MARYMOUNT UNIVERSITY
STUDENT HEALTH SERVICES

Checklist for Students and Parents

2807 N. Glebe Road, Berg Hall 1014
Arlington, VA 22207
Phone: 703-284-1610
Email: shealthc@marymount.edu

- ☐ **Health Compliance:** *If you are fully online you do not need to submit immunizations.*
  ALL FORMS MUST BE COMPLETED OR TRANSLATED INTO ENGLISH
  1. Submit immunization documentation to Student Health Services via healthhx@marymount.edu before Aug 1, 2023
  2. Complete the TB questionnaire and Health History Form.
- ☐ **Insurance Compliance**
  1. Enroll or waive the Student Health Insurance Plan (SHIP) by October 6th, 2023
  2. Get a copy of your insurance card before arriving on campus (hard copy or picture)
  3. The mandatory insurance fee ($2000) is automatically added to your MU bill, but removed or refunded once you waive the insurance.
- ☐ **General Student Health**
  1. Access to Care, Charges, and Fees
  2. Local pharmacies
  3. If minor, parent/guardian must sign a consent to treat
  4. Helpful hints
  5. Recommended items to bring with you to campus

ATHLETES, NURSING STUDENTS, AND PT STUDENTS HAVE PROGRAM SPECIFIC FORMS. STUDENT HEALTH FORMS MUST BE SUBMITTED IN ADDITION TO THE PROGRAM FORMS

Access to Care, Charges, and Fees

The Student Health Fee, as part of the tuition and fees package, allows all enrolled students the convenience of accessing health care on campus. The fee covers routine visits, but services such as labs, immunizations, and procedures will be charged. We have a physician, nurse practitioners, and a mental health nurse practitioner (PMHNP) on staff. The Student Health Center is open Monday - Friday, 9am - 5pm.
The PMHNP will follow students that have been diagnosed and started treatment for ADHD. Please review this section on the Student Health web page.
FACT #1: There is no charge to see a healthcare provider in Student Health Services
FACT #2: You do not have to have the Student Health Insurance Plan to be seen in the clinic.

Local Pharmacies

There are multiple pharmacies located within walking distance from the main campus, as well as the Ballston campus, which can be accessed with the university shuttle bus. (CVS, Walgreens, Prestons)
Another option is to use a local pharmacy that delivers medication to the students for free. The name is Capsule and it is located in Washington, DC. If you take any medication for a chronic condition, please make sure you have an adequate supply, transfer the prescription or have a copy of the prescription. Student Health does not manage chronic conditions, except Attention Deficit Disorder.

Immunizations

Students are required by Virginia Public Health Law to provide proof of immunizations prior to the start of classes. Detailed instructions are outlined in the medical forms packet, including a TB screening. Once forms are completed please email them to the Student Health Center, healthhx@marymount.edu.
If you require immunizations prior to starting classes please contact Student Health Services. SHS carries all required vaccines, and will bill insurance for them.*

If immunization records are not compliant prior to the first day of class, you may be restricted from attending class.

Insurance

We are currently "in-network" with most Aetna, Blue Cross and Blue Shield, Cigna, and United Healthcare plans. Before providing services (immunizations, etc.) we will confirm that you are eligible for in-network.
Marymount University believes that health insurance coverage is crucial while students pursue their studies. If a student lacks adequate health insurance, their education could be interrupted or even terminated due to an unexpected illness or injury. Marymount University ***requires all full-time students*** *to have health insurance. There are two options for student coverage:*

1. **Remain on parent/guardian's plan:**
    - If the parent or guardian of the student has credible insurance and would like for the student to stay on their plan, they can submit a waiver for the Student Health Insurance Plan (SHIP). *You are automatically enrolled if you do not waive.*
    - The waiver form can be found by logging into myMarymount and clicking "Student Health Insurance Waiver/ Enrollment" under the Sign On Links.
    - Once your insurance is given and approved, the mandatory insurance charge ($2000) will be removed from the student account or reimbursed if tuition has already been paid.
    - This waiver must be completed once each academic year.

2. **Enroll into the Student Health Insurance Plan (SHIP) - *United Healthcare*:** If you would like to purchase the SHIP follow these steps
    - The enrollment form can be found by logging into myMarymount and clicking "Student Health Insurance Waiver/ Enrollment" under the Sign On Links.
    - Once you are enrolled Please visit United HealthCare Student Resources to learn more about the insurance plan and to print off your insurance card.

