

Dear New Student and Family,

Sharing information regarding the health documents that all incoming undergraduate students (commuter and residential) must (1) take to their healthcare provider and (2) upload prior to arriving at Moravian University. Everything should be submitted AT LEAST 6 WEEKS PRIOR TO THE START OF CLASSES.

## **STEP I**: What you need from your Healthcare Provider:

- 1. **Moravian University Health Center Physical Examination-** second page of this document. A completed physical (including signature of healthcare provider and DATE OF EXAM) is required of all new undergraduate students (first year and transfer). A physical exam is required within 12 months prior to the first day of class.
- 2. A copy of your immunization records from your healthcare provider or high school. All incoming undergraduate students are required to have the following vaccinations:
  - Hepatitis B series three doses
  - Measles, Mumps, Rubella (MMR) two doses (first dose on or after 1st birthday) or blood test showing immunity
  - Meningitis Vaccine (MCV) on or after 16th birthday
  - Polio series
  - Tdap on or after 10th birthday and required within the past 10 years
  - Varicella two doses (first dose on or after first birthday) or blood test showing immunity
  - Meningitis B vaccine is STRONGLY ENCOURAGED

#### Step II: Log into the Moravian University Health Center Portal (moravian.studenthealthportal.com):

- 1. Locate your Moravian University email address and AMOS password (provided by Moravian University).
- 2. Type moravian.studenthealthportal.com into your browser and you will be directed to the Health Center portal.
- 3. Once there, enter your Moravian University email address and AMOS password. Answer some security questions as a first-time visitor.

### **Step III: In the Health Center Portal (moravian.studenthealthportal.com)**:

- Complete the following available under "My Forms" (top of the page) and "pending forms":
  - 1. Immunization History please enter the dates from your records
  - 2. Medical History
  - 3. Tuberculosis (TB) Screening Questionnaire. Students are expected to answer to determine if they do or do not need TB testing. If there are any 'yes' responses, TB testing will be needed prior to arrival at Moravian.
  - 4. Release of Medical Information and Permission to Treat
- Scan or take a picture with your device and upload the following. Look for the "Document Upload" tab.
  - 1. Moravian University Health Center Physical Examination form (outlined above)
  - 2. Immunization record (outlined above)

Student-Athletes: There are additional forms you need to complete for Athletics. Check your portal.

Outside Pennsylvania? Notify your health insurance company that you are attending college in Pennsylvania. Ask if you have to make any special arrangements. Specifically, ask to be covered if medical tests need to occur in Pennsylvania and not your home state as well as, if you have to be referred locally to a provider.

Most care at the Health Center is free, including nurse practitioner and physician visits, as well as many over-the-counter medications. The Health Center can perform point-of-care (on site) lab testing and has a limited number of prescription and non-prescription medications available at a minimum charge. Outside lab work, specialist referrals, and prescription medications referred to outside facilities are based on medical coverage. To expedite care, we ask that you **update us should your medical insurance change.** 

Questions? Do not hesitate to contact us. Our staff looks forward to meeting you.

#### Sincerely,

Moravian University Health Center healthcenter@moravian.edu

# MORAVIAN UNIVERSITY HEALTH CENTER PHYSICAL EXAMINATION

Student's Name							Date of birth			
TO THE EXAMINING HEALTH CARE review the student's history and complet Physical exam must be done less than one	e this ex	amination wi	th comments	accepte on any c	d and lisease	is atten or abn	ding Moravian Unit ormal findings.	versity. Please		
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blood pressure Tutse Height (iii.) Weight (tbs.	) Ditti	Ormatysis		YIJUU	acuity		corrected:	Gross ricaring		
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Skin		•								
Head and scalp										
Eyes										
Ears/hearing Mouth, nose, throat										
Neck										
Heart										
Lungs										
Abdomen										
Genitourinary										
Musculoskeletal										
Neurologic										
Emotional										
<ul> <li>4. Recommendation for physical activity:</li> <li>5. Can this individual participate in interest.</li> <li>6. For nursing majors, is there any health ☐ Yes ☐ No If yes, specify</li></ul>	rcollegiat reason th	e athletics, in nat would pre	cluding contac	et sports' son from	? □Yo	es 🗆 N ging in o	o □ Not Applicab clinical practice as a	le.		
As your patient starts their college years, potential consider the Meningitis B vaccine series. The please provide them with a written immediate FOLLOWING IMMUNIZATIONS A MMR x 2 (first dose on or Varicella x 2  Hepatitis B vaccine series Tdap on or after 10th be Meningitis (on or after 1).	ney are re unizatio RE REQ or after 1s s oirthday 6th birtho	quired to substant record for the UIRED FOR strict birthday)  and requireday)	mit their vacci them to uploa ALL STUDEN d within the	nation h d to our ITS: past 10	istory comp	to us as	well - we appreciat			
Name of Physician/Provider	MD/DO	D/NP/ PA	Street Address-	office stam	o preferre	d				
		Date of Exam	City, State, Zip					Phone		