



**Student Health Services**

**300 North Washington Street**

**Campus Box 436**

**Gettysburg, Pennsylvania 17325-1400**

717.337.6970

717.337.6978 fax

[www.gettysburg.edu](http://www.gettysburg.edu)

**Gettysburg Student Patient Portal:**

<https://gettysburg.medicatconnect.com>

May 2021

Dear First Year Student:

Welcome to Gettysburg College! We are looking forward to having you with us and helping to keep you healthy.

Gettysburg College's Health and Counseling Services uses an Electronic Health Record (EHR) called Medicat. One of the many features of Medicat is its **Patient Portal**, which is your secure entry point to:

- Find the necessary forms to be printed and completed by your medical provider,
- Complete the necessary online forms,
- Upload completed forms and documentation, and
- Communicate with us regarding your health and well-being throughout your career at Gettysburg College.

Any information you share with us is confidential within Health and Counseling and Athletics (if you are an intercollegiate athlete).

You must complete the following to comply with the College's health requirements, and all of these materials are found on your Patient Portal. To Login to your Patient Portal, go to <https://gettysburg.medicatconnect.com> and log in using your Gettysburg College Network User ID and password. Once you are logged in, you will find all of the items you need to complete to be in compliance prior to your arrival on campus in August under the "Forms," tab across the top of your Patient Portal homepage along with specific instructions.

1. **Physical Exam by your Medical Provider:** Under **Forms – FIRST YEAR REQUIRED FORMS**, you will find the link to our **FYDB Physical Exam Form**, which includes the physical exam and the immunizations form that needs to be downloaded, printed, and taken to your medical provider to be **COMPLETED and RETURNED to Health Services BY June 30, 2021.**

Please review the forms to be sure all of the information requested is filled in. When the forms are complete, **we prefer you upload the documents via the Uploads tab on your Medicat Student Patient Portal**, but you may also fax or mail them.

**NCAA ATHLETES PLEASE NOTE: Intercollegiate athletes' physicals must be done within six months of play –no sooner than May 1, 2021. Physicals done before that date will not satisfy NCAA regulations and will stop your ability to participate.**

Please send us any medical records, testing reports, echocardiogram reports, clearances or specific releases to participate in sports from orthopedists, cardiologists or surgeons for cardiac conditions, 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.**

2. **Immunization Information Entered Online:** Using the completed and signed Immunization Form provided by your Health Care Provider in step 1 above, click on the **Immunizations** tab and enter the dates of your immunizations.

**PLEASE NOTE** – this requirement will not be considered "Complete" until the completed documentation from your medical provider as required in #1 above is uploaded received and verified by the Gettysburg College Health Services.

3. **Health History and Mental Health History Forms:** Log into your **Student Patient Portal - Forms** and complete both forms online. (Any additional instructions regarding these forms will be provided online with the forms.)

**Class registration and participation in intercollegiate sports will be in jeopardy until all medical information is completed, received and reviewed by the Student Health Services.** Please do not upload/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.

The Student Health and Counseling Services welcome the Class of 2025 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 8:30am to 4:30pm.

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Clinical Manager  
Gettysburg College Health Service

Kathy Bradley, Ph.D. Licensed  
Psychologist  
Executive Director, Health & Counseling Center  
Associate Dean of College Life

**Students (non-athlete) complete form after 5/1/20 \*NCAA Athletes or potential athletes complete form after 5/1/21**

TO THE EXAMINING PROVIDER: Please complete this form. 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.

\_\_\_\_\_ Gender \_\_\_\_\_  
 Last Name (Print) First Name Middle  
 Height \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_  
 Acuity: with  without  correction Right 20/ Left 20/

**Athletes (recommended)**  
 Hct/Hgb \_\_\_\_\_  
 Ferritin \_\_\_\_\_

**TB SCREENING – MUST CHECK EITHER LOW OR HIGH RISK**

- Low Risk**  
 **High Risk - If HIGH RISK student must have a TB skin test (Mantoux only) within the past 6 months**

Date of Test \_\_\_\_\_ Signature of Provider Testing \_\_\_\_\_

Date of Reading \_\_\_\_\_  Negative \_\_\_\_\_ mm  Positive \_\_\_\_\_ mm

Signature of Provider Reading Test \_\_\_\_\_

If test Positive: QuantiFERON Gold Test Date \_\_\_\_\_ Results:  Negative  Positive Please attach results.