The United Healthcare (SHIP) plans runs from August 17, 2023 until August 16, 2024

If you have additional questions about the insurance plan please contact Gallagher Student Health & Special Risk at 1-833-440-0570 (toll free) or by going to Gallagher Student Health & Special Risk website and clicking on the Customer Service link.

Consent for Care Form

As the parent or guardian of a student under the age of 18, a consent for care must be completed. Care will not be provided by Student Health Services without a completed form. *If the situation is life-threatening care will be rendered.

Helpful Health Tips

1. *Student Health Contact Info* - Add our number (703-284-1610) and email (shealthc@marymount.edu) to your contact list in your phone
2. *Insurance Card* - Take a photo of all of your health insurance cards to keep in your cell phone
3. *Stop by Student Health and say "hello" (Berg 1014)* - Bring a list to school with ALL the medications you take
4. *Glasses/Contacts* - Be sure to have a spare pair of glasses or a copy of your prescription
5. *Allergy-serums* administration and monitoring. There is a $50/semester charge for this type of appointment.
6. *Recommended items to bring with you to campus:* Digital thermometer, acetaminophen, ibuprofen, cold medication, upset stomach medicine, Band-Aids, topical antibacterial cream, and a reusable cold pack.

Pharmacies

CVS 4709-A LEE HIGHWAY ARLINGTON, VA, 22207 (703) 522-0011 4238 WILSON BLVD/BALLSTON COMMONS #1831 ARLINGTON, VA, 22203 (703) 243-5944	**Preston's Pharmacy** 5101 LANGSTON BLVD ARLINGTON, VA, 22207 (703) 522-3412
Walgreens 4720-B LANGSTON BLVD ARLINGTON, VA, 22207 (703)524-9003	**Capsule Pharmacy** *DELIVERS* 1705 DE SALES ST, NW WASHINGTON, DC 20036 CAPSULE.COM CALL/TEXT: (202) 804-0399

MARYMOUNT UNIVERSITY
STUDENT HEALTH SERVICES

Health History

- **Email** Health History Record pages to Student Health Center: healthhx@marymount.edu
- **DUE**: August 1 (Fall Admission) January 1 (Spring Admission) May 1 (Summer Admission)
- Do not include forms for other departments in your upload. ALL STUDENTS
- If you are a FULLY online student please let us know, since these forms are not required

Name: _____ Date of Birth: ___/___/____
Last *First* *Middle* *MM /DD / YYYY*

Email: _____ Student ID#: _____

☐ Home: _____ Please check the preferred number.
☐ Student's Cell: _____

Preferred Name: _____ ☐ Male ☐ Female ☐ Other Pronouns: _____

MEDICAL HISTORY (Please check all that apply and explain any "Yes" answers below)

Yes No	Yes No	Yes No
☐ ☐ Allergies (Seasonal/Annual)	☐ ☐ Eating Disorder	☐ ☐ Rheumatic Fever
☐ ☐ Anemia	☐ ☐ Gastrointestinal Problems	☐ ☐ Tuberculosis
☐ ☐ Asthma/Exercise-Induced Asthma	☐ ☐ Gynecological Problems	☐ ☐ Sexually Transmitted Diseases
☐ ☐ Bone/Joint Disorder	☐ ☐ Frequent Headaches	☐ ☐ Elevated Cholesterol
☐ ☐ Cancer	☐ ☐ Heart Disease	☐ ☐ High Blood Pressure
☐ ☐ Chicken Pox	☐ ☐ Hepatitis/Liver Disease	☐ ☐ Frequent Throat Infections
☐ ☐ Circulatory problems/Blood clots	☐ ☐ Kidney/Urinary Problems	☐ ☐ Frequent Ear Infections
☐ ☐ Convulsions/ Seizures/ Epilepsy	☐ ☐ Mental Health (depression/anxiety,etc)	☐ ☐ ADD/ADHD
☐ ☐ Diabetes	☐ ☐ Mononucleosis	☐ ☐ Other - Explain below

Current Diagnosis, Medications & Dosages: _____

_____

Allergies: medication/foods, etc. (include reaction): _____

_____

Significant illness/hospitalization (include dates): _____

History of psychiatric/psychological conditions (ex. Anxiety 1/12- present):

_____

Person to be notified in case of emergency: Name: _____

Relationship: _____ Preferred phone number: _____

_____

MARYMOUNT UNIVERSITY
STUDENT HEALTH SERVICES IMMUNIZATION FORM

Name: _____ Student ID#: _____

Date of Birth (M/D/YY): _____ Cell phone #: _____

REQUIRED

MMR (Measles, Mumps, Rubella) - *2 doses of MMR vaccine or two (2) doses of Measles, two (2) doses of Mumps and one (1) dose of Rubella; or serologic proof of immunity for Measles, Mumps, and/or Rubella. Only need to complete if born Choose only one option. IF YOU WERE BORN PRIOR TO JANUARY 1, 1956 YOU ARE EXEMPT*

