with all other health documents.)
- In addition, please provide a copy of the **front and back of your health insurance card.**

Why do I need an Acknowledgement of Insurance Requirements?

The University of Mary Washington will not assume any responsibility whatsoever for the payment of, or authorization to pay, medical expenses incurred as a result of athletic participation and injury. Any such medical expenses become the responsibility of your personal insurance carrier. All athletes at the University of Mary Washington are required to have proof of health insurance coverage that covers athletically related injuries and has a policy limit of at least \$90,000. This information must be updated annually.

The above-noted forms and an insurance card, or legible photocopy of both sides, must be on file before you can participate. This is an NCAA mandate and there are no exceptions.

The NCAA’s Catastrophic Injury Insurance Program covers student-athletes who are catastrophically injured while participating in a covered intercollegiate athletic activity (subject to all policy terms and conditions.) The policy has a \$90,000 deductible. This coverage does not qualify as the basic coverage required for participation in athletics at the University of Mary Washington. It is supplemental coverage in the event of a catastrophic injury. More information on this program can be found on the NCAA’s website at www.ncaa.org.

Will my records be kept confidential?

All forms will be filed securely in the Student Health Center and the Athletic Training Department. No information will be released to anyone without your written consent. This information will only be used when you require medical attention. All forms will be destroyed 7 years after you leave UMW.

Where do I send the forms?

ALL STUDENTS - send the original **Health History, Immunization Record** and **TB screening form** to:

NCAA ATHLETES – In addition to sending the original **Health History, Immunization Record** and **TB** forms to the Student Health Center, send **COPIES** of those forms along with the original **Pre-Participation Health Examination, Acceptance of Risk Waiver/Release of Medical Information, ADD/ADHD Medication Exemption Form, Extended Health History and front and back of your insurance card** to your coach at the following address:

**Student Health Center
University of Mary Washington
1301 College Avenue
Fredericksburg VA 22401**

**Your Coach’s Name Here
University of Mary Washington
1301 College Avenue
Goolrick Hall, Room 106A
Fredericksburg VA 22401.**

Sincerely,
P. Thomas Riley, MD
Director, Student Health Center
University of Mary Washington

Sincerely,
Ian Rogol M.Ed, VATL, ATC
Head Athletic Trainer for Intercollegiate Athletics
University of Mary Washington

University of Mary Washington

1301 College Avenue, Fredericksburg VA 22401

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Health History

Page 1

What is this form?

This form provides health, immunization, and insurance information to the Student Health Center for all UMW students. If you participate in an NCAA sport, this information will also be made available to the athletic trainers and team physician(s). Some sections must be completed by all students while NCAA athletes may need to provide additional information. These areas are clearly marked.

NCAA athletes must provide proof of health insurance coverage for athletic injuries with a policy limit of at least \$90,000 and have a complete athletic physical prior to any participation in try-outs, practices, or games (Separate form *NCAA Intercollegiate Athletics Pre-participation Health Examination*.) General students and those participating in club or intramural sports do not need a physical examination prior to admission to UMW. NCAA athletes need only one physical during their career at UMW, but will need to provide proof of insurance and sign an *Acceptance of Risk Waiver* and complete a *Extended Health History* every year.

All students please keep a copy for your records and send the **ORIGINAL** form by **AUGUST 1** for Fall Term or **JANUARY 3** for Spring Term to:
Student Health Center, University of Mary Washington, 1301 College Avenue, Fredericksburg, VA 22401

All NCAA athletes please send a **COPY** of all forms by **AUGUST 1** to your coach at:

Your Coach's Name here, University of Mary Washington, 1301 College Avenue, Goolrick Hall, Room 106A, Fredericksburg, VA 22401

Instead of handwriting, please type directly onto this form and then print copies. If you use Foxit Reader (free) instead of Adobe Reader you can save the form.

