HEALTH & WELLNESS
Bay Path University

Required Medical Forms

We are so excited to welcome you to Bay Path University. In order to be permitted to arrive on campus and start classes, you must have completed the following medical forms. *These are truly required and students will not be able to arrive on campus or start classes until they are completed.*

If you have any questions, contact us: healthservices@baypath.edu or 413.565.1392

Step 1: Make a doctor's appointment

Before you do anything else, make a doctor's appointment. Be sure to do this right away as Doctor's offices are very busy and sometimes it may be several months until they can see you. *Be sure to bring all your medical and fitness center access card forms with you.*

Step 2: Complete the attached medical forms

- ☐ Physical Examination Form: completed by your personal physician
- ☐ Immunization Record: completed by your personal physician
  Meningococcal Waiver Form: required if choose to decline the vaccination
- ☐ Health Questionnaire: completed by the student

Step 3: Send in your forms

Feel free to scan and email, fax, or mail your forms to our health services office.

Be sure to keep copies for your own records!

Email: healthservices@baypath.edu
Fax: 413.565.1104

Mail:
Bay Path University Health Services
588 Longmeadow Street
Longmeadow, MA 01106

Fitness Center Access Card

In order to use our state-of-the-art fitness center, take advantage of free personal training, and attend any of our fitness classes, you must have a fitness center access card. Even if you are not sure you want to use the fitness center, complete this form so you always have the option.

While you are already at the doctors for your medical forms, be sure to get the fitness center forms signed. Then, complete the rest of the form, and send it in.

Email: healthwellness@baypath.edu
Fax: 413.565.1100

Mail:
Bay Path University Health and Wellness
588 Longmeadow Street
Longmeadow, MA 01106

Bay Path University Health Services
588 Longmeadow Street
Longmeadow, MA 01106
Phone: 413.565.1392
Fax: 413.565.1104
Email: healthservices@baypath.edu

PHYSICAL EXAM

Page 1 to be completed by student. Page 2 to be completed and <u>SIGNED</u> by your physician.

PERSONAL INFORMATION

First:	Middle:	Last:
Social Security Number:	Date of Birth:	
Home Phone:	Cell Phone:	
Home Address Street:		
Home Address City:	State:	Zip:

MEDICAL HISTORY *If yes to any, please explain in area below*

Allergies	☐Yes	☐No	Heart disease	☐Yes	☐No
Anemia	☐Yes	☐No	Heart murmur	☐Yes	☐No
Asthma	☐Yes	☐No	Irregular pulse	☐Yes	☐No
Bleeding disorder	☐Yes	☐No	High blood pressure	☐Yes	☐No
Collapsed lung	☐Yes	☐No	Kidney disease	☐Yes	☐No
Contact lenses/glasses	☐Yes	☐No	Seizures	☐Yes	☐No
Diabetes	☐Yes	☐No	Psychiatric disorders	☐Yes	☐No
Enlarged spleen	☐Yes	☐No	Eating disorders	☐Yes	☐No
Eye problems	☐Yes	☐No	Other: _____		
Hearing problems	☐Yes	☐No	_____		

If yes to any of the above, please explain:

Medications:

Family history of sudden death or stroke:

Tobacco Use:	Alcohol Use:

Chronic illness/surgeries/past hospitalizations:

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PHYSICIAN: *Please review medical history with student and complete the information below.*

Date of exam:	Height:	Weight:
Blood pressure:	Pulse:	HGB or HCT:
Medication allergies:		
U/A:		LMP:

PHYSICAL EXAM: *Are there any abnormalities of the following?*

Skin	☐Yes	☐No	Cardiovascular	☐Yes	☐No
Eyes, ears, nose, throat	☐Yes	☐No	Genitourinary	☐Yes	☐No
Respiratory	☐Yes	☐No	Musculoskeletal	☐Yes	☐No
Teeth	☐Yes	☐No	Metabolic/Endocrine	☐Yes	☐No
Gastrointestinal	☐Yes	☐No	Neurologic	☐Yes	☐No

If yes to any of the above, please explain:

Any restrictions of physical activities, sports, or fitness center:

Any problems that need follow up or referral:

Student will be taking the following medications while in college:

PHYSICIAN'S SIGNATURE REQUIRED

Physician's Signature:	Date:
Address:	
City:	State:
Telephone:	Fax:

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Longmeadow, MA 01106
Phone: 413.565.1392
Fax: 413.565.1104
Email: healthservices@baypath.edu

