January 2015

Dear Transfer Student:

Welcome to Gettysburg College! You must read and comply with the Gettysburg College health requirements in order to move on to campus, attend class, and participate in intercollegiate athletics. Medical information is kept confidential for use by the Health and Counseling Services.

You will need to accomplish two tasks to comply with the health requirements.

First, you will need to follow the Upperclass Dashboard directions and print copies of our physical exam form, immunization form, tuberculosis screening form, meningitis vaccination receipt/waiver form and meningitis information sheet. These must be taken to your health care provider to be filled out and returned to the Health Service before the start of the spring semester.

Second: You must fill out a health history on line, found on your dashboard page.

Please note the following:

- **Intercollegiate athletes’ physicals must be done within six months of play.** Physicals not done within the six month time frame will not satisfy NCAA regulations and will stop your ability to participate.
- **Athletes and potential athletes** please send us any medical records, testing reports, echocardiogram reports, clearances or specific releases to participate in sports from orthopedists, cardiologists or surgeons for heart murmurs, chronic medical conditions, illnesses or injuries, especially orthopedic related, or any surgery you may have had. YOU WILL NOT BE ALLOWED TO TRY OUT OR PRACTICE WITHOUT THESE CLEARANCES.

Class registration and participation in intercollegiate sports will be in jeopardy until all medical information is complete, received and reviewed by the Student Health Service. Please do not return the physician forms until you have reviewed them and all the information requested is filled in. Do not depend upon your health care provider’s office to return the forms for you. It is your responsibility.

Please note: The immunization record is to be completed and signed by your health care provider. The immunization record must be current to meet our pre-matriculation immunization requirements.

The Student Health and Counseling Services welcome you to our campus community. For further information about Health and Counseling Services, please visit the College website. You may also contact the Student Health Service at (717) 337-6970 or the Counseling Service for counseling/psychological questions or concerns at (717) 337-6960, Monday through Friday from 8:30 am to 4:30 pm.

Frederick Kinsella, MSN, RN, FNP-BC
Family Nurse Practitioner
Director, Health Services
Health Care Provider Comletes This Form
Gettysburg College Health Services
Student Health Services

*Complete after 8/1/14

*Athletes or potential athletes complete after 8/1/14

PHYSICAL EXAMINATION

TO THE EXAMINING PROVIDER: Please review the student’s history and complete this form. Please comment on all affirmative answers. THIS STUDENT HAS BEEN ACCEPTED. The information supplied will not affect his/her status. It will be used only as a background for providing health care. This information is strictly for the use of the Health/Counseling Services and will not be released without student consent.

☐ M  ☐ F
Last Name (Print) First Name Middle

Athletes (recommended)

Height _____ inches Weight _____ lbs BP _____ Pulse _____ Hct/Hgb ______
Ferritin ______

Acuity (Recommended) with ☐ without ☐ correction Right 20/ □ Left 20/

Baseline peak flow (if any Hx of Asthma) __________________________

Urinalysis (Recommended) Dipstick: Glucose_____ Blood_____ Protein_____ Bilirubin _____
Ketones_____ pH_____ Leukocytes_____

Examiner please note any deviations from normal, innocent or not (i.e. innocent heart murmurs/ varicocele, etc.) Anything not noted and found later will be assumed to be a new problem.

This will be considered a pre-sport participation physical.

Are there any abnormalities of the following systems?

<table>
<thead>
<tr>
<th>System</th>
<th>NO</th>
<th>YES</th>
<th>Describe fully</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary (inc. hernia)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metabolic/Endocrine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuropsychiatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Is there loss or seriously impaired function of any organ? Yes_____ No_____

2. Does the student plan on participating in an intercollegiate sport? Yes____ No_____ Which sport(s)? ________________________________

3. On the basis of this examination, I find this student medically suitable to participate in intercollegiate sport activity at Gettysburg College. Yes_____ No_____

4. Do you have any recommendations regarding the care of this student? Yes_____ No_____ Explain: __________________________________________________________________________

5. Is this patient now under treatment for any medical or emotional condition? Yes_____ No_____ Explain: __________________________________________________________________________

Provider’s Signature__________________________ MD, DO, NP, PA
Address________________________________________________
Print Last Name__________________________ Date_______________

Attention: Provider must also complete immunization record.
**Gettysburg College Health Service**  
**Immunization Record**

**To Be Completed by Health Care Provider** – **Copies of Records Not Accepted**

<table>
<thead>
<tr>
<th>Students</th>
<th>Last Name</th>
<th>First Name</th>
<th>M</th>
<th>DOB</th>
</tr>
</thead>
</table>

