



Anna Maria College
Health Services
50 Sunset Lane, Paxton, MA 01612
Phone: 508-849-3315
Email: healthservices@annamaria.edu

HEALTH SERVICES FORMS CHECKLIST

Welcome to Anna Maria College!

This is a checklist to help you make sure all required health forms are completed before coming to campus for the start of classes. All forms and medical documents must be uploaded/submitted to the Anna Maria College Medica Patient Portal.

If you have questions about the required health forms, please contact the Health Services Office at 508-849-3315

If you have questions regarding the Student Health Insurance, please contact Student Accounts at 508-849-3425

FORMS TO BE UPLOADED – included in the Health Services Welcome Packet and available for download on the Health Services website. Must be completed and uploaded to the “Upload” Tab in the Medica Patient Portal.

- Immunization Record – required for all incoming students. This form should be completed and signed by your medical provider, or you can submit a printed copy of your immunization records from your medical provider’s office. **Individual Immunization dates must be entered by all students under the “Immunizations” Tab in the online Medica Patient Portal and a scanned copy of your immunization record must be uploaded to the “Upload” Tab so they can be reviewed by Anna Maria College Health Services office staff to ensure compliance.**
- Physical Exam Form – required for all incoming undergraduate students. Completed and signed by the student’s medical provider. A printed copy of your most recent physical (dated within one year of college entrance; six months for athletes) from your provider’s office is acceptable.
- For students under 18 years old Authorization to Treat a Minor – required only for students who will be under 18 at time of move-in, must be signed by parent/guardian
- Copy of Health Insurance Card – required for all incoming students.

ONLINE FORMS – available under the “Forms” Tab in the Medica Patient Portal. To be completed and submitted online.

- TB Risk Assessment Questionnaire – required for all incoming students. If Low Risk no further action is needed. If High Risk will need follow-up Tuberculosis screening with your medical provider.
- Consent for Treatment – required for all incoming students; if under 18 parent/guardian must also sign
- Acknowledgement of Receipt of Notice of Privacy Practices – The Anna Maria College Health Services Notice of Privacy Practices is available on our website and in our office. You may request a hardcopy of this document at any time. We’re required to ask you to sign a written statement that you have received the Notice of Privacy Practices document, however you are not required to sign.
- Student Health History – required for all incoming undergraduate students. This is a self-reported medical history form to be completed by the student

FORMS FOR SPECIAL SITUATIONS – available for download on the Health Services website; must be uploaded to the “Upload” Tab in the Medica Patient Portal. These forms are not required unless waiving any vaccine/immunization requirements.

- Meningitis Vaccine Waiver – If you do not wish to have the meningitis vaccine please review and sign this form
- Vaccine Exemption Request – To request an exemption from any other required immunizations, review and complete this form as well as required supporting documentation for exemption based on either medical or religious grounds. Exemption requests must be re-submitted annually.

If the required health forms listed above are not submitted and complete, a “hold” will be placed on your academic record and you will not be allowed to register for future classes.



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IMMUNIZATION RECORD

To be completed by a licensed health care provider
 All information must be in English
 dates must include month, day, and year

In accordance with Massachusetts State Law, Anna Maria College requires all students to submit documentation of Immunizations to Health Services.
 Students must input individual immunization dates in the online Medicat Patient Portal **AND** upload a scanned copy of their immunization record

Student/Patient Information (please print)

Legal Name	Preferred Name
Date of Birth	Anna Maria College Student ID#

REQUIRED Immunizations – prior to matriculation

MMR (Measles, Mumps, Rubella): *two doses given at least 4 weeks apart required*

Dose 1 given at Age 12-15 months or later. #1 _____
 Dose 2 given at age 4-6 years or later and at least one month after 1st dose. #2 _____
 OR attach laboratory results of measles, mumps, and rubella immunity. [] Titer results attached

Tetanus/Diphtheria/Pertussis:

Tdap _____ at least one dose of Tdap vaccine in a lifetime. List most recent dose.
 Tetanus Booster (Td or Tdap) _____ *Required if it has been 10 years or more since Tdap was given*
 Primary series of 4 doses with DTaP or DTP

#1 _____ #2 _____ #3 _____ #4 _____

Hepatitis B: *three dose series required*

#1 _____ #2 _____ #3 _____
 OR Adult Heplisav-B 2 dose series given on or after age 18 #1 _____ #2 _____
 OR attach laboratory results of Hepatitis B immunity [] Titer results attached

Meningococcal Vaccine: *one dose of quadrivalent vaccine MenACWY (previously MCV4) required for 21 years of age or younger. Must be given on or after 16th birthday.* MenACWY vaccine: _____

Varicella: *two doses given at least 4 weeks apart required*

Dose 1 given on or after 1st birthday. #1 _____
 Dose 2 given at least 28 days after first dose. #2 _____
 OR history of Varicella disease. Date of diagnosis: _____
 OR attach laboratory results of Varicella immunity [] Titer results attached

Highly Recommended Immunizations

COVID-19: Vaccine type _____ Dose #1 _____ Dose #2 _____
 Booster type(s) & date(s) _____

Influenza: Dose received on or after August 1st of current influenza season _____

Provider Signature:	Provider Name (please print):	
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	



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PHYSICAL EXAMINATION FORM
 You may use this form or submit a physical exam form from your healthcare provider.
MUST be dated within one year of college entrance, six months for athletes

Anna Maria College Student ID# _____

Date of Exam: _____

Student/Patient Information (please print)

Legal Name		Preferred Name			
Date of Birth	Sex at Birth M F Intersex Other	Gender	Pronouns		

The above student has been accepted to Anna Maria College. The information provided will not affect their acceptance or academic status and will be used only as background for providing health care. Additional information/documentation may be included in attachments to this form as needed. No part of this medical record will be disclosed or released without written client permission.