IMMUNIZATION RECORD

This form must be completed and signed by your physician

PERSONAL INFORMATION

First:	Middle:	Last:
Social Security Number or Student ID Number:		Date of Birth:

REQUIRED FOR ALL STUDENTS

1. Tdap (within past 10 years)

Month:	Day:	Year:

2. Hep B series (series of 3 injections)

Month:	Day:	Year:
Month:	Day:	Year:
Month:	Day:	Year:

Or has report of positive titer levels
Lab report must be attached

3. MMR series (series of 2 injections)

Month:	Day:	Year:
Month:	Day:	Year:

Or has report of positive titer levels
Lab report must be attached
Exempt if born before 1957 unless health science major

4. Varicella (C.Pox) series (series of 2 injections)

Month:	Day:	Year:
Month:	Day:	Year:

Or has report of positive titer levels
Lab report must be attached
Exempt if born before 1980 unless health science major

REQUIRED FOR RESIDENT STUDENTS *Recommended for commuter students.*

5. Meningococcal Vaccine Month: Day: Year:

If student declines must return a signed waiver form which is attached

REQUIRED FOR INTERNATIONAL STUDENTS ONLY

6. Tuberculosis/PPD test (Mantoux) within 12 months of first day of classes

Results in mm must be recorded (Tine/monovac not accepted)

Month:	Day:	Year:	Results: mm

If PPD test is positive, chest x-ray is required:

Month:	Day:	Year:	CXR results:

REQUIRED SIGNATURE

Health care provider signature/stamp:	Date:

The information requested is confidential and will be used only to insure proper health care while attending Bay Path University.
Form Updated November 2014

Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Massachusetts requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?
Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

How is meningococcal disease spread?
These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

Who is at most risk for getting meningococcal disease?
High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease.

Are some students in college and secondary schools at risk for meningococcal disease?
College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?
Yes, there are currently 2 types of vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age and Menveo® is approved for use in those 2-55 years of age. Both the polysaccharide and conjugate vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in either vaccine. Meningococcal vaccines are thought to provide protection for approximately 5 years. Currently, students are only required to have a dose of polysaccharide vaccine within the last 5 years or a dose of conjugate vaccine at any time in the past (or fall within one of the exemptions allowed by law).

(See reverse side)

However, please be aware that in October 2010 the Advisory Committee on Immunization Practices (ACIP) recommended booster doses of meningococcal conjugate vaccine for healthy adolescents 16-18 years of age. Persons up to 21 years of age entering college are recommended to have documentation of a dose of meningococcal conjugate vaccine no more than 5 years before enrollment, particularly if they are new residential students.

Is the meningococcal vaccine safe?
A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women. Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting meningococcal conjugate vaccine.

Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?
Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Where can a student get vaccinated?
Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?
- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi
- Your local health department (listed in the phone book under government)

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

□ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____
(Student or parent/legal guardian, if student is under 18 years of age)

Bay Path University Health Services
588 Longmeadow Street
Longmeadow, MA 01106
Phone: 413.565.1392
Fax: 413.565.1104
Email: healthservices@baypath.edu

HEALTH QUESTIONNAIRE

This form is to be filled out by the student, parents, or guardian of each student who is entering Bay Path University either as a member of the first year class or as a transfer from another university.

PERSONAL INFORMATION

First:	Middle:	Last:
Social Security Number:	Date of Birth:	
Home Phone:	Cell Phone:	
Home Address Street:		
Home Address City:	State:	Zip:

PARENT OR GUARDIAN INFORMATION

Parent/Guardian #1

Name:	Relationship:	
Home Phone:	Cell Phone:	
Home Address Street:		
Home Address City:	State:	Zip:
Work Address Street:		
Work Address City:	State:	Zip:

Parent/Guardian #1

Name:	Relationship:	
Home Phone:	Cell Phone:	
Home Address Street:		
Home Address City:	State:	Zip:
Work Address Street:		
Work Address City:	State:	Zip:

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL PROCEDURES

Required only if student is under 18 years of age

I hereby authorize Bay Path University or their school designee to give permission for routine medical care or emergency medical treatment and/or surgical procedures including transportation to a local hospital by ambulance, if necessary.

I understand the contents of the form I am signing:

Student Name:	Date:
Signature of Parent or Guardian:	Date:

The information requested is confidential and will be used only to insure proper health care while attending Bay Path University.

