LAFAYETTE

Bailey Health Center

New Students & Transfer Students

Please Print this Packet

Complete Essential Medical Forms for Class of 2028

LAFAYETTE COLLEGE

June 2024

Welcome Lafayette Students and Parents of the Class of 2028. The Bailey Health Center is committed to providing students with quality health care during their time at the College. Our services include primary care, treatment of acute medical problems and injuries, sports medicine, travel medicine, women's health services, and psychiatric care.

As a condition of enrollment at Lafayette, students are required to be immunized against several serious contagious diseases and a tuberculosis-screening questionnaire must be completed. *The Health Center will ONLY accept this documentation on the forms the Bailey Health Center has posted on the Student Health Portal, signed by your physician. Records in any other format will result in* ***a surcharge of $50*** *to the student account. Students of the Class of 2028 will be unable to receive a room key on move in day unless these forms are completed.* In addition to above forms, a Physical Examination is required. It is critical that you allow sufficient time to see your healthcare provider, so please make an appointment as soon as possible.

The College also requires all students to have adequate health insurance while attending Lafayette. We ask that you carefully consider your health insurance options. The Lafayette College Student Health Plan (SHIP) is serviced by University Health Plans and is underwritten by Aetna. The cost of the SHIP for the coming year is $3,014. As a precondition for enrollment, the College requires that you submit proof of health insurance coverage. Please closely evaluate your coverage so that you can make informed decisions regarding your health insurance needs while at Lafayette.

We suggest you download and print The Essential Medical Forms and carefully review what is required as a condition of enrollment at Lafayette. The Health Center utilizes an electronic health record where all forms can be accessed on the Patient Portal. To access the site, you must enter your Lafayette username and password, which is the same one you would use to access your email.

We look forward to welcoming everyone to campus soon.

Be Well.

Sincerely,

Jeffrey Goldstein, MD

Director of Health Services

LAFAYETTE COLLEGE

New Student/Transfer Student Required Medical Information

Emergency Notification Form, Health History Form

Consent to Treat Form

- Complete each one of these three forms online by July 15, 2024.
- https://Lafayette.medicatconnect.com

Physical Form

- Print form, have your medical provider complete ALL sections and sign.
- http://healthcenter.lafayette.edu/health-forms
- Sign onto to the Patient Portal using the same credentials as your Lafayette email and upload completed form to your personal medical record.
- Patient Portal
- Physical exam MUST be completed on the form provided and submitted by July 15, 2024. There will be a $50.00 surcharge for any physicals submitted in another format.

Immunization Record

- Print Immunization Record and provide to your medical provider to complete and sign. Please be sure your provider reviews ALL the required vaccines.
- http://healthcenter.lafayette.edu/health-forms
- Sign onto to the Patient Portal using the same credentials as your Lafayette email and upload completed form to your personal medical record.
- Patient Portal
- Immunizations MUST be recorded on the form provided and submitted by July 15, 2024. There will be a $50.00 surcharge for any records submitted in another format.

Insurance Information

- Sign onto to the Patient Portal using the same credentials as your Lafayette email and complete the following steps.
- Select FORMS. Select Insurance Forms. Select that the student will either (1) enroll in School Health Insurance Plan(SHIP) or (2) waive the option of SHIP by providing proof of comparable insurance coverage. If you DO NOT submit private insurance information and upload copies of your insurance card you will automatically be billed the $3014 for the SHIP coverage.
- MUST be completed by July 15, 2024.

Tuberculosis Screening

- Print Form and complete.
- Sign onto to the Patient Portal using the same credentials as your Lafayette email and upload completed form to your personal medical record.
- Patient Portal

LAFAYETTE COLLEGE

PHYSICAL EXAMINATION

LAST NAME _____ FIRST _____ M.I.____ DOB _____

1. Vital signs: BP ____/____ Pulse _____ Height (inches) _____ Weight (pounds) _____

2. Vision: (glasses/contacts) Yes ___ No ___ Rt 20/____ Left 20/ ____ Both 20/ ____

3. ***Sickle Cell Screening is REQUIRED for ALL NCAA Division I Athletes***
   Sickle Cell Disease: Yes ____ No ____ Sickle Cell Trait: Yes ____ No ____

