



MERCYHURST UNIVERSITY

Dear Future Laker,

Welcome to Mercyhurst University! We look forward to you joining our campus in the fall. In order to ensure the health and well-being of our students, timely return of the enclosed Health Record, and proof of meningitis and Measles-Mumps-Rubella vaccines, is required from all incoming students (freshman, transfer students, and incoming graduate students) as soon as possible and no later than **June 15, 2020**. New incoming students planning to move during summer must have documentation submitted ahead of that time.

Preadmission Health Record. Sections I to IV, to be completed by the student. Sections V (physical examination), VI (TB screening/testing) and VII (immunization history) to be completed, signed and dated by the health care provider.

Student Athletes must submit these health record forms directly to the Cohen Student Health Center. Additional health records required by their athletic programs should be directed to Athletics.

Required immunizations include **meningitis** and **Measles-Mumps-Rubella**. Mercyhurst requires that all students provide proof of two documented doses of the Measles-Mumps-Rubella (MMR) vaccine with the first time being administered on, or no sooner than, the first birthday and the second dose at least one month later, OR by submitting a lab test ("titer") documenting immunity. Pennsylvania law also requires that any student living in campus-owned housing provide proof of one dose of meningococcal conjugate vaccine before being permitted to move on campus.

Students not providing the completed Health Record form and evidence (or waiver) of required vaccines may not register for classes until signed forms are provided. Students without proof of a meningitis vaccine may not move into university housing unless a waiver is in place (forms available at mercyhurst.edu/vaccines).

Strongly recommended immunizations include: tetanus-diphtheria-pertussis (Tdap), polio, varicella (chicken pox), hepatitis A and hepatitis B, human papillomavirus (HPV), and meningococcal B. Pneumococcal vaccine for students with certain medical risk factors may be indicated. Mercyhurst and the CDC strongly recommend that students who received a meningococcal vaccine three or more years prior to coming to campus receive an additional one before arrival.

International Students: the meningitis vaccine administered outside the U.S. often does not protect against serogroups A, C, Y, and W135 (four of the five most common U.S. strains). Students should consult their physician, and if a vaccine targeting these serogroups does not exist at home, the students will obtain the vaccine upon arrival to the U.S. before moving into campus housing.

TB tests: Any new incoming student, including commuters and those living on campus, with a positive answer to any question on the TB screening interview, including country of origin, must have a TB test and any indicated follow-up **prior** to coming to campus. Students with **no** positive answers to the screening questions are not required to have a TB test.

Allergy shots can, in most cases, be provided on campus. For information and forms, visit the Cohen Health Center page of the university portal at mercyhurst.edu/allergies.

Please return these completed forms to the Cohen Health Center either by **faxing them to 814-347-8275** or mailing them to:

Mercyhurst University Cohen Student Health Center
501 East 38th Street
Erie, PA 16546

If you have any questions, please contact the Cohen Health Center at health@mercyhurst.edu or call 814-824-2431, Monday through Friday, 8:30 a.m. to 4 p.m. Thank you for your cooperation, and we look forward to seeing you on campus.

Sincerely,

Judy Smith, Ph.D.
Executive Director of Wellness

SECTIONS V (Physical Examination), VI (TB Assessment), and VII (Immunization History) are to be completed by the physician (or NP/PA). Each section requires a signature and date.

Please return this completed packet to the student/family. If you are asked to return this directly to Mercyhurst, send it to:

Mercyhurst University, Cohen Student Health Center
 501 East 38th Street • Erie, PA 16546 | 814-824-2431 or via fax: 814-347-8275

V. PHYSICAL EXAMINATION - THIS SECTION TO BE COMPLETED BY PHYSICIAN (OR NP/PA)

Name of Applicant: _____ Height: _____ Weight: _____ Blood Pressure: _____

Eyes: R 20/ _____ L 20/ _____ Normal _____ Abnormal _____

Right Ear: Canal Normal _____ Canal Abnormal _____ T.M. Normal _____ Abnormal _____

Left Ear: Canal Normal _____ Canal Abnormal _____ T.M. Normal _____ Abnormal _____

Tonsils (Circle one): Present / Absent

Mouth (Circle one for each): Tongue Normal / Abnormal Teeth Normal / Abnormal

Spine (Circle one): Normal / Abnormal / Lordosis / Scoliosis

Skin (Circle all that apply): Normal / Abnormal / Piercing Sites / Tattoos

Lungs: _____ Clear to percussion and auscultation

Thyroid (Circle one): Normal / Abnormal Lymph Nodes (Circle one): Normal / Abnormal