Section 1 – General Information – All Students

Name: _____ If NCAA athlete, list your sport: _____
Last First MI

Full Home Address: _____ (Include street, city, state, zip)

Birth Date: _____ Age: _____ Sex: F M

Parent(s) or Guardian: _____ Student Cell Phone: _____

Parent Address: _____ Student UMW email address: _____

Home Telephone: _____ Father's work #: _____ Mother's Work #: _____

Citizenship: U.S. Other

Section 2 – Health Insurance

All Students

Please attach a copy of the FRONT and BACK of your HEALTH INSURANCE card and complete the following:

Name of Insurance Co: _____ Customer Serv. Phone #: _____

Ins. Company. Addr: _____

Policy or ID #: _____ Group #: _____ HMO PPO POS

Policy Limit: _____ Co-pay: _____ Deductible: _____

Entering Class: Freshman Sophomore Junior Senior Are you a transfer? Yes No

Policy Holder Name: _____ Policy Holder SS#: _____

Relationship of Policy Holder to Student: Parent Guardian Self Other Does this policy cover athletically related injuries? Yes No

NCAA Athletes - Acknowledgement of Insurance Requirements – **Must be signed by the policy holder!**

I _____ as parent, guardian, or legal representative, attest that _____ has
(parent/policy holder name) (NCAA student-athlete name)

insurance coverage under a current, in-force insurance policy with a minimum limit of \$90,000 that covers athletic injuries that might occur while participating in intercollegiate athletics. If there is a material change in coverage or expiration of coverage, I agree to notify the UMW Head Athletic Trainer of this change and update the insurance information I have on file with the University of Mary Washington. I understand that the University of Mary Washington will assume no responsibility, whatsoever, for the payment of, or authorization to pay, medical expenses resulting from injuries that occur while participating in intercollegiate athletics at the University of Mary Washington.

Parent/Guardian Signature and Date

Student-athlete Signature and Date

University of Mary Washington

1301 College Avenue, Fredericksburg VA 22401

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Health History

Student Name: _____

If NCAA athlete list your sport: _____

Section 3 – Family Medical History

All Students

Please explain any YES answers below.

Any family members who died suddenly before the age of 50? No Yes _____

Any family members with blood clots? No Yes _____

Father: Good health No, please explain _____

Mother: Good health No, please explain _____

Brothers: Good health No, please explain _____

Sisters: Good health No, please explain _____

Section 4 – Personal Medical History

Please answer all questions and explain any yes answers below.

All Students

Did you have **serious childhood diseases**? No Yes _____

Do you have any **medical problems**? No Yes _____

Do you have any **mental health issues**? No Yes _____

Do you have any drug, food or insect **allergies**? No Yes _____

Do you wear **dental appliances**? No Yes _____

Do you wear **glasses** or **contacts**? No Yes _____

Do you take any **medications**? Please list. No Yes _____

Have you had any **surgery**? No Yes _____

Have you been in the **hospital**? No Yes _____

Have you had any **serious injuries**? No Yes _____

Do you have any **disabilities**? No Yes _____

Are you **missing any organs**? No Yes _____

Have you ever had **mononucleosis**? No Yes _____

Have you ever been exposed to **illegal drugs**? No Yes _____

Do you drink **caffeine**? No Yes, how much? _____

Do you use **tobacco** in any form? No Yes, how much? _____

Do you have **painful** or irregular **periods**? No Yes, how much? _____

NCAA Athlete Questions

Do you get **chest pain with exercise**? No Yes _____

Do you get **faint** or **dizzy with exercise**? No Yes _____

Have you had a **concussion** or **head injury**? No Yes _____

Heat exhaustion, stroke or heat problems No Yes _____

Do you have **asthma**? No Yes _____

Do you wear **sports corrective equipment** (such as orthotics, knee braces, splints, etc.)? No Yes _____

Have you had any **muscle or tendon problems, broken bones (fractures) or serious joint injury**?

- Head
- Neck
- Back
- Shoulder
- Upper arm
- Elbow
- Forearm
- Wrist
- Hand
- Hip
- Thigh
- Knee
- Lower leg
- Ankle
- Foot

Explain: _____

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UMW Immunization Record

Page 1

Student Name: _____ If NCAA list sport: _____
Last First Mi

US citizen born in the US? Yes No If not then country of birth: _____ and year entered US _____

All full-time students are required by the Code of Virginia (Section 23-7.5) to provide documentation of their immunizations by a health care professional (MD, DO, NP, PA or RN). If you are unable to provide documentation, then vaccines may be repeated. If you are a foreign student, the documentation needs to be translated into English. Date of Birth: ____/____/____

Required Vaccinations – You will not be allowed to enroll without documentation.