4. ***EKG Strongly Recommended for ALL NCAA Division I Athletes***
   EKG Completed: Yes____ No ____ (Upload copy of EKG into your Patient Portal)

5. Are there abnormalities in any of the following systems? Describe fully abnormal findings.

	NORMAL	ABNORMAL	
a. Head, Eyes, Ears, Nose & Throat			
b. Heart			
c. Lungs			
d. Vascular			
e. Musculoskeletal			
f. Metabolic/Endocrine			
g. Neurologic/Psychiatric			
h. Skin			
j. Genitourinary			

6. ASSESSMENT: Please summarize all significant findings and provide any history pertinent to the care of the student. Attach any supportive documentation if necessary.
   _____
   _____

7. RECOMMENDATIONS: (Cleared to participate in sports) Unlimited ____ Limited ____ (explain further)

PHYSICIAN'S NAME _____ SIGNATURE _____ DATE _____

ADDRESS (or office stamp) _____ PHONE (____) _____
_____
_____

Please return this form to the student so that all health-related forms can be returned together on or before ***JULY 15th* to:

STUDENT HEALTH SERVICES
LAFAYETTE COLLEGE
607 HIGH STREET
EASTON, PA 18042-1768

Bailey Health Center
IMMUNIZATION RECORD

Last Name, First Name: _____ L#: _____

Date of Birth: ____/____/_____ Date of Entry: _____/_____ Cell: (_____) _____-_____
M D Y M Y

THIS FORM MUST BE COMPLETED & SIGNED BY YOUR HEALTH CARE PROVIDER. ONCE COMPLETE FORMS CAN BE UPLOADED ONTO YOUR CHART USING THE UPLOAD OPTION ON THE STUDENT HEALTH PORTAL.

HEPATITIS B
Required
Three doses of vaccine OR two doses of adult vaccine in adolescents 11-15 years of age OR positive hepatitis B surface antibody

1. Immunization (hepatitis B) Dose #1 _____/_____/_____ Dose #2 _____/_____/____ Dose #3 _____/_____/_____ OR

2. Immunization (Combined hepatitis A and B vaccine)
Dose #1 ____/____/____ Dose #2 _____/_____/_____ Dose #3 _____/_____/_____ OR

3. Hepatitis B surface antibody Date ____/____/____ Result: Reactive _____ Non-reactive _____

MENINGOCOCCAL B (Bexsero or Trumenba)
Required
This strain of meningitis is not covered by the traditional meningitis vaccine. Given as Bexsero **OR** Trumenba.

Trumenba Dose #1 _____/_____/_____ Dose #2 _____/_____/_____ OR
Two doses given 6 months apart

Bexsero Dose #1 _____/_____/_____ Dose #2 _____/_____/_____
Two doses given 30 days apart

MENINGOCOCCAL TETRAVALENT (MCV4)
Required

Dose #1 _____/_____/_____ Dose #2 (must be received after the age of 16) _____/_____/_____

MMR (Measles, Mumps, Rubella)
Required
Two doses required at least 28 days apart

Dose #1 _____/_____/_____ Dose #2 _____/_____/_____

POLIO
Required
Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____ Dose #4 ____/____/____

TETANUS-DIPHTHERIA-PERTUSSIS
Required
Primary series with booster with Tdap in the last ten years. Date of last Tdap _____/_____/_____

VARICELLA (Chicken Pox)
Required
History of chicken pox, a positive varicella antibody, **OR** TWO doses of vaccine

1. History of Disease Yes _____ No _____ **OR**

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

3. Immunization
Two doses given at least 12 weeks after first dose if age 1-12 years and at least 4 weeks after first dose if age 13 years or older

Dose #1 _____/_____/_____ Dose #2 _____/_____/_____

COVID-19 VACCINE
Highly Recommended

	Pfizer	Moderna	J&J	Other
Dose #1				
Dose #2				

COVID BOOSTER
Highly Recommended
Dose #1 _____/_____/_____ Brand: Pfizer Moderna Other_____ (Circle one)

Dose #2 _____/_____/_____ Brand: Pfizer Moderna Other_____ (Circle one)

HEPATITIS A

Dose #1 _____/_____/_____ Dose #2_____/_____/_____

HUMAN PAPILLOMAVIRUS VACCINE (Gardasil-9)
Two doses separated by 6 months for ages 9-14 **OR** three doses given at 0, 2 and 6 month intervals for ages 15 and up

Dose #1 _____/_____/_____ Dose #2 _____/_____/_____ Dose #3 _____/_____/_____

TYPHOID _____/_____/_____ **YELLOW FEVER** _____/_____/_____

HEALTH CARE PROVIDER ***(must be signed by health care provider)***

Name (print) _____ Address _____
_____

Signature _____ Phone (____) _____-_____

I am requesting a waiver for required immunizations for medical / religious reasons. I will complete and submit the waiver request form directly through the student portal.