Heart Rate: _____ Rhythm: _____ Extra Sounds: _____ Murmurs: _____

Abdomen (Circle one): Normal / Abnormal Inguinal Area (Circle one): Normal / Abnormal

C.N.S. (Circle one): Normal / Abnormal

Does this student have any condition that would interfere with activities? Y / N

If yes, please specify: _____

Recommendation: _____

HEALTH CARE PROVIDER SIGNATURE

Date of Examination: _____ (Must be completed within 12 months of the start of the upcoming college year)

MD, DO, NP or PA Signature: _____ Printed Name: _____

Note to Provider: Please continue with Sections VI and VII.

VI. TUBERCULOSIS (TB) SCREENING/TESTING¹

Name of Applicant: _____

HEALTH CARE PROVIDER: PLEASE ASK THE STUDENT THE SIX QUESTIONS BELOW TO DETERMINE IF TB TESTING IS INDICATED:

- 1.) Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
- 2.) Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No
- 3.) Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No
- 4.) Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol? Yes No
- 5.) Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No
If yes, CIRCLE the countries below
- 6.) Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? Yes No
If yes, CHECK the countries below.

Afghanistan	Cameroon	Gabon	Liberia	Northern Mariana Islands	Sri Lanka
Albania	Central African Republic	Gambia	Libya	Pakistan	Sudan
Algeria	Chad	Georgia	Lithuania	Palau	Suriname
Angola	China	Ghana	Madagascar	Panama	Swaziland
Anguilla	China, Hong Kong SAR	Greenland	Malawi	Papua New Guinea	Tajikistan
Argentina	China, Macao SAR	Guam	Malaysia	Paraguay	Tanzania (United Republic of)
Armenia	Colombia	Guatemala	Maldives	Peru	Thailand
Azerbaijan	Comoros	Guinea	Mali	Philippines	Timor-Leste
Bangladesh	Congo	Guinea-Bissau	Marshall Islands	Portugal	Togo
Belarus	Côte d'Ivoire	Guyana	Mauritania	Qatar	Tunisia
Belize	Democratic People's Republic of Korea	Haiti	Mexico	Republic of Korea	Turkmenistan
Benin	Democratic Republic of the Congo	Honduras	Micronesia (Federated States of)	Republic of Moldova	Tuvalu
Bhutan	Djibouti	India	Mongolia	Romania	Uganda
Bolivia (Plurinational State of)	Dominican Republic	Indonesia	Morocco	Russian Federation	Ukraine
Bosnia and Herzegovina	Ecuador	Iraq	Mozambique	Rwanda	Uruguay
Botswana	El Salvador	Kazakhstan	Myanmar	Sao Tome and Principe	Uzbekistan
Brazil	Equatorial Guinea	Kenya	Namibia	Senegal	Vanuatu
Brunei Darussalam	Eritrea	Kiribati	Nauru	Sierra Leone	Venezuela (Bolivarian Republic of)
Bulgaria	eSwatini (Swaziland)	Kuwait	Nepal	Singapore	Viet Nam
Burkina Faso	Ethiopia	Kyrgyzstan	Nicaragua	Solomon Islands	Yemen
Burundi	Fiji	Lao People's Democratic Republic	Niger	Somalia	Zambia
Cabo Verde	French-Polynesia	Latvia	Nigeria	South Africa	Zimbabwe
Cambodia		Lesotho	Niue	South Sudan	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2017. Countries with incidence rates of ≥ 20 cases per 100,000 populations. For future updates, refer to www.who.int/tb/country/en/

- If the answer is YES to any of the above questions, Mercyhurst University requires TB testing prior to starting at the University (see page 5, #1).
- If the answer to all of the above questions is NO and there are no current active signs of TB that might require additional evaluation (page 5, #2), no testing or further action is required.
- Sign TB form on page 6, and then proceed to Immunization History form on page 7).