Vitals – must be completed

TB Risk Level: Low risk High risk

BP:	HR:	Weight (lbs):	Height (inches):	BMI:
Vision OD OS OU	Corrective lens use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Hearing aids? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other assistive devices? <input type="checkbox"/> Yes <input type="checkbox"/> No

	<u>Normal</u>	<u>Abnormal Findings</u>
Appearance	_____	_____
HEENT	_____	_____
Neck & Thyroid	_____	_____
Lymph Nodes	_____	_____
Cardiovascular	_____	_____
Lungs	_____	_____
Chest	_____	_____
Abdominal	_____	_____
Genitourinary	_____	_____
Musculoskeletal	_____	_____
Skin	_____	_____
Neurological	_____	_____
Psychological	_____	_____

Current Medications (include vitamins, contraceptives, inhalers)

Medication Allergies: _____

Food Allergies: _____

Reaction: _____

Does student carry an Epi Pen? Yes No

Does student have a history of concussion? Yes No

If Yes, how many? _____ Referred to Neurologist? _____

Cleared for high risk sports? Yes No

Has student been hospitalized in past year? Yes No

Does student have any past, current, or ongoing medical problems and/or mental health diagnoses? Yes No
 If yes, please describe and include ongoing treatment plans:

I hereby declare the above named student is medically cleared for general physical activity required to attend a post-secondary educational institution: Yes No

Student is fit to participate in intramural/club sports: Yes No

Student is fit to participate in NCAA Varsity Athletics: Yes No

Provider Signature: _____ Date: _____

Provider Name (please print):		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	



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AUTHORIZATION AND CONSENT FOR TREATMENT

Complete, sign and upload to Medicat.
 This form is also available to complete
 online in your Medicat portal.

Student/Patient Information (please print)

First Name	Last Name	Date of Birth
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I hereby give consent to the medical staff at Anna Maria College Health Services for medical examination and treatment. Medical examination and treatment may be provided in person and/or via telehealth/ telemedicine. This includes lab tests, administration of medications and immunizations or any other diagnostic or therapeutic treatments as deemed advisable by a Massachusetts state licensed clinician employed by Anna Maria College Health Services.

I acknowledge that no guarantee or assurance has been made to me as to the results of medical treatments or examinations.

I acknowledge that my signature below allows Health Services to share allergy and immunization status information to specific disciplines within the College (i.e. registrar, residential life and housing, academic affairs, sports medicine and athletics staff) on a need-to-know basis, as determined by the College.

Confidentiality and privacy practices for Anna Maria College Health Services

All information you provide to student health services is confidential and any information released to other parties will only be done with your written permission except as allowable by law for treatment and healthcare operations. Complete details of how your medical information is used and disclosed are explained in the Anna Maria College Health Services Notice of Privacy Practices, which are available for review online and at the Health Services office. You have the right to request a written copy of this document at any time.

Special situations where we may use or disclose health information about you without your written permission are also detailed in the Notice of Privacy Practices. A brief summary of these situations includes:

- Where required by county, state or federal law (danger to self or others, subpoena by court due to civil or criminal litigation, legally required morbidity reporting to public health officials).
- In the event of an emergency medical staff at Anna Maria College Health Services may provide, coordinate, and manage health care and related services. This may include coordinating and communicating with other health care providers regarding your medical history and treatment as well as securing transport to a higher level of care.
- If you are under 18 years of age, we may disclose medical information to a parent, guardian, or other person responsible for the minor except in circumstances when law protects such information.

PHOTOGRAPHY AND AUDIO/VIDEO RECORDING IS PROHIBITED AT ALL TIMES. Due to the sensitive and confidential nature of the services provided at Student Health and Counseling Services, the recording of audio, visual images, or any other data by any device anywhere within the Center by any person is prohibited without the express written permission of the Director or designee.

Acknowledgement of financial responsibility

Anna Maria College Health Services provides medical evaluation and treatment recommendations by Massachusetts state licensed clinical practitioners to all eligible students. Health Services does not bill for these services or for point of care testing performed in clinic. Reference labs are used for lab testing not completed at Anna Maria College. I acknowledge and understand that my insurance information will be used for laboratory testing at these labs. I authorize Anna Maria College to send my insurance information to the reference lab for billing purposes, and I will be responsible for any charges rendered by that lab. Anna Maria College utilizes Quest Diagnostics.

Signature of student: _____ Date: _____
 Print name: _____

**For students under the age of 18 parent/guardian signature is required. If signing as a legal representative, also provide appropriate paperwork to support status*

Signature of parent/legal representative*: _____ Date: _____
 Print name: _____ Relationship to student: _____

Massachusetts School Immunization Requirements 2023-2024[§]

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

College (Postsecondary Institutions)**†

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	1 dose; and history of a DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥10 years since Tdap
Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students
Meningococcal	1 dose; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16 th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

** The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need comply with this requirement

†Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.