



<b>Title</b>	<b>Admission Medical Clearance / Vaccination Requirement Policy</b>
<b>Policy Statement</b>	<b>The health and wellness of Grinnell College students is of utmost importance. Therefore, all first year students are required to complete certain health requirements and submit required proof of vaccination.</b>
<b>Summary</b>	Click here to enter text.
<b>Purpose</b>	Click here to enter text.
<b>Procedures</b>	Click here to enter text.
<b>Appendix (optional)</b>	Click here to enter text.
<b>Review Cycle</b>	Annually



## **Admission Medical Clearance / Immunization Requirements**

Since the health and wellness of every Grinnell College student is of the utmost importance, the college has several health compliance requirements that all incoming students are required to meet. All first year students **MUST** complete the required health forms and submit them to Student Health and Wellness (SHAW) by July 15, 2021. **Students will not be eligible to register for classes until all forms and immunization requirements are submitted and complete. Please work closely with your SHAW nursing team to help manage any requirements that are unattainable prior to your arrival.**

**COVID-19 Vaccination Requirement:** Grinnell intends to require COVID-19 vaccination for all students, effective in the fall of 2021. We recognize that access to vaccinations varies greatly around the world, and that the inoculations available to some of you may be different than those being distributed in the U.S. We highly recommend that you obtain vaccination as soon as it is available to you, but if you arrive without one, Grinnell will facilitate inoculation upon arrival.

**Exemptions:** If you request to waive your required immunizations based on a medical or religious exemption, you must connect with our Director of Health Services for further instructions regarding this process. Please note that these exemption requests will be considered on a case by case basis and in consultation with SHAW's Medical Director.

### **Steps to access your Medical Clearance requirements:**

1. Go to <https://shacscom.grinnell.edu/>.
2. Type your Grinnell College email [username@grinnell.edu](mailto:username@grinnell.edu). Click "Next".
3. Type your password. Click "Sign in".
4. You will need to have your Duo-registered mobile device or hardware token in your possession when logging in. After entering your Grinnell credentials, a Duo authentication screen will appear. If you are using a mobile device, you can select "Send Me a Push" or "Enter a Passcode." If sending a push, a confirmation will be sent to your registered mobile device for approval. If entering a passcode, you can get the code by opening the Duo mobile app on your registered device, or by using a hardware token. Authenticate via DUO on the device (mobile phone or hardware token) that you use for logging into your Grinnell College account.
5. Confirm your date of birth. Please use the drop down arrows to select your Birth Month, then Birth Day, then type your birth year. Click "Proceed".
6. You are now logged in. The left side contains the navigation selection menu. Click "Medical Clearances"
7. Medical Clearance List appears on the right side of the portal window. Items required for clearance are listed. Once an item has been reviewed by our staff, the Status will change to Compliant. If an item has a status of Not Compliant and the Details state Awaiting Review, the items has not been reviewed by our staff.

*If you have troubles logging in, please contact the Grinnell College Technology Services Desk at 641-269-4901 or email ITS at [ITServices@grinnell.edu](mailto:ITServices@grinnell.edu).*

### **Items to complete online: *Please complete these first.***

- Student Health History** – Please enter all known allergies, medications, medical conditions, family history, hospitalizations, and surgeries/procedures. If there is no applicable history for any section, select the green "No" button in that section. After you have entered a response for each section, click the red "Done" button. All sections must have an entry in order to be compliant.
- SHAW Consent for Treatment** – Read this form carefully and check the box next to "I acknowledge and agree to the following:" prior to clicking "Submit Final." If you do not agree or have questions about the Consent to Treat form, please click "Cancel" and contact SHAW directly.



- Tuberculosis Risk Screening** – Please answer all screening questions and click “Submit”. Based on your answers, further compliance items may appear on your Medical Clearances Menu. NOTE: Check your Medical Clearance list for additional requirements.

### **Paper Forms:**

- Physical Exam:** – Download and print the Physical Exam form. Take this form to the health care provider who is completing your required physical examination. All sections of the form must be completed and the form **signed and dated** by your health care provider. Upload the completed form within the Physical Exam section on the Medical Clearance list. NOTE: All physical examinations must be completed within one year of the first day of classes. (August 26, 2020-August 26, 2021)
- Clinical Tuberculosis Assessment by Health Care Provider:** - If this appears on your Medical Clearance list, download and print this form. Take the Clinical Tuberculosis Assessment by Health Care Provider form to your health care provider for required tuberculosis testing. After all requirements on the form are complete, the form is **signed and dated** by your health care provider. Upload the completed form within the Tuberculosis Clinical Assessment second on the Medical Clearance list. NOTE: *If you do not see this item on your Medical Clearance list, after you have answered the Tuberculosis Risk Screening, it does not apply to you.*
- Minor Consent** – This form will be required of all students who are under the age of 18 as of August 1, 2021. Download and print the Minor Consent Form; have your parent/legal guardian review, sign and date the form; once complete upload the form. NOTE: *If you do not see this item on your Medical Clearance list, it does not apply to you.*

### **Items that require online entry and corresponding documents uploaded.**

The following items require dates and/or results entered by you. In order for staff to verify the information that is entered, a corresponding document needs to be uploaded. (ie: official immunization record, laboratory results, etc.)

