



Dear New WUSM Student:

Congratulations on your acceptance! We look forward to meeting you and working with you to achieve optimal health as you pursue academic success. Our mission at Student Health Service is to deliver efficient, accessible, high-quality medical care, without undue financial burden, in order to prevent and treat health problems that may interfere with your education and professional goals while attending WUSM.

One of our responsibilities is to ensure that each matriculating student complies with CDC recommendations for a health care provider as well as the university and affiliated teaching hospitals health requirements.

There are 3 Health-related Requirements at WUSM:

1. Immunization dates
2. Proof of immunity
3. Physical (within 1 year of matriculation)

To meet these Requirements:

- 1) Please review the enclosed instructions and complete the forms provided. Forms A & B must be completed on-line using the [Student Health electronic record submission](#) in accordance with the deadlines mentioned below.
- 2) Form A is your [health history](#) that is required to be completed online. This information will help us provide you care while here.
- 3) Take forms B & C to your health care provider who can ensure you have all the required vaccinations, proof of immunity and a physical with 1 year of matriculation.

Please note: form B is your [immunity history](#) and is to be used as a worksheet ONLY. You must submit documentation to support the immunization dates. (i.e. immunization record from a physician's office, school, public health department, etc.)

- 4) Using your WUSTL key log into the [Student Health electronic record submission](#) and enter forms A and B. All other required documents scan and email a PDF copy to Studenthealthservice@wusm.wustl.edu.

Deadlines:

1. Summer matriculation - 1 month prior to school starting
2. Fall matriculation - July 15th

If you have any questions or need any assistance with the deadlines, please contact us at 314-362-3523 or StudentHealthService@wusm.wustl.edu.

Again, please accept our warm welcome as well as our best wishes for your success!



Student Health History – Form A

This form must be completed on-line by July 15th for Fall Semester and 1 month prior to school starting for Summer Semester.

Please Print

Last Name: _____		First Name: _____		Mi: _____	
Date of Birth: _____	Place of Birth: _____	Gender At Birth: _____		_____	
WUSTL E-mail: _____					
<i>Please supply your St. Louis Address <u>ONLY</u></i>					
Street: _____		City: _____		State: _____ Zip: _____	
Phone Number _____		Campus Telephone: _____			
Marital Status _____					

Name of Previous College: _____
Years of attendance: _____

Parent, Guardian, Spouse: Emergency Contact

Name: _____	Relation: _____
Address: Street: _____ City: _____ State _____ Zip _____	
Phone Number _____	

Are you covered by private insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of company: _____
Policy/Group Number _____
Expiration date: _____
Student Health is always secondary with private insurance. http://wusmhealth.wustl.edu

Program in Which You Will Enroll
<input type="checkbox"/> Medical <input type="checkbox"/> Medical Scientist Training Program
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Graduate, Biomedical Science
<input type="checkbox"/> PACS • Program length: _____
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Spouse/Dependent
Date starting school

- Have you been hospitalized within 10 years: Yes No
If yes, indicate when, where, and why in the space below.
- Have you had surgery within 5 years? Yes No
If yes, indicate when, where, and why in the space below.
- Have you ever had a blood transfusion? Yes No
If yes, indicate why in the space below.
- Are you now being treated for any mental and/or physical illness? Yes No
If yes, indicate the condition and forms of therapy in the space below.
- Have you ever been diagnosed with Hepatitis B? Yes No
- Have you ever been diagnosed with Hepatitis C? Yes No
- Have you ever been diagnosed with HIV? Yes No
- Tobacco use? Yes No If yes, please describe use _____
- Alcohol use? Yes No If yes, please describe use _____

Comments:

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Are you allergic to penicillin? Yes No
to sulfa? Yes No
to other drugs? Yes No

if yes, to what drug(s): _____

Please list any medication you are currently taking: **(Please ensure you arrive with 1 -2 month supply of medication.)**

If you have a medical problem that may require continued medical supervision, please authorize your physician to forward relevant information to:

Student Health Service
Washington University Medical School
660 S. Euclid Ave, Box 8030
St. Louis, MO 63110
Phone: (314) 362-3523
Fax: (314) 362-0058

As the person signing this consent, I understand that I am giving Student Health Service my permission to communicate protected health information as defined under the HIPAA or FERPA. I understand that I have the right to revoke this authorization at any time. My revocation must be in writing. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment from Student Health Service, or will it affect my eligibility for benefits.

I hereby give WUSM Student Health Service my permission to transmit communications to me via E-mail, and/or call me at the listed telephone number leaving a voicemail when unavailable. We want to make sure you know that unencrypted email is not a secure means of communication and we will encrypt our email communications to you unless you tell that you prefer us to use unencrypted email.

