

# MORAVIAN UNIVERSITY

Dear New Student and Family,

Sharing information regarding the health documents that all incoming undergraduate students (commuter and residential) must take to their healthcare provider and upload prior to arriving at Moravian University. Everything should be submitted **AT LEAST 6 WEEKS PRIOR TO THE START OF CLASSES.**

## STEP 1: What you need from your Healthcare Provider:

1. **Moravian University Health Services Physical Examination**- second page of this document. A completed physical (including signature of healthcare provider and DATE OF EXAM) is required of all new undergraduate students (first year and transfer). A physical exam is required within 12 months prior to the first day of class.
2. **A copy of your immunization records** from your healthcare provider or high school. All incoming undergraduate students are required to have the following vaccinations:
  - Hepatitis B series - three doses
  - Measles, Mumps, Rubella (MMR) - two doses (first dose on or after 1st birthday) or blood test showing immunity
  - Meningitis Vaccine (A,C,W,Y) on or after 16th birthday
  - Tdap on or after 10th birthday and required within the past 10 years
  - Varicella - two doses (first dose on or after first birthday) or blood test showing immunity
  - Meningitis B vaccine is **STRONGLY ENCOURAGED**

## Step 2: Log into the Moravian University Health Services Portal ([moravian.studenthealthportal.com](http://moravian.studenthealthportal.com)):

1. Login is your Moravian University email address and password is your AMOS password (provided by Moravian University).
2. Answer some security questions as a first-time visitor.

## Step 3: In the Health Services Portal ([moravian.studenthealthportal.com](http://moravian.studenthealthportal.com)):

- Complete the following available under “My Forms” (top of the page) or “pending forms”:
  1. Immunization History – please enter the dates from your records
  2. Medical History
  3. Tuberculosis (TB) Screening Questionnaire. Answers are used to screen persons at high risk for TB infection and disease. If there are any 'yes' responses, TB testing will be needed prior to arrival at Moravian.
  4. Release of Medical Information and Permission to Treat
- Scan or take a picture with your device and upload the following. Look for the “Document Upload” tab.
  1. Moravian University Health Services Physical Examination form (outlined above)
  2. Immunization record (outlined above)
  3. Images of medical insurance card- front and back images. This is optional but helpful during visits to Health Services when lab testing, radiologic testing or referrals to specialists are recommended.

**Student-Athletes:** There are additional forms you need to complete for Athletics. Communication comes from the Sports Medicine team

**Outside Pennsylvania?** Notify your health insurance company that you are attending college in Pennsylvania. Ask if you have to make any special arrangements. Specifically, ask to be covered if medical tests need to occur in Pennsylvania and not your home state as well as, if you have to be referred locally to a provider.

Most care at Health Services is free, including nurse practitioner and physician visits, as well as many over-the-counter medications. Health Services can perform point-of-care (on site) lab testing and has a limited number of prescription and non-prescription medications available at a minimum charge. Outside lab work, specialist referrals, and prescription medications referred to outside facilities are based on medical coverage. To expedite care, we ask that you **update us should your medical insurance change.**

**Questions?** Do not hesitate to contact us. Our staff looks forward to meeting you.

Sincerely,

Moravian University Health Services  
[healthservices@moravian.edu](mailto:healthservices@moravian.edu)

# MORAVIAN UNIVERSITY HEALTH SERVICES

## PHYSICAL EXAMINATION

Student's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

TO THE EXAMINING HEALTH CARE PROVIDER: This student has been accepted and is attending Moravian University. Please review the student's history and complete this examination with comments on any disease or abnormal findings. Physical exam must have been performed less than one year prior to first day of classes.

/ R / L / ☐ Y ☐ N ☐ normal ☐ impaired  
Blood pressure Pulse Height (in.) Weight (lbs.) BMI Visual acuity Corrected? Gross hearing

### CLINICAL EVALUATION

	Normal	IF Abnormal please describe
Skin		
Head and scalp		
Eyes		
Ears/hearing		
Mouth, nose, throat		
Neck		
Heart		
Lungs		
Abdomen		
Genitourinary		
Musculoskeletal		
Neurologic		
Emotional		

1. Any known impaired function and/or loss of any paired organ? ☐ Yes ☐ No. If yes, specify \_\_\_\_\_
2. Allergies or contraindications to any medication? ☐ Yes ☐ No. If yes, specify \_\_\_\_\_
3. Any medicine taken on a regular basis? ☐ Yes ☐ No. If yes, specify \_\_\_\_\_
4. Recommendation for physical activity: ☐ Unlimited ☐ Limited; explain \_\_\_\_\_
5. Can this individual participate in intercollegiate athletics, including contact sports? ☐ Yes ☐ No ☐ Not Applicable.
6. For nursing majors, is there any health reason that would preclude this person from engaging in clinical practice as a student nurse?  
☐ Yes ☐ No If yes, specify \_\_\_\_\_
7. General comments or recommendations: \_\_\_\_\_

As your patient starts their college years, please make sure they are up to date with Tdap, Meningitis (dose at age 16 or later) and consider the Meningitis B vaccine series. They are required to submit their vaccination history to us as well - we appreciate it if you can **please provide them with a written immunization record** for them to upload to our computer system.

THE FOLLOWING IMMUNIZATIONS ARE REQUIRED FOR ALL STUDENTS:

- Hepatitis B series - three doses
- Measles, Mumps, Rubella (MMR) - two doses (first dose on or after 1st birthday) or blood test showing immunity
- Meningitis Vaccine (A,C,W,Y) on or after 16th birthday
- Tdap on or after 10th birthday and required within the past 10 years
- Varicella - two doses (first dose on or after first birthday) or blood test showing immunity
- Meningitis B vaccine is STRONGLY ENCOURAGED

Name of Physician/Provider MD/DO/NP/PA Street Address- office stamp preferred

Signature DATE OF EXAM City, State, Zip Phone

**STUDENTS: When form is completed, please upload to the Moravian University Health Services portal- [moravian.studenthealthportal.com](http://moravian.studenthealthportal.com)**