**Provider’s Name** ______________________  
Signature ______________________  
Date ______________________

**Address** ____________________________________________________________  
Phone ______________________

**Please provide dates for the following required vaccinations:**

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Dose #1</th>
<th>Dose #2</th>
<th>Dose #3</th>
</tr>
</thead>
</table>
| **MMR** (Measles/Mumps/Rubella)  
Two doses with live vaccine required of all person born after 12/31/56 | | | |
| **OR MEASLES** (Rubeola)  
History of having measles, or  
**TWO immunizations with live measles vaccine after 1st birthday** or Documentation of measles antibody titer | | | |
| **MUMPS**  
History of having mumps, or  
**Immunization with live mumps vaccine after 1st birthday or documentation of mumps antibody titer** | | | |
| **RUBELLA** (German Measles)  
**Immunization with rubella vaccine or Documentation of rubella antibody titer**  
**History of having had rubella is NOT acceptable.** | | | |
| **POLIO** (T.O.P.V.)  
Series completed □ Yes □ No | Date of last booster | | |
| **TD or Tdap (within 10 yrs)**  
Please date and check box in column 3 | Date | Please check:  
TD □  
Tdap □ | |
| **HEPATITIS B**  
Series must be started prior to registration and completed within 6 months or titers completed | Dose #1 | Dose #2 | Dose #3 |
| **MENINGITIS**  
One dose or waiver (attached) | Menactra □  
Menomune □ | Date #1 | Date #2 |
| **VARICELLA** or history of disease  
Two dose vaccine if immunized after age 13 | Dose #1 | Dose #2 (if required) | Hx of Disease □ Yes □ No |
| **HPV VACCINE** (Optional/not required) | Dose #1 | Dose #2 | Dose #3 |
| **HEPATITIS A** (Optional/not required) | Dose #1 | Dose #2 | |
Gettysburg College Health Service - TUBERCULOSIS SCREENING

TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY

Tuberculosis screening is required of all students entering Gettysburg College, based upon guidelines of the American College Health Association and the U.S. Centers for Disease Control. For more information, see www.acha.org or www.cdc.gov/tb.

(Students) Last Name__________________First_______________M______DOB________________________

Provider’s Name____________________Signature________________________Date____________________

1. Does the student have signs or symptoms of active tuberculosis disease?  Y ( )  N  ( )
   • Unexplained elevation of temperature for more than one week, weight loss, night sweats, persistent cough for more than three weeks.
   • Cough with production of bloody sputum (hemoptysis)

2. Has the student ever had a positive Tuberculin Skin Test (TST, formerly PPD) or Quanti-FERON Tb Test  Y  ( )  N  ( )

3. Is the student a member of a high risk group?  Y  ( )  N  ( )
   • Had close contact with a known case of active tuberculosis
   • Use of illegal injected drugs
   • Currently on immunosuppressive therapy
   • Resident or employee of a nursing home, homeless shelter or correctional facility

4. Has the student lived or traveled in countries where Tb is endemic?  Y  ( )  N  ( )
   • Includes students who have arrived in the US in the past five years from countries OTHER THAN Albania; American Samoa; Andorra; Antigua and Barbuda; Australia; Austria; Barbados; Belgium; Bermuda; British virgin islands; Canada; Cayman Islands; Chile; Cook Island; Costa Rica; Cuba; Cyprus; Czech Republic; Denmark; Dominica; Finland; France; Germany; Greece; Grenada; Hungary; Iceland; Ireland; Israel; Italy; Jamaica; Jordan; Lebanon; Libyan Arab Jamahiriya; Luxembourg; Malta; Monaco; Montserrat; Netherlands; Netherlands Antilles; New Zealand; Normway; Puerto Rico, Saint Kitts & Nevis; Saint Lucia, Somoa, San Marino, Slovakia, Slovinia, Sweden, Switzerland, Trinidad and Tobago; Turks and Caicos Islands; United Arab Emirates, United Kingdom, U.S.; U.S. Virgin Islands.

*If the answer to all the above questions is NO, no further testing or action is required.

*If the answer to any questions above is YES, the student must undergo Tuberculin Skin Testing, Quanti-Feron Tb testing, and/or chest x-ray as indicated, documented below:

<table>
<thead>
<tr>
<th>Tuberculin Skin Test</th>
<th>Date placed</th>
<th>Date read</th>
<th>Results</th>
<th>mm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quanti-FERON Test</td>
<td>Results: Positive ( ) Negative ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest x-ray (required if current or previous TST or QFT test is positive):</td>
<td>Date</td>
<td>Normal ( )</td>
<td>Abnormal ( )</td>
<td></td>
</tr>
<tr>
<td>INH Treatment: Initiate Date</td>
<td>X</td>
<td>months</td>
<td>Declined ( )</td>
<td></td>
</tr>
</tbody>
</table>
MENINGITIS MEDICAL WAIVER AND RELEASE FORM

The Pennsylvania law requires colleges and universities to inform students about meningitis. The law also requires students to either receive the vaccination OR sign a waiver that they have read the information provided inclusive of risks but decided not to receive the vaccination for religious or other reasons.

Students 18 years of age and older must complete. If you are under 18 and you want to waive the meningitis vaccine, your parent must sign the waiver.

I, _________________________________, certify that I am an adult individual 18 years of age or older or certify that I am the parent of a minor or legal guardian of _________________________________ ("Student"). I further certify that I have been provided with written information by Gettysburg College explaining the risks associated with meningococcal disease, and the availability and effectiveness of vaccination against the disease and I have reviewed this information. Notwithstanding the information provided, for religious or other reasons, I choose not to be vaccinated/not to have the Student vaccinated against meningococcal disease.