Tetanus Diphtheria TD or Tdap within the past ten years Date: ____/____/____
Mumps, Measles and Rubella 2 doses of MMR Date #1: ____/____/____ Date #2: ____/____/____
or attach a copy of your lab results confirming immunity
Polio (OPV/IPV) ____ # of OPV/IPV doses Date of last dose: ____/____/____
or attach a copy of your lab results confirming immunity

Highly Recommended Vaccinations – You must provide documentation or sign a waiver.

Hepatitis B 3 doses Date #1: ____/____/____ Date #2: ____/____/____ Date #3: ____/____/____
or attach a copy of your lab results confirming immunity
or sign this waiver after reading the attached information about Hepatitis B vaccination.

I have reviewed the information on the second page of this form on the risk associated with hepatitis B disease, availability and effectiveness of any vaccine against hepatitis B disease, and I choose not to be vaccinated against hepatitis B disease. _____
Signature Date

Meningitis Menactra™ (MCV4) preferred
or Menomune™ (MPSV4) Date: ____/____/____
or sign this waiver after reading the attached information about meningitis vaccination.

I have reviewed the information on the second page of this form on the risk associated with meningococcal disease, availability and effectiveness of any vaccine against meningococcal disease, and I choose not to be vaccinated. _____
Signature Date

Recommended Vaccinations – We recommend these vaccinations but they are not required.

Hepatitis A 2 doses Date #1: ____/____/____ Date #2: ____/____/____
HPV (Gardasil™) 3 doses Date #1: ____/____/____ Date #2: ____/____/____ Date #3: ____/____/____
Varicella (Chicken pox) 2 doses Date #1: ____/____/____ Date #2: ____/____/____
or attach a copy of your lab results confirming immunity
or date of the disease: ____/____/____

Your health care provider must sign here to verify review of your vaccinations.

Signature of Health Care Provider Date (____) Phone Number

Permission to Treat –

If student will not be 18 years of age by the first day of class, his/her parent or guardian must sign here.

"I grant permission to the University of Mary Washington Health Center Physician and Staff to provide or secure medical treatment/care as needed for my son/daughter. In the event of a medical or surgical emergency I understand that every effort will be made to contact me prior to treatment, provided that doing so would not further jeopardize my child's health or life."

Signature of parent or guardian

Relationship

Date

Medical Exemption

As specified in Section 22.1-271.2C(II) of the code, I certify that administration of the vaccines designated above would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because _____

This contraindication is permanent (or) temporary and expected to preclude immunization until _____

Signature of Health Care Provider

Date

Religious Exemption

Any student who objects on the grounds that administration of immunizing agents conflicts with his or her religious tenets or practices shall be exempt from the immunization requirements unless an emergency or epidemic of disease has been declared by the Board of Health. An affidavit of religious exemption must be submitted on a Certificate of Religious Exemption (Form CRE-1) which may be obtained at any local health department, school division superintendent's office, or local department of social services, or you may obtain a VA religious Exemption Form from http://www.vdh.state.va.us/epidemiology/immunization/documents/cre_1.pdf.

Hepatitis B

Hepatitis B is a potentially fatal viral liver infection spread from person to person by contact with blood and body fluids. Most commonly this is through unprotected sex or by sharing infected needles when using illegal drugs. Hepatitis B may cause an acute, short-term illness with loss of appetite, fatigue, vomiting, diarrhea, muscle and joint aches, and jaundice (your skin and the whites of your eyes turn yellow).

Most people recover uneventfully and have no further problem with the virus. Others though may develop a chronic problem with liver damage, liver cancer, and death. The Centers for Disease Control reports that 1.25 million people in the United States have the chronic form of Hepatitis B with 80,000 people developing new cases each year. You are more likely to get Hepatitis B if you engage in high risk behaviors such as having multiple sexual partners or injecting illegal drugs.

About 4,000 people die each year from chronic Hepatitis B infection. You may prevent infection by avoiding risky behaviors and/or by vaccination. We believe that vaccination is the best prevention for everyone and recommend that you have three injections of Hepatitis B vaccine over a six-month period. The vaccine is highly effective and has few side effects ... typically some soreness at the injection site.

Most primary and secondary school systems require vaccination for school attendance. The State of Virginia mandates that you either have the vaccinations for college attendance or sign a waiver that you are aware of the risks and prefer not to be vaccinated.

You may receive the vaccine through your private health care provider, health department, or at the UMW Student Health Center.

To register for classes you must have documentation of vaccination or sign the waiver on the other side of this form.