Student Signature: _____Date_____

LAFAYETTE COLLEGE

Bailey Health Center

Tuberculosis Screening

Tuberculosis screening is required of all students entering Lafayette College, based upon guidelines of the American College Health Association and the U.S. Centers for disease Control. For more information, see www.acha.org or www.dcd.gov/tb

(Students) Last name_____ First_____ M_____ DOB_____

Section 1

Screening Questionnaire

Please answer the following questions:

1. Have you ever had close contact with persons known or suspected to have active TB disease? YES NO
2. Were you born in one of the countries listed below that have a high incidence of active TB disease? YES NO

(If yes, please CIRCLE the country, below)

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

3. Have you had frequent or prolonged visits to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) YES NO
4. 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
5. Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? YES NO

DOMESTIC STUDENTS

If the answer to all of the above questions in section 1 is **NO**, no further testing or further action is required.
If the answer is **YES** to any of the above questions in section 1,
Lafayette College requires that you have Tuberculin Skin Test (TST) or TB Gold Test prior to the start of the semester.
Proceed to section 2.

INTERNATIONAL STUDENTS

Section 2 will be completed at the Bailey Health Center upon arrival to campus.

Section 2: TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY

Testing must be completed within 12 months preceding the first day of classes. If TST or TB Gold is positive, a chest x-ray is REQUIRED.

Tuberculin Skin Test: Date placed___/___/___ Date read: ___/___/___ Results:_____# of mm induration

Tb Gold results: Date tested ____/____/____ Negative____ Positive____

Date of Chest X-Ray (for positive TST/TB Gold):____/____/____ (Must attach radiology report)

Provider Name (print):_____ Title:_____ Phone #:_____

PROVIDER SIGNATURE:_____

Address/Official Stamp Here:

LAFAYETTE COLLEGE

Student Health Insurance

June 2024

Dear Students and Parents:

Lafayette College requires all students to have adequate health insurance. As you prepare for the 2024-2025 academic year, we ask you to carefully consider your health insurance options. The Student Health Insurance Plan (SHIP) is serviced by University Health Plans and is underwritten by Aetna. The cost of the SHIP for the coming academic year is $3,014. As a precondition for enrollment, the College requires that you submit proof of private health insurance coverage if not accepting the SHIP. The deadline for submitting insurance information to the College is July 15th.

ALL students are required to complete the insurance form annually regardless of changes from year to year. Please take a moment now and follow these steps to complete the form.

- ✓ Access your Patient Portal using your Network ID and password.
- ✓ Click “Forms”
- ✓ Click “Insurance Form”
- ✓ Enter the required demographic information
- ✓ Select student is (1) to be enrolled in the School Health Insurance Plan OR (2) covered under private health insurance plan verified to be equivalent to SHIP. If selecting private insurance, provide detailed information about the health insurance policy.
- ✓ Click “Upload” to upload a copy of the front and back of your insurance card.

Please note, students must be enrolled in a domestic health insurance policy that provides adequate coverage in the Easton area.

- Pennsylvania Medicaid is the ***only*** exception to a domestic policy.
- ***Out of State Medicaid IS NOT acceptable coverage.***
- ***International Students must purchase a domestic policy or choose SHIP*.**
- To learn more about the Aetna Student Health Insurance Policy, access University Health Plans

Dental and Vision Coverage are supplemental options for all Lafayette students regardless of enrollment into the Student Health Insurance Plan. Access the University Health Plans webpage for enrollment costs and benefits.

As stated above, students will be automatically enrolled and billed $3,014 for the Lafayette SHIP, unless they select private insurance and submit proof of insurance on the patient portal by July 15th.

We look forward to welcoming everyone back to campus soon. Be well.
Sincerely,
Jeffrey Goldstein, MD
Director of Health Services