Bay Path University Health Services
588 Longmeadow Street
Longmeadow, MA 01106
Phone: 413.565.1392
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FAMILY HEALTH HISTORY

	Age	*State of Health*	*Occupation*	*Age of Death*	*Cause of Death*
Father:					
Mother:					
Brothers:					
Sisters:					
Spouse:					
Children:					

Have any of your relatives ever had:		*Relationship*	*Comments*
Alcoholism	☐Yes ☐No		
High Blood Pressure	☐Yes ☐No		
Cancer	☐Yes ☐No		
Heart Disease	☐Yes ☐No		
Diabetes	☐Yes ☐No		
Mental/Emotional Illness	☐Yes ☐No		
Stomach or Intestinal Disease	☐Yes ☐No		
Kidney Disease	☐Yes ☐No		
Epilepsy/Convulsions	☐Yes ☐No		
Tuberculosis	☐Yes ☐No		
Stroke/Blood Clotting	☐Yes ☐No		
Marfan Syndrome	☐Yes ☐No		
Sudden Death (under age 50)	☐Yes ☐No		

PERSONAL HEALTH HISTORY

Past illnesses *If yes, please explain below as appropriate (use extra sheet if necessary)*

1.	Hospitalization (date/reason)	☐Yes ☐No	5.	Emotional Problems	☐Yes ☐No
2.	Surgery (date/reason)	☐Yes ☐No	6.	Psychiatric Treatments	☐Yes ☐No
3.	Serious Accidents	☐Yes ☐No	7.	Other Significant Health Problems	☐Yes ☐No
4.	Serious Illness	☐Yes ☐No			

Have you ever had the following? *If yes, please explain below as appropriate (use extra sheet if necessary)*

8.	Chicken Pox	☐Yes ☐No	11.	Measles	☐Yes ☐No
9.	Tuberculosis	☐Yes ☐No	12.	Scarlet Fever	☐Yes ☐No
10.	Hepatitis (specify type)	☐Yes ☐No	13.	Other (specify)	☐Yes ☐No

If you answered yes to any questions above, please explain below

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Bay Path University Health Services
588 Longmeadow Street
Longmeadow, MA 01106
Phone: 413.565.1392
Fax: 413.565.1104
Email: panderso@baypath.edu

PERSONAL HEALTH HISTORY (CONTINUED)

Allergies to medications and/or environmental factors

14. Penicillin	☐Yes ☐No	
15. Other antibiotics?	☐Yes ☐No	
16. Other medications?	☐Yes ☐No	
17. Life threatening reaction to insect bites?	☐Yes ☐No	
18. Life threatening reaction to food, etc.?	☐Yes ☐No	
19. Do you carry an epinephrine kit?	☐Yes ☐No	
20. Are you allergic to cigarette smoke?	☐Yes ☐No	
21. Are you allergic to dust and/or pollen?	☐Yes ☐No	
22. Heart/blood pressure medications	☐Yes ☐No	
23. Tranquilizers/antidepressants	☐Yes ☐No	
24. Insulin?	☐Yes ☐No	
25. Allergy injections?	☐Yes ☐No	
26. Other (please specify)?	☐Yes ☐No	

Lifestyle

27. Do you drink alcohol?	☐Yes ☐No	Drinks per week:
28. Do you smoke?	☐Yes ☐No	Cigarettes per day: Number of years smoked:
29. Do you diet frequently?	☐Yes ☐No	
30. Do you exercise regularly?	☐Yes ☐No	
31. Do you wear a seatbelt?	☐Yes ☐No	

Have you ever had?

32. Migraine headaches (diagnosed by M.D.)	☐Yes ☐No	
33. Epilepsy	☐Yes ☐No	
34. Paralysis or disability	☐Yes ☐No	
35. Thyroid problems	☐Yes ☐No	
36. High blood pressure	☐Yes ☐No	
37. Any heart problems	☐Yes ☐No	
38. Asthma	☐Yes ☐No	
39. Gastrointestinal complaints	☐Yes ☐No	
40. Gallbladder disease	☐Yes ☐No	
41. Head injury or concussion	☐Yes ☐No	
42. Chronic or persistent respiratory infection	☐Yes ☐No	
43. Urinary tract infection	☐Yes ☐No	
44. Gynecological problems	☐Yes ☐No	
45. Sexually transmitted disease	☐Yes ☐No	
46. Disease or injury of the joints	☐Yes ☐No	
47. Insomnia	☐Yes ☐No	