Voicemail may be used: Yes No

Telephone number that may be used: _____

Unencrypted E-mail may be used: Yes No

Authorized E-mail: _____

Student's Signature

Date



Student Health Immunity – Form B

This form must be completed on-line by July 15th for Fall Semester and 1 month prior to school starting for Summer Semester. All other required proof of immunity scan and email a PDF copy to

Studenthealthservice@wusm.wustl.edu.

Name: _____
(Last) (First) (Mi)

Date of Birth _____ Student ID _____

(Must be completed PRIOR to ARRIVAL)

Non-compliant students will be excluded from classroom and/or patient care areas.

Tuberculosis Testing: Must have a 2 step Tuberculin (TB) skin test or Interferon-Gamma Release Assays (IGRA) (T-Spot) or (QFT) within 3 months starting school.

Have you had a positive Interferon-Gamma Release Assays (IGRA)? Yes No

If yes – Chest X-ray (must be after the positive test result) Result Email copy of report

If treatment taken: INH or Rifampin or other (check one)

Duration of therapy - - to - - .

Have you had a positive TB skin test measured 10mm or larger Yes No

- Did you take treatment? Yes No

- Chest X-ray (must be after the positive result) Result Attach copy of report

- If treatment taken: INH or Rifampin or other (check one)

- Duration of therapy - - - to - - - . Email documentation of your positive test result and treatment record.

Tuberculosis Testing: You must have a 2 step Tuberculin (TB) skin test or IGRA blood test for Tuberculosis (T-spot or QFT) within 3 months of starting school.

#1 - TB skin test Date Read: Result: mm. The first test must be within the past 12 months.

- If this test is negative less than 10mm then will need a 2nd TB skin test at least 1 week apart and within 3 months of starting school.

- If test is positive greater than 10mm then you will need to do the TB blood test, Interferon-Gamma Release Assays (IGRA)

- If IGRA test is negative then you are have completed the TB testing requirements.

#2 TB skin test Date Read: Result: mm. The 2nd TB test must be within 3 months of starting school and must be placed at least 1 week since the first TB test.

- If 2nd TB skin test is negative, less than 10mm, then you have completed TB testing.

- If test is positive, greater than 10mm, then you will need to do the TB blood test, Interferon-Gamma Release Assays (IGRA)

- If IGRA test is negative then you have completed the TB testing requirements.
- If the IGRA test is positive, then you will need to provide a chest x-ray report dated after the positive test result.

OR

Interferon-Gamma Release Assays (IGRA) test (T-spot or QFT.) if you elect to do the TB blood test (IGRA), T-spot or Quatiferon TB Gold are both acceptable. This must be done with 3 months of starting school. PDF Copy sent to Studenthealthservice@wusm.wustl.edu

T-Spot testing date collected: ____ Outcome: (-) = negative (+) = positive or QFT testing date collected : _____. Outcome: (-) = negative (+) = positive. Must supply copies of all laboratory testing.

Tetanus – Diphtheria – Pertussis (Tdap) One dose of the adult Tdap in the past 10 years.		<i>Date</i>
<input type="checkbox"/> Tdap (At least one dose REQUIRED in the past 10 years)		
<input type="checkbox"/> Tetanus-Diphtheria (TD) (Booster)		
COVID -19		
We will follow CDC guidelines and accept vaccination with either an FDA or WHO approved EUA vaccine. The following vaccines currently meet this requirement: • Pfizer (2 doses) • Moderna (2 doses) • Johnson & Johnson (1 dose) • AstraZeneca (2 doses)		
<input type="checkbox"/> COVID-19 Vaccine #1		
<input type="checkbox"/> COVID-19 Vaccine #2		
<input type="checkbox"/> COVID-19 Vaccine booster		
MMR Documentation of 2 MMR vaccines or 2 doses of Measles vaccine, 2 doses of Mumps vaccine and 1 dose of Rubella vaccine or Serologic proof of immunity for Measles, Mumps and Rubella. PDF Copy sent to Studenthealthservice@wusm.wustl.edu		<i>Date</i>
<input type="checkbox"/> MMR Vaccine #1 <input type="checkbox"/> MMR Vaccine #2		
OR		
<input type="checkbox"/> Measles vaccine #1 <input type="checkbox"/> Measles vaccine #2		
<input type="checkbox"/> Mumps Vaccine #1 <input type="checkbox"/> Mumps Vaccine #2		
<input type="checkbox"/> Rubella Vaccine #1		
OR		
Documentation of Serologic proof of immunity for Measles, Mumps and Rubella. PDF copy sent to Studenthealthservice@wusm.wustl.edu		
Rubeola/Rubella/Mumps IgG antibodies/titer	Measles (Rubeola) IgG antibody PDF copy sent to Studenthealthservice@wusm.wustl.edu	
	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	