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Name of Applicant: _____

- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunioleal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:

- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.
- * *The significance of the travel exposure should be discussed with a health care provider and evaluated.*

4.) Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (Specify Method, Circle one) QFT-GIT / T-Spot / Other _____
Result (Circle one): Negative / Positive / Indeterminate / Borderline (T-Spot only)

Date Obtained: ____/____/____ (Specify Method, Circle one) QFT-GIT / T-Spot / Other _____
Result (Circle one): Negative / Positive / Indeterminate / Borderline (T-Spot only)

5.) Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: ____/____/____
Result (Circle one): Negative / Abnormal

Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with M. tuberculosis (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioleal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

- Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations
 - Student agrees to receive treatment
 - Student declines treatment at this time

HEALTH CARE PROVIDER SIGNATURE

Name: _____
Signature: _____
Address: _____
Phone: _____



This section is to be completed and signed by your Health Care Provider. All information must be in English.

VII. IMMUNIZATION RECORD

Name in Full (First Middle Last): _____

Age: _____ Date of Birth: _____

A. MMR (MEASLES, MUMPS, RUBELLA) - two doses required at least 28 days apart for students born after 1956.

1. Dose 1 given at age 12 months or later. #1 ____/____/____

2. Dose 2 given at least 28 days after first dose. #2 ____/____/____

B. POLIO - Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.

1. OPV alone (oral Sabin three doses): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____

2. IPV/OPV sequential: IPV #1 ____/____/____ IPV #2 ____/____/____

OPV #3 ____/____/____ OPV #4 ____/____/____

3. IPV alone (injected Salk four doses): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____

C. VARICELLA - Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two doses of vaccine meets the requirement.

1. History of Disease Yes ___ No ___ or Birth in U.S. before 1980 Yes ___ No ___

2. Varicella antibody ____/____/____ Result: Reactive _____ Non-reactive _____

3. Immunization Dose #1 ____/____/____

Dose #2 ____/____/____

(Dose #2 should be given at least 12 weeks after first dose ages 1-12 years and at least 4 weeks after first dose if age 13 years or older.)

D. TETANUS, DIPHTHERIA, PERTUSSIS

1. Primary series completed? Yes ___ No ___ Date of last dose in series: ____/____/____

2. Date of most recent booster dose: ____/____/____

Type of booster: Td ___ Tdap ___ *Tdap booster recommended for ages 11-64 unless contraindicated.

E. HUMAN PAPILLOMAVIRUS VACCINE - HPV2 or HPV4 or HPV9 (females and males, ages 9-26, three doses at 0, 1-2, and 6 month intervals.)

Immunization (indicate which preparation) HPV2 ___ or HPV4 ___ or HPV9 ___

a. Dose #1 ____/____/____ b. Dose #2 ____/____/____ c. Dose #3 ____/____/____

F. INFLUENZA

Date of last dose: ____/____/____

Trivalent inactivated influenza vaccine (TIV) ___ Quadravalent Inactivated Influenza Caccine (QIV) ___ Live attenuated influenza vaccine (LAIV) ___

Name of Applicant: _____

G. HEPATITIS A

1. Immunization (hepatitis A) a. Dose #1 ___/___/___ b. Dose #2 ___/___/___
2. Immunization (Combined hepatitis A and B vaccine) a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___

H. HEPATITIS B - All college and health care professional students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.

1. Immunization (hepatitis B)

- a. Dose #1 ___/___/___ Adult formulation ___ Child formulation ___
b. Dose #1 ___/___/___ Adult formulation ___ Child formulation ___
c. Dose #1 ___/___/___ Adult formulation ___ Child formulation ___

2. Immunization (Combined hepatitis A and B vaccine)

3. Hepatitis B surface antibody

Date ___/___/___ Result: Reactive ___ Non-reactive ___

I. PNEUMOCOCCAL POLYSACCHARIDE VACCINE - One dose for members of high-risk groups.

Date ___/___/___

J. MENINGOCOCCAL QUADRIVALENT (A, C, Y, W-135) **ACIP recommends that adolescents who receive their first dose at age 13 through 15 years should receive a booster dose at age 16 through 18 years.

1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible). a. Dose #1 ___/___/___ b. Dose #2 ___/___/___
2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available). Date ___/___/___

K. MENINGITIS B - OPTIONAL A second meningitis vaccine to protect against Meningitis B has been released.

Students are not required to receive the Meningitis B vaccine. However, if the student has received it, please complete the following information:

Vaccine Name: _____

- a. Dose #1 ___/___/___ b. Dose #2 ___/___/___ c. Dose #3 ___/___/___

HEALTH CARE PROVIDER SIGNATURE

MD, DO, NP or PA Signature: _____ Phone #: _____

PRINTED NAME: _____



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