- Immunization Record** – Upload the official immunization record provided to you by your medical provider, public health office, pharmacy or school records.
- COVID** – Enter the dates that you received this immunization. Dates are located on your official immunization record or your official COVID vaccine card. This vaccine is a requirement for **all students** starting in the fall of 2021. We encourage you to obtain this vaccination as soon as possible. If you have limited or no access to vaccination and arrive to campus without being vaccinated, Grinnell College will facilitate inoculation upon arrival.
- Measles** – Enter the two dates that you received this immunization. Dates are located on your official immunization record. The first dose must be administered after 12 months of age to be considered valid.
- Mumps** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. The first dose must be administered after 12 months of age to be considered valid.
- Rubella** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. The first dose must be administered after 12 months of age to be considered valid.
- Meningococcal A,C,W,Y** - Enter the date that you received this immunization. Dates are located on your official immunization record. The most recent dose must be within the last 5 years. (ie: Menveo, Menactra, etc.)
- Serogroup B Meningococcal** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. This immunization is typically given as a two-dose series with vaccines administered at 0 and 1 month (Bexsero) or 0 and 6 months (Trumenba) depending on the brand of vaccine. If you start the series with one brand your second dose must be with the same brand.
- Tetanus-diphtheria** - Enter the date that you received this immunization. Dates are located on your official immunization record. Most recent dose must be within the last 10 years.
- Varicella** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. Each dose must be administered after 12 months of age to be considered valid.
- Influenza** – (2021-2022 season) - Enter the date of your 2021-2022 seasonal influenza vaccination. A flu vaccination clinic will be offered on campus, sometime during the fall term.



**Steps to take before your appointment with your health care provider.**

1. Complete the online Student Health History and the Tuberculosis Risk Screening.
2. Download and print the Physical Exam form.
3. Download and print the Clinical Tuberculosis Assessment by Health Care Provider form, if applicable.
4. Review vaccine requirements and compare to your official immunization record so you may obtain the needed immunizations at your physical exam appointment.
5. Your official immunization record may be obtained from your primary care provider, public health office, pharmacy or your school system.

**PLEASE SCHEDULE YOUR PHYSICAL EXAM EARLY AND START ALL VACCINATION SERIES SO ALL REQUIREMENTS ARE MET PRIOR TO ARRIVING IN GRINNELL.**

**Notification to Faculty/Parents/Legal Guardians:** If a student falls ill and is going to miss class, it is important that they email their faculty directly. We also encourage the student to call SHAW and connect with one of our SHAW providers who can help guide their care moving forward. We offer a variety of services and are here to support them during their time of need. We understand that occasionally, parents or legal guardians may want to speak directly with one of the SHAW providers regarding their student's health or mental health status. We are happy to speak with whomever the student designates to have access to this information, as long as we have secured a written release and are able to discuss with the student what they wish to share, doing so on a case by case basis. We do not honor blanket releases. While medical/counseling records within SHAW are kept confidential according to our policies, please note if a student is hospitalized for a serious condition or injury, Student Affairs may reach out to the student's emergency contact to make them aware.

---

Medical Director of SHAW

---

Director of SHAW Health Services

---

Date



Physical Exam

PHYSICIAN'S REPORT OF HEALTH EVALUATION - Date of Physical Exam must be between 08-26-2020 to 08-26-2021.

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.

Legal Name: Last First Middle

Name-In-Use: Last First Middle

Date of Birth: (month/day/year)

Sex assigned at birth: Female Male Legal Sex: Female Male

Gender Identity: Female Male Genderqueer MtF Female FtM Male Non-binary

Pronouns-In-Use: she/her/hers he/him/his they/them/theirs other

Blood Pressure: Weight: Height:

Are there any abnormalities of the following systems?

Table with 4 columns: System, No, Yes, Describe fully. Rows include 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 yes, please explain:

Is the patient 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, Practice Name, Practice Address, Practice Phone Number / Fax Number, DATE OF EXAM

DATE OF EXAM:

Medications: (please list below) None

Allergies: (please list below) None Known

REQUIRED Immunizations

COVID

Pfizer Moderna Johnson & Johnson / Janssen

Other (specify brand)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

MEASLES/MUMPS/RUBELLA (MMR)

(Must have two MMR doses)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

MENINGOCOCCAL QUADRIVALENT (A,C,W,Y)

Menactra Menveo MenACWY

(Must be within 5 years)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

SEROGROUP B MENINGOCOCCAL

Bexsero Trumenba

(Must complete series)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

TETANUS, DIPHTHERIA

Td Tdap (Must be within 10 years)

Primary series completed? Yes No

Booster Dose Date (month/day/year)

VARICELLA (Must have two varicella doses)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

If you had the chicken pox disease, physician to verify the date of disease (month/day/year)

NOTE: If titers are obtained the student is required to submit a copy of the laboratory results to Grinnell College.

INFLUENZA (2021-2022 Season)

Dose #1 Date (month/day/year)

TUBERCULIN SKIN TEST

Complete the online Tuberculosis Risk Screening to determine if you will need a TB Skin Test. If the answer is yes, download the Clinical Tuberculosis Assessment by Health Care Provider form for your physician to complete.

RECOMMENDED Immunizations

- HEPATITIS A VACCINE
HEPATITIS B VACCINE
HUMAN PAPILLOMAVIRUS (HPV) VACCINE
POLIO VACCINE