	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
	Rubella IgG antibody PDF copy sent to Studenthealthservice@wusm.wustl.edu	
	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	
	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
	Mumps IgG antibody PDF copy sent to Studenthealthservice@wusm.wustl.edu	
	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	
	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
If NEGATIVE blood test results, must receive Re-immunization MMR vaccinations!	#3 MMR Re-immunization Date	
	<i>28 days apart</i>	
	#4 MMR Re-immunization Date	
Varicella (Chicken Pox)		
Documentation of 2 doses of Varicella vaccine . PDF copy sent to Studenthealthservice@wusm.wustl.edu		
Or		
copy of the lab result of a positive Varicella IgG antibody. PDF copy sent to Studenthealthservice@wusm.wustl.edu		
<i>Date</i>		
Varicella IgG antibody titer (must supply copy of laboratory report confirming immunity) or vaccination dates. History of illness not acceptable.	Varicella IgG antibody PDF copy sent to Studenthealthservice@wusm.wustl.edu	
	Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	
	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
	OR	
	<input type="checkbox"/> Varivax #1	
	<input type="checkbox"/> Varivax #2	
Hepatitis B		<i>Date</i>
Documentation of 3 doses of the Hepatitis B vaccine AND positive Quantitative Hepatitis B Surface antibody. You must include a copy of the lab report.		
Hepatitis B Vaccine REQUIRED for Med, OT, PT and PACs programs.	<input type="checkbox"/> Hepatitis B vaccine #1	
	<input type="checkbox"/> Hepatitis B vaccine #2	
	<input type="checkbox"/> Hepatitis B vaccine #3	
Hepatitis B surface antibody titer (must supply copy of laboratory report confirming immunity)	REQUIRED if completed series and enrolled in Med, OT, PT and PACs programs. PDF copy sent to Studenthealthservice@wusm.wustl.edu Outcome <input type="checkbox"/> negative <input type="checkbox"/> non-immune <input type="checkbox"/> equivocal <input type="checkbox"/> indeterminate	
Quantitative	Outcome <input type="checkbox"/> positive <input type="checkbox"/> immune	
If Hepatitis B Antibody Negative after having had the full 3 dose series, an additional Hepatitis B vaccine is needed. Retest the Hepatitis B antibody 1 month after additional dose. If Hepatitis B antibody still negative then complete remaining 2 doses of 2 nd series.		

If negative Hepatitis B Surface Antibody)		
Hepatitis B #4		
PDF copy sent to Studenthealthservice@wusm.wustl.edu		
Hepatitis B Vaccine #5		
PDF copy sent to Studenthealthservice@wusm.wustl.edu		
Last dose of series is 3 to 6 months after 1 st dose of this series.		
Hepatitis B Vaccine #6		
PDF copy sent to Studenthealthservice@wusm.wustl.edu		
ADDITIONAL VACCINES		
You may have already received, but are NOT required for entrance to the program		
		<i>Date</i>
Hepatitis A vaccine #1		
Hepatitis A vaccine #2		
Polio last booster		
<input type="checkbox"/> Menomune or <input type="checkbox"/> Menactra		
HPV Vaccine #1		
HPV Vaccine #2		
HPV Vaccine #3		
Yellow Fever		
Typhoid	<input type="checkbox"/> oral <input type="checkbox"/> injection	

Student Health Physical – Form C

These forms must be completed July 15th for Fall Semester and 1 month prior to school starting for Summer Semester. All students must present a report of a physical examination done within twelve months prior to admission. Take this form along with the immunity form to a clinic, your physician or your undergraduate Student Health Service for completion. Refer to the Immunity form for required labs – must supply copy of blood test results. Scan and email a PDF copy to Studenthealthservice@wusm.wustl.edu.

Name: _____ Age: _____ Gender: _____
P _____ **BP** _____ **Height** _____ **Weight** _____

CLINICAL EVALUATION	NORMAL	ABNORMAL	Describe any abnormality
Enter "N.E." if not evaluated			
Skin, Scalp			
Scars			
Nutrition			
Musculature			
HEAD			
Eyes			
Ears			
Nose			
Teeth & Gingiva			
Tongue			
Tonsils			
Pharynx			
NECK			
Nodes			
Thyroid			
CHEST			
Lung Fields			
Heart			
Breasts			
ABDOMEN			
Organs			
Masses			
Hernia			
RECTAL GENITALIA			
Date and Results of last PAP test (not required)			Date: _____ <input type="checkbox"/> COPY ATTACHED
EXTREMITIES			
Upper			
Lower			
SPINE REFLEXES			

Summary of Defects and Diagnoses: _____

Recommendations: (for follow-up or treatment) _____

 Licensed Medical Professional Signature (MD, DO, PA, NP)

 Date of Exam

Provider stamp