Option 1	Vaccine	Date	
MMR *2 doses of MMR vaccine*	MMR Dose #1 MMR Dose #2		

Option 2	Vaccine or Test	Date	Serology Results
Measles *2 doses of vaccine or positive serology*	Measles Vaccine #1 Measles Vaccine #2 Serologic Immunity (IgG antibody titer)		Qualitative Test Results: ☐ Positive ☐ Negative Quantitative Titer Results: _____IU/m
Mumps *2 doses of vaccine or positive serology*	Mumps Vaccine #1 Mumps Vaccine #2 Serologic Immunity (IgG antibody titer)		Qualitative Test Results: ☐ Positive ☐ Negative Quantitative Titer Results: _____IU/m
Rubella 1 dose of vaccine or positive serology	Rubella Vaccine Serologic Immunity (IgG antibody titer)		Qualitative Test Results: ☐ Positive ☐ Negative Quantitative Titer Results: _____IU/m

Tetanus-diphtheria-pertussis - *1 dose of adult Tdap; if last Tdap is more than 10 years old, provide date of booster*

	Tdap Vaccine (Boostrix, Adacel, etc.) Td Vaccine or Tdap Vaccine booster (if more than 10 years since last)		

MU SHS Immunization Record (cont.)

Name: _____ ID #: _____

Meningococcal *-1 dose between the age of 16 years to 23 years*

	Meningococcal Vaccine	_____	

Meningitis B - *2 doses or have started the 2 dose series between the age of 16-23 years*

☐ Bexsero ☐ Trumenba	Men B #1 _____ Men B #2	_____	

Hepatitis B - *2 or 3 dose series **OR** signed WAIVER*

☐ Engerix-B/Recombivax ☐ Heplisav-B (2 doses) ☐ WAIVER (p.6)	Hepatitis #1 _____ Hepatitis #2 _____ Hepatitis #3	_____ _____	Qualitative Test Results: Immune ☐ Yes ☐ No Quantitative Titer Results: _____mIU/mL

Polio - *for students under 18 years*

Polio (IPV)	Date series completed:		

NOT REQUIRED, BUT RECOMMENDED:

Hepatitis A	#1	#2	
COVID	#1	#2	#3
Varicella	#1	#2	

Providers official address: Stamp:

_____

_____

Signature of HCP: Date:

_____ _____

** Student Health Clinic carries all required vaccinations if unable to get prior to coming to campus. Your insurance will be verified prior to administration. Please call 703-284-1610 if you have questions or would like to make an appointment.*

*** Only students attending classes in-person need to submit immunizations. If you are online, please let SHS know.*

MARYMOUNT UNIVERSITY
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TB Screening

Name: _____ Student ID#: _____
Date of Birth (M/D/YY): _____ Cell phone #: _____

Tuberculosis Risk Self-Assessment (TBRA)

Student completes upon initial entrance to school

1. **Have you ever had a positive tuberculosis (TB) test? NO __ YES __** *If you have had a positive TB test in the past you must submit documentation of the positive test, including chest x-ray report and treatment records. Further testing may not be required.

2. **Do you have any of the following signs or symptoms of active TB disease? NO __ YES __**
   - ☐ Unexplained fever/chills for more than 1 week
   - ☐ Persistent cough of unknown etiology for more that 3 weeks
   - ☐ Cough with bloody sputum
   - ☐ Night sweats
   - ☐ Unexplained weight loss
   - ☐ Unexplained fatigue

3. **Do any of the following situations apply to you? NO __ YES__**
   - ☐ Close contact with a person known or suspected to have TB
   - ☐ Use of any illegal injectable drugs
   - ☐ At risk for Human Immunodeficiency Virus (HIV) Infection
   - ☐ Volunteered, resided, or worked in a healthcare facility or congregate living setting (homeless shelter, nursing home, or correctional facility) for longer than 1 month
   - ☐ History of silicosis, diabetes, renal disease, blood disorders or cancer
   - ☐ History of gastrectomy, jejunoileal bypass, or chronic malabsorptive condition
   - ☐ History of a solid organ transplant (kidney, heart, liver)
   - ☐ Immunosuppressive therapy, such as prolonged corticosteroid therapy, chemotherapy, OR TNF-antagonist medications (Humira, Enbrel, Remicade) OR JAK-inhibitor medications (Xeljanz, Rinvoz, Jyseleca)
   - ☐ Are less than 10% of normal body weight or malnourished

