

Grinnell College Student Health and Counseling Services Policies and Procedures

Admission Requirements

The health and wellness of Grinnell College students is of utmost importance. Therefore, all first year students are required to complete an online health history, a signed consent for treatment form, show proof of the required immunization, have a physical examination and provide proof of health insurance.

All first year students MUST complete the required health forms and submit them to Student Health and Counseling Services (SHACS) by July 15th. They will not be able to register for classes until all forms and immunization requirements are submitted and complete.

Some of the forms will be completed online; others will be downloaded, filled out and mailed to SHACS.

The forms may be accessed at: <http://shacscom.grinnell.edu/>

- **Consent for Treatment Form** – signed and submitted online.
- **Immunization history form** – All sections that apply should be completed online.
- **Medical Providers Health Form** – This form is downloaded and taken to the student's physician for their health physical. This form is then mailed to SHACS.
- **Consent for treatment of a minor** – If the student will be under the age of 18 when they arrive on campus, this form should be downloaded, signed by the student's parent or legal guardian and mailed to SHACS.
- **Student health history form** – This form is to be completed online.
- **Tuberculosis screening form** – The student should answer all five questions online. *If they answer yes to any of these questions, the TB evaluation form should be downloaded and taken to the student's physician to complete.* This form should be mailed to SHACS.
- **Insurance cards:** All students are required to have health insurance while attending Grinnell. It may be through their existing parental or personal policy and/or the student may purchase the College's student group insurance. It is required that the insurance card be scanned into the SHACS registration system. The student should bring their insurance card(s) to campus with them in order to complete this requirement
- **Athletes** – Athletes will be required to submit forms to the Athletic Department and to SHACS. *The athlete should make sure that SHACS receives their health physical form.* SHACS will then provide a copy to Athletics so the athlete may participate in their sport.

Immunizations REQUIRED

Measles/Mumps/Rubella

- Must have two MMRs

Tetanus/Diphtheria/Tdap:

- Must be within 10 years

Meningococcal

- Must be within the last 5 years

Chicken Pox/Varicella

- Either immunization or date of disease

Tuberculin Skin Test

- The online TB Evaluation/Screening Form should be completed to determine if the student will need a TB skin test. If the answer is yes, the form should be downloaded for their physician to complete.

Immunizations RECOMMENDED

Hepatitis B

Gardasil/HPV

Hepatitis A

Medical Advisor

Director of Health Service

Date



Student Health Record

PHYSICIAN'S REPORT OF HEALTH EVALUATION

To the Examining Physician: Please review the student's report and complete this physician's form. No other form will be accepted. **We ask that you complete the immunization section and provide a copy of the student's immunization record for verification.** This form must be signed and dated to be accepted. Since this student has already been accepted for admission, the information supplied will not affect his or her status and will be used only as background for providing any needed care by Student Health and Counseling Services and/or Athletics. This information will not be released to any requesting party without the student's written consent. **This form, along with a copy of the student's immunization record, should be given to the student who will return it to the College.**

Name _____
Last First Middle

Date of Birth _____ (month/day/year)

Sex: Female Male Intersex MtF Female FtM Male

Pronouns Used: she/her/hers he/him/his they/them/theirs

Blood Pressure _____

Weight _____ pounds Height _____ inches

Hemoglobin (if indicated) _____ Gms.

Are there any abnormalities of the following systems?

	Yes	No	Describe fully
Head, Ears, Nose, or Throat			
Respiratory			
Cardiovascular			
Hernia			
Eyes			
Genitourinary			
Musculoskeletal			
Metabolic/Endocrine			
Neuropsychiatric			
Skin			

Is the patient under the care of a medical specialist for any medical condition: Yes No
 If so, what? _____

Is the patient now under treatment for any psychological condition? Yes No
 Diagnosis _____

Do you have any recommendations regarding the care of this patient? Yes No

Recommendations for physical activity/athletics: Unlimited Limited

Explanation _____

Physician's Signature _____

Printed Physician's name _____

Practice Name _____

Practice Address/Phone Number _____

Date _____

Medications (please list below) None

Allergies (please list below) None Known

REQUIRED Immunizations

Measles/Mumps/Rubella Dates

(Must have two MMRs)

Dose #1 [month/day/year] _____

Dose #2 [month/day/year] _____

Tetanus/Diphtheria/Tdap

TT TD TDAP

(Must be within 10 years) Date _____

Meningococcal

Menactra Menveo MenACWY

(Must be within 5 years) Date _____

(MenB see recommended immunizations)

Chicken Pox/Varicella

Dose #1 (month/day/year) _____

Dose #2 (month/day/year) _____

If you had the chicken pox disease, physician to verify

Date of disease _____

Tuberculin Skin Test

Complete the online TB Evaluation/Screening Form to determine if you will need a TB skin test. If the answer is yes, download that form and have physician complete.

RECOMMENDED Immunizations

MenB Date _____

Hepatitis B First _____
 Second _____
 Third _____

Gardasil/HPV First _____
 Second _____
 Third _____

Hepatitis A First _____
 Second _____