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PERSONAL HEALTH HISTORY (CONTINUED)

48.	Dental problems	☐Yes ☐No
49.	Kidney disease	☐Yes ☐No
50.	Cancer	☐Yes ☐No
51.	Fainting or dizziness associated with exercise	☐Yes ☐No
52.	Back problems	☐Yes ☐No
53.	Anorexia/Bulimia	☐Yes ☐No
54.	Mono (diagnosed by M.D.)	☐Yes ☐No
55.	Diabetes	☐Yes ☐No
56.	High blood pressure	☐Yes ☐No
57.	Immune deficiency problems	☐Yes ☐No

CURRENT HEALTH STATUS

58.	Height: Weight:
59.	Are you currently in psychiatric counseling? ☐Yes ☐No
60.	Are you currently receiving treatment for a medical condition? ☐Yes ☐No
61.	Do you require special housing arrangements? ☐Yes ☐No
62.	Do you require any special diet? ☐Yes ☐No
63.	Have you had any physical or emotional problems that have affected your high school classroom attendance? ☐Yes ☐No
64.	Have you had any physical or emotional problems that have affected your college classroom attendance? ☐Yes ☐No
65.	Are there any medications you expect to continue while at Bay Path University? ☐Yes ☐No
	Please list medications:
66.	Are there any questions in regard to student's health or other concerns, which should be discussed with a member of the staff of Health Services or with a member of the university faculty or administration? ☐Yes ☐No
	Please explain (attach additional paper if necessary):

HEALTH INSURANCE INFORMATION

First:	Middle:	Last:
Social Security Number:		
Address:		
Subscriber's Full Name:	Name of Policy:	
ID#:	Group #:	
Are you choosing the university health insurance policy? ☐Yes ☐No	***If no, you must attach a copy of insurance card***	

CERTIFICATION OF ACCURACY

I certify that this information is accurate and correct to the best of my knowledge and has not been misrepresented.

Student Name:	Date:
Signature (of Student if 18 or older or guardian if under 18):	Date:

The information requested is confidential and will be used only to insure proper health care while attending Bay Path University.

Bay Path University Fitness Center
588 Longmeadow Street
Longmeadow, MA 01106
Phone: 413.565.1392
Fax: 413.565.1104
Email: healthwellness@baypath.edu

FITNESS CENTER ACCESS CARD
AGREEMENT AND RELEASE OF LIABILITY

This form must be filled out completely and returned in order for you to use the Fitness Center. It needs to be filled out only once, and will be kept on file for your entire stay at the University.

1. In consideration of being allowed to utilize the facilities, equipment, and machinery in the Fitness Center at Bay Path University, I do hereby waive, release, and forever discharge Bay Path University and their officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned, or others acting on their behalf, or in any way arising out of or connected with my use of any equipment at Bay Path University.
   Please initial _____

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
   Please initial _____

_____ **Height:_____ Weight:_____ Age:_____**
Name

_____ _____
Date **Signature**

Please return the completed forms to:
Fitness Center ● Bay Path University ● 588 Longmeadow St. ● Longmeadow, MA 01106
Email: healthwellness@baypath.edu Fax: (413) 565-1100

Bay Path University Fitness Center
588 Longmeadow Street
Longmeadow, MA 01106
Phone: 413.565.1392
Fax: 413.565.1104
Email: healthwellness@baypath.edu

FITNESS CENTER ACCESS CARD
MEDICAL CLEARANCE FORM

This form must be filled out completely and returned in order for you to use the Fitness Center. It needs to be filled out only once, and will be kept on file for your entire stay at the University.

Name:_____ **Member since:** _____

Address:_____
Street **City** **State** **Zip**

Telephone #:_____ **E-mail address:** _____

Student_____ **Staff**_____ **Faculty**_____ **Alum**_____ **Graduation Year** _____

Person to contact in case of an emergency: _____

Emergency telephone #: _____

PHYSICIAN'S SIGNATURE

_____ has medical clearance to participate in the physical fitness programs, which include the use of fitness machines and equipment.

Physician's signature_____ **Date:** _____

Health notes: _____

Please return the completed forms to:
Fitness Center ● Bay Path University ● 588 Longmeadow St. ● Longmeadow, MA 01106
Email: healthwellness@baypath.edu Fax: (413) 565-1100