Meningococcal Meningitis

Meningococcal disease is the major cause of bacterial meningitis in children 2-18 years old in the United States. Meningitis is an infection of the brain and spinal cord that can spread throughout the body. The Centers for Disease Control reports approximately 2,600 cases of meningococcal disease each year. If you get meningococcal disease, you have a 10 to 15% chance that you will die from it and another 10% chance that you will lose an arm or a leg, develop kidney failure, brain damage, deafness, seizures, or a stroke.

The risk of meningococcal disease is slightly higher in college freshmen living in dormitories with a risk of 5.4 cases for every 100,000 students. Though the risk is small, the consequences can be severe.

Meningococcal vaccine is 85 to 100% effective in preventing meningococcal disease for serotypes A and C. It does not protect against serotype B, which can cause one third of cases. Thus, the vaccine is effective in preventing many but not all cases of meningococcal disease. Should there be an outbreak of meningitis on the UMW campus, you should contact your health care provider whether you had the vaccine or not. Your risk of getting the disease yourself will be much lower if you have received the vaccine.

You may receive the vaccine through your private health care provider, health department, or at the UMW Student Health Center.

To register for classes you must have documentation of vaccination or sign the waiver on the other side of this form.

Where do I send this form?

ALL STUDENTS - send the original **Health History** and **Immunization Record** to:

Student Health Center
University of Mary Washington
1301 College Avenue
Fredericksburg VA 22401

NCAA ATHLETES – In addition to sending the **original** forms to Student Health, also send a **copy** of the **Health History** and **Immunization Record** to your coach at the following address:

Your Coach's Name
University of Mary Washington
1301 College Avenue
Goolrick Hall, Room 106A
Fredericksburg VA 22401.

Name:

Date of Birth: / /

Tuberculosis Screening

Based on the guidelines published by the *American College Health Association*, the recommendations from the *Centers for Disease Control (CDC)* and the *American Thoracic Society*, tuberculosis screening is required within six months of college entry primarily by conducting a **Risk Assessment**. For more information, visit www.acha.org or refer to the CDC's *Core Curriculum on Tuberculosis* available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/.

If a student is at low risk for tuberculosis, a PPD is not required for entrance into college.

Question 1

Have you ever had a positive PPD? Yes No

If NO Proceed to Question 2.

If YES You must have a chest x-ray and submit the results.

Question 2

Does the student have **SIGNS or SYMPTOMS of ACTIVE TB DISEASE?** Yes No

(Fever, night sweats, chills, fatigue, unintended weight loss, loss of appetite, pain with breathing or coughing)

If NO proceed to Question 3.

If YES proceed with additional evaluation to exclude active TB disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

Question 3

Is the student a member of a **HIGH RISK GROUP?** Yes No

Students are in a high risk group if they have HIV ... or they inject illegal drugs ... or they have resided in, volunteered in or worked in high risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters ... or they have diabetes, chronic renal failure, leukemias, lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g. prednisone >= 15 mg/day for >= one month), or other immunosuppressive disorders.

If NO proceed to Question 4.

If YES place tuberculin skin test (Mantoux only, inject 0.1 ml of purified Protein Derivative (PPD) tuberculin containing 5 tuberculin units (TU) intradermally into the volar (inner) surface of the forearm. If PPD is not placed, a chest x-ray is required.

Question 4

Has the student **LIVED or TRAVELLED** (spent six weeks or more) in countries where TB is endemic? Yes No

Includes those students who have arrived within the past 5 years from countries **OTHER** than those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia (USA), Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand.

If NO to #1, #2, #3 and #4 neither a PPD nor a chest-ray are required. Please sign below.

If YES Students should undergo tuberculin skin testing and/or chest x-ray.

Please document testing and sign here.

A. Tuberculin Skin Test Date given: ___ / ___ / ___ Date read: ___ / ___ / ___

Result: _____ mm (record actual millimeters of induration, not redness. If no induration write "0")

Interpretation (based on mm of induration as well as risk factors) Positive Negative

B. Chest X-ray (required if TB skin test is positive or if PPD has not been placed but patient is at risk of disease)

Results: Normal Abnormal Date of Chest x-ray ___ / ___ / ___

INH initiated Date ___ / ___ / ___ x ___ months

HEALTH CARE PROVIDER: (signature required as validation of correct information for TB assessment only)

Name: _____ Address: _____

Signature: _____ Phone: _____ Date: _____