

# MORAVIAN UNIVERSITY

Dear New Student and Family,

Enclosed is information regarding the health documents that all students (Commuter and Residential students) must (1) take to their health care provider and (2) upload prior to arriving at Moravian University. Everything should be submitted **AT LEAST 6 WEEKS PRIOR TO THE START OF CLASSES.**

**STEP I: What you need from your Health Care Provider: Moravian University Health Center Physical examination** included in this packet. A completed physical (including signature of health care provider and DATE OF EXAM) is required of all new students (first-year and transfer).

- **A copy of your immunization records** from your Health Care Provider or high school. All students are required to have the following vaccinations:
  - MMR - 2 doses (first dose on or after 1st birthday)
  - Varicella - 2 doses (OR history of disease)
  - Tdap on or after 11th birthday
  - Hepatitis B series and Polio series
  - Meningitis Vaccine on or after 16th birthday
  - Meningitis B vaccine is **STRONGLY ENCOURAGED**

**Step II: Log onto the Moravian University Health Center Portal ([moravian.studenthealthportal.com](http://moravian.studenthealthportal.com)):**

1. Locate your Moravian University email and AMOS password (provided by Moravian University).
2. Type in **[moravian.studenthealthportal.com](http://moravian.studenthealthportal.com)** to your browser and you will be directed to the Health Center portal.
3. Once there, enter your Moravian University email and AMOS password. Answer some security questions as a first time visitor.

**Step III: In the Health Center Portal ([moravian.studenthealthportal.com](http://moravian.studenthealthportal.com)):**

- Complete the following available under “My Forms” (top of the page) and pending forms:
  1. Immunizations
  2. Personal Health
  3. Tuberculosis (TB) Screening Questionnaire. Students are expected to answer to determine if they do or do not need TB testing. If there are any 'yes' responses TB testing will be needed prior to arrival at Moravian.
  4. Permission to treat
- Scan and upload the following. Look for the “Document Upload” tab.
  1. Moravian College Health Center Physical Examination forms (outlined above)
  2. Immunization record (outlined above)

**Student-Athletes:** There are additional forms you need to complete for Athletics- check your portal.

**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. In addition if you have to be referred locally to a provider that you would be covered.

Most care at the Health Center is free, including nurse practitioner and physician visits, as well as over-the-counter medications. The Health Center can perform minor lab testing on site and has a limited number of prescription drugs available at a minimum charge. Outside lab work, specialist referrals, and prescription medications referred to outside facilities are the students' responsibility. To expedite care, we ask that you **update us should your health insurance change.**

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

Sincerely,  
Moravian University Health Center  
[Healthcenter@moravian.edu](mailto:Healthcenter@moravian.edu)

Health Center | 250 W Laurel Street | Bethlehem, PA 18018  
phone 610 861-1567 | fax 610-625-7899 | [moravian.edu/healthcenter](http://moravian.edu/healthcenter)

# MORAVIAN UNIVERSITY HEALTH CENTER

## 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 be done less than one year prior to first day of classes.

|                |       |              |               |     |                     |         |       |               |                       |               |
|----------------|-------|--------------|---------------|-----|---------------------|---------|-------|---------------|-----------------------|---------------|
| /              |       |              |               |     |                     |         |       |               |                       |               |
| Blood pressure | Pulse | Height (in.) | Weight (lbs.) | BMI | Sugar<br>Urinalysis | Protein | R / L | Visual acuity | D Y D N<br>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
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:

- MMR x 2 (first dose on or after 1st birthday)
- Varicella x 2
- Hepatitis B vaccine series and Polio series
- Tdap (on or after 11th birthday)
- Meningitis (on or after 16th birthday)
- Meningitis B vaccine is STRONGLY ENCOURAGED but not required

\_\_\_\_\_  
 Name of Physician/Provider MD/DO/NP/PA Street Address

\_\_\_\_\_  
 Signature Date City, State, Zip Phone