4. **Within the past 5 years, have you traveled to or lived in any of the following areas for more than one (1) month? NO __ YES__**
   Africa, Asia, Central America, Cuba, Dominican Republic, Eastern Europe, Haiti, India and other Indian subcontinent nations, Middle East (except Egypt, Saudi Arabia, Jordan, Lebanon, UAE), Portugal, South America, South Pacific (except Australia and New Zealand.
   https://www.vdh.virginia.gov/content/uploads/sites/175/2022/02/High-Burden-TB-Countries-2022.pdf

Student Signature (*or guardian if under 18*): _____ Date _____

If you answered "yes" to any question above, TB testing is required.

If you have questions regarding testing for TB please contact the Student Health Center (703) 284-1610. Please bring copies of any further testing with the date and results.

MARYMOUNT UNIVERSITY
STUDENT HEALTH SERVICES Hepatitis B Waiver

STUDENT NAME: _____ **SD#**_____

HEPATITIS B WAIVER

In compliance with Virginia state law, Marymount University requires that all incoming students be vaccinated against Hepatitis B disease **OR** sign a waiver indicating they have received information about the diseases, the availability and effectiveness of the vaccines and choose not to be vaccinated.

Hepatitis B is a serious liver disease caused by the Hepatitis B virus (HBV). HBV infection can affect people of all ages and lead to liver disease. The virus is found in the blood and body fluids of infected persons and it is most often spread among adults through sexual contact or by sharing needles and other drug paraphernalia with an infected person. HBV can also be spread in households by an HBV infected person or by passage of the virus from an HBV-infected mother to her infant during birth. Hepatitis B can be a silent disease, often infecting many people without making them feel sick. Unfortunately, 30 percent of those infected with HBV are not aware that they are carriers and can infect others. Hepatitis B symptoms may include loss of appetite, fatigue, stomachache, nausea and vomiting, yellowing of the whites of the eyes (jaundice), and/or joint pain. Vaccination can help prevent people from contracting Hepatitis B. The HBV vaccine is 96 percent effective following a series of three shots over a six month period. The most common side effect of the vaccine is soreness at the injection site. Vaccine recipients cannot get the disease from the vaccine.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at any time. I have received and reviewed the information regarding Hepatitis B and the availability and effectiveness of the Hepatitis B vaccine. I have chosen not to be vaccinated (or I am unable to provide current vaccination records) against Hepatitis B.

I hereby release Marymount University and its employees from all responsibility for any consequences of my decision.

_____ _____ _____
Student Signature Student ID # Date

_____ _____
If student is a minor, signature of parent/guardian Date

MARYMOUNT UNIVERSITY
STUDENT HEALTH SERVICES

Consent to Treat Minor Patients

Virginia State law requires consent of a parent/legal guardian for medical care of minors. If your son or daughter is enrolled at Marymount University prior to his/her eighteenth birthday and they seek care at the Student Health Center, you must complete and return the following consent to:

Marymount University Student Health Center
(P) 703-284-1610 (F) 703-284-3816
shealthc@marymount.edu
2807 N. Glebe Road
Arlington, VA 22207

Consent for Medical Treatment

I, _____ am the parent/legal guardian of _____
PARENT/LEGAL GUARDIAN NAME OF STUDENT currently a minor, whose date of birth is (m/d/y) _____ / _____ / _____ and is under the age of 18 years.

I authorize Marymount University Student Health Center (MUSHC) to provide medical care to my son/daughter, including, but not limited to: diagnostic examinations (including laboratory testing), tuberculosis screening, verification and/or administration of immunizations and any necessary medical treatment. This consent can be used for emergency transportation and emergency care, authorizing MUSHC to sign all necessary papers and arrange treatment in the event MUSHC is unable to reach me.

I further agree to release Marymount University, its employees, agents, officers, staff and physicians for all loss, damage, and injury (including death), whatsoever arising in connection with medical treatment provided by MUSHC or at MUSHC's direction.

I understand that once my child reaches the age of majority, my consent for treatment is no longer required.

By signing, I acknowledge and agree that I have read and understood this consent, and any questions I have prior to signing may be answered by calling the Student Health Center at 703-284- 1610.

_____ _____
Student's Name Student ID #

_____ _____
Parent/Guardian Signature Date

Phone(s) (*please include country code if needed)*:

Cell: _____ Home:_____