I acknowledge that I am making the decision not to be vaccinated with the full realization that there may be a significant risk of bodily harm, including death, if I/Student contracts the disease.

I hereby assume all the risks associated with my decision not to be vaccinated/not to have the student vaccinated and agree to release and hold harmless Gettysburg College, its trustees, officers, agents, and employees, from any and all liability, actions, causes of action, negligence, debts, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence, recklessness or any other form of action for which a release may be legally given (including attorneys’ fees and costs) which may arise by or in connection with my decision.

I agree further to hold harmless and indemnify the College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys’ fees and costs) by any person or the College which may arise by or in connection with my decision not to be vaccinated.

I hereby certify that I voluntarily sign this waiver and release, and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

I further understand that by State law I will not be allowed to reside in College owned housing unless I have either received the vaccine or declined the vaccine by completing the verification/waiver form.

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:

☐ I have received the vaccine as documented on the Gettysburg College immunization record by my doctor/health care provider. (Documentation must be received prior to coming on campus)

☐ I decline the vaccine.

☐ I decline the vaccine at this point in time, but may wish to have it at a later date.

Date Please print name Student’s signature (if 18 years or older)

Parent or Guardian signature (if student is under 18 years of age)
MENINGITIS INFORMATION

Please read the following information:

Meningitis is an inflammation and infection of the lining of the brain and spinal cord caused by either a virus or bacteria.

Viral meningitis is more common than bacterial meningitis and usually occurs in late spring and summer. Signs and symptoms of viral meningitis may include stiff neck, headache, nausea, vomiting and rash. Most cases of viral meningitis run a short, uneventful course. Since the causative agent is a virus, antibiotics are not effective. Persons who have had contact with an individual with viral meningitis do not require any treatment.

Bacterial meningitis occurs rarely and sporadically throughout the year, although outbreaks tend to occur in late winter and early spring. Bacterial meningitis in college-aged students may be due to an organism called meningococcal bacteria. Because meningococcal meningitis can cause grave illness and rapidly progress to death, it requires early diagnosis and treatment. Persons who have had intimate contact with someone who has been diagnosed with meningococcal meningitis should seek immediate medical attention so they may get preventive therapy, which is a course of antibiotics.

The meningococcal bacteria are found in nasal and oral secretions. People may harbor this organism, but never become ill. Others get quite ill with meningitis or meningococcemia (bacterial infection of the blood) and may die.

Most people who become infected simply carry the organism harmlessly, without illness, and eliminate it from the nose and throat within a short time by developing natural immunity. Very rarely, an individual may develop an illness with signs and symptoms of fever, headache and stiff neck sometimes with a rash or vomiting and sometimes with fatigue or change in consciousness or awareness of their surroundings. If you experience these symptoms, you should seek immediate medical evaluation.

Preventive Measures

- Avoid contact with the nasal and oral secretions of others
- Avoid coughing or sneezing on others and properly dispose of nasal and oral secretions
- Avoid sharing, eating or drinking utensils, the mouthpieces of musical instruments, lipstick, Chap Stick, cigarettes, cigars or pipes.
- Wash your hands frequently
- Get lots of sleep, exercise and good nutrition which will boost your immune system
- If you drink, do so responsibly and in moderation. Excessive alcohol consumption is believed by some health authorities to increase susceptibility to meningococcal meningitis.

Vaccine

- The American College Health Association recommends that all college students under the age of 30 become knowledgeable about the vaccine and consider getting vaccinated against meningococcal disease. Pennsylvania law mandates all students either receive the vaccine or sign a waiver.
- The vaccine protects against four out of five serotypes (subtypes) of meningitis.
- Forty-six percent of all bacterial meningitis is caused by subtype B, for which no vaccine is yet available.
- The vaccine is 90% effective against subtypes C, which accounts for 20-45% of all cases.
- Clinical protection from the vaccine for subtypes Y and W-135 has not been documented.
- Vaccine will not protect against other bacteria that cause meningitis.
- The vaccine decreases risk of meningococcal disease overall is 80-90% effective.
- As with any vaccine, the meningitis vaccine may not protect 100% of susceptible individuals.
- If a student who has had the vaccine is exposed to meningococcal meningitis or disease, the experts recommend that the exposed person still have antibiotics to protect them against the disease despite the vaccine.

Adverse effects and contraindications to the vaccine

- Localized redness in the injection site for 1-2 days, headache, fatigue, fever, chills.
- Vaccine should not be given to those allergic to Thimerosal (a preservative used in the vaccine) or to latex.
- Women who are pregnant should not receive this vaccine.
- Persons receiving immunosuppressive therapy will not receive the full benefit of the vaccine.
- As with all vaccinations, there is a chance of allergic reaction or anaphylactic shock which may lead to death.

If you would like more information on meningitis and the vaccine, please visit the Center for Disease Control (CDC) web sites (www.cdc.gov) for general information and recommendations for college students.