



Dear New Student and Family,

Enclosed is information regarding the health documents that students must (1) take to their health care provider and (2) upload prior to arriving at Moravian College. 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 College Health Center Physical examination** included in this packet, Complete packet including signature of health care provider, is required of all new students (first-year and transfers).

- **Part I: Tuberculosis (TB) Screening Questionnaire.** Students are expected to answer questions with physician to determine if they do or do not need TB testing.
- **Part II: Clinical Assessment by Health Care Provider**
- **Part III: Management of Positive TST or IGRA (if applicable)**
- **A copy of your immunization records** from your Health Care Provider or high school.

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

1. Locate your Moravian College email and AMOS password (provided by Moravian College).
2. Log onto AMOS. Go to “Campus Life”. Then click “Health Center”.
3. At the bottom of the page, click “[moravian.studenthealthportal.com](http://moravian.studenthealthportal.com)”, which will direct you to the Health Center portal.
4. Once there, enter your Moravian College 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. Insurance Information
- 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)
  3. Picture of front and back of insurance card(s)

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

**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, if needed, if medical tests need to occur in Pennsylvania and not your home state. Many providers will bill insurance companies directly.

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,

Stephanie Dillman RN BSN  
Health Center Coordinator  
[Dillmans@moravian.edu](mailto:Dillmans@moravian.edu)



# MORAVIAN COLLEGE 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 College. Please review the student's history and complete this examination with comments on any disease or defects. Physical exam must be done less than one year prior to first day of classes.

/ \_\_\_\_\_ Sugar \_\_\_\_\_ Protein \_\_\_\_\_ R / L / \_\_\_\_\_  Y  N  
 Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Height (in.) \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ BMI \_\_\_\_\_ Urinalysis \_\_\_\_\_ 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
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: \_\_\_\_\_

**TUBERCULOSIS RISK ASSESSMENT: All students must be assessed for Tuberculosis, based on that assessment TB testing may need to be completed. please see the very specific Tuberculosis screening tool on pages 2, 3 and 4.**

Certain majors will require testing for Tuberculosis, if your patient states that they need testing for their major you may give it or they can get testing done at the Health Center for a small fee.

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

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

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

**STUDENTS: WHEN FORMS COMPLETED PLEASE UPLOAD TO THE MORAVIAN COLLEGE HEALTH CENTER PORTAL- see cover page for portal information.**

# Moravian College Health Center

## Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by ALL incoming students)

Please complete and take with you to your Health care provider for review and signature.

Have you ever had close contact with persons known or suspected to have active TB disease?  Yes  No

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

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

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

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  Yes  No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  Yes  No

If the answer is YES to any of the above questions, Moravian College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester).

If the answer to all of the above questions is NO, no further testing or further action is required **PLEASE STOP HERE.**\*  
The significance of the travel exposure should be discussed with a health care provider and evaluated.

Physician/Provider signature

Date of review

**Part II. Clinical Assessment by Health Care Provider - this ONLY needs to be done if students is deemed high risk or needs testing for clinical experiences**

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA), unless a previous positive test has been documented. **IF PART I is NEGATIVE for risk- STOP HERE.**

History of a positive TB skin test or IGRA blood test? (If yes, document below)      Yes \_\_\_\_ No \_\_\_\_

History of BCG vaccination? (If yes, consider IGRA if possible.)      Yes \_\_\_\_ No \_\_\_\_

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**1. TB Symptom Check<sup>1</sup>**

**Does the student have signs or symptoms of active pulmonary tuberculosis disease?**      Yes \_\_\_\_ No \_\_\_\_

If No, proceed to 2 or 3

**If yes, check below:**

- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

**2. Tuberculin Skin Test (TST)**

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)\*

Date Given: \_\_\_/\_\_\_/\_\_\_      Date Read: \_\_\_/\_\_\_/\_\_\_  
                 M D Y                                  M D Y

Result: \_\_\_\_\_ mm of induration      \*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

Date Given: \_\_\_/\_\_\_/\_\_\_      Date Read: \_\_\_/\_\_\_/\_\_\_  
                 M D Y                                  M D Y

Result: \_\_\_\_\_ mm of induration      \*\*Interpretation: positive \_\_\_\_ negative \_\_\_\_

**\*\*Interpretation guidelines**

**>5 mm is positive:**

- Recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

**>10 mm is positive:**

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant\* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight.

**>15 mm is positive:**

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

<sup>1</sup> CDC. Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR November 2005; 54 (No. RR-12): 4-5.

### 3. Interferon Gamma Release Assay (IGRA)

Date Obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_ (specify method) QFT-GIT T-Spot other\_\_\_\_  
M D Y

Result: negative\_\_\_\_ positive\_\_\_\_ indeterminate\_\_\_\_ borderline\_\_\_\_ (T-Spot only)

### 4. Chest x-ray: (Required if TST or IGRA is positive)

Date of chest x-ray: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: normal\_\_\_\_ abnormal\_\_\_\_  
M D Y

## Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB (LTBI) with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved, low-income populations

\_\_\_\_\_ Student agrees to receive treatment

\_\_\_\_\_ Student declines treatment at this time

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_