Any Treatment \_\_\_\_\_ Date of Treatment \_\_\_\_\_

Chest X-ray: Date \_\_\_\_\_ Result \_\_\_\_\_ INH Treatment: Date \_\_\_\_\_

Are there any abnormalities of the following systems?

	NO	YES	Describe fully
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary (inc. hernia)			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			

- Is there loss or seriously impaired function of any organ? Yes \_\_\_ No \_\_\_
- Has the student had COVID-19? Yes \_\_\_ No \_\_\_ If Yes, Date: \_\_\_\_\_
- Does student have physical appearance of Marfan's syndrome? Yes \_\_\_ No \_\_\_
- Does the student plan on participating in an intercollegiate sport? Yes \_\_\_ No \_\_\_  
Which sport(s)? \_\_\_\_\_
- On the basis of this examination, I find this student medically suitable to participate in intercollegiate sport activity at Gettysburg College. Yes \_\_\_ No \_\_\_**
- Do you have any recommendations regarding the care of this student? Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_
- Is this patient now under treatment for any medical or emotional condition? Yes \_\_\_ No \_\_\_  
Explain: \_\_\_\_\_

Date \_\_\_\_\_ Providers Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Student:** Please upload this form along with your immunization record to: **Gettysburg Student Patient Portal**  
<https://gettysburg.medicatconnect.com>

Immunization Record – To Be Completed By Physician/HCP Office

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Last First Middle

**ALL REQUIRED IMMUNIZATIONS AND THEIR SPECIFIC NUMBER OF DOSES ARE REQUIRED TO BE CONSIDERED IN COMPLIANCE**

REQUIRED IMMUNIZATIONS	1 <sup>st</sup> DOSE	2 <sup>nd</sup> DOSE	3 <sup>rd</sup> DOSE
<b>COVID-19 Vaccine</b> Please list the name of COVID-19 Vaccine (Pfizer, Moderna, Johnson & Johnson, etc) received below:	M / D / Y	M / D / Y	
<b>Hepatitis B</b> A 3-shot series is required. Blood test showing immunity is acceptable. Attach/upload copy of testing.	M / D / Y	M / D / Y	M / D / Y
<b>MMR (Measles/Mumps/Rubella)</b> Two (2) doses after age 12 months given at least 28 days apart. Blood test indicating immunity is acceptable. Attach/upload copy of testing.	M / D / Y	M / D / Y	
<b>Meningitis - Serogroup A,C,Y, W135</b> <b>Menactra, Menveo, Menomune</b> (1 <sup>st</sup> Dose preferably between ages 11-12; 2 <sup>nd</sup> dose after age 16)	M / D / Y	M / D / Y	
<b>Meningitis Serogroup B</b> Preferred Age: 16 through 18 Bexsero (2 Doses) or Trumenba (3 Doses)	M / D / Y	M / D / Y	M / D / Y
<b>Polio (OPV or IPV)</b> Provide completed series date	M / D / Y		
<b>TDAP (Tetanus/Diphtheria/Pertussis) Vaccine</b> (within 10 years)	M / D / Y		
<b>Varicella (Chicken Pox)</b> *Two doses Required. Blood test indicating immunity is acceptable. Attach/upload copy of testing.	M / D / Y	M / D / Y	
<b>OR History of Varicella Disease</b>	M / D / Y		

**HIGHLY RECOMMENDED VACCINES - (NOT REQUIRED)**

	1 <sup>st</sup> Dose M/D/Y	2 <sup>nd</sup> Dose M/D/Y	3 <sup>rd</sup> Dose M/D/Y
<b>Hepatitis A</b>			
<b>HPV (Human Papillomavirus Vaccine)</b>			

Physician/HCP Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address or stamp \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**NOTE TO STUDENT:** Please go to your **Medicat Student Patient Portal – Immunizations** - and enter all the dates of your immunizations as shown on your immunization record. Upon completion of entering your immunizations, please **upload a copy of your Immunization record via the Patient Portal Upload feature.**

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