

Norwich University Health Services
63 Crescent Avenue
Northfield, VT 05663
Tel: 802-485-2552 Fax: 802-485-4577
nuinfirm@norwich.edu

Dear Incoming Norwich Student,

Congratulations and welcome to the Norwich University community. We look forward to meeting you in the fall. **All incoming students must complete and return the “New Student Health Record” by December 15th.**

This information is returned directly to the Norwich University Health Services and will be filed in your student health chart. Your health information is confidential and will be reviewed only by the Norwich University Health Services staff. It cannot be shared or released without your written permission. The next three pages are the forms that constitute the “New Student Health Record” and are required of all new students.

The information required of all students includes: No attachments; USE NORWICH FORMS, please.

- Health history form
- Physical exam (**conducted with in the last 6 months, prior to December 15th deadline**) signed by your health care provider
- Immunization record signed by your health care provider.
- Complete health insurance information **AND** copies of both sides of your insurance card

Mandatory Immunization Requirements Prior to Enrollment:

Vermont State law requires all incoming students born after 1956 to have proof of the following Immunizations prior to enrolling in College: 2 doses of the MMR ; Polio; Tdap, Hepatitis B Series; Varicella; and a Meningococcal Vaccine. You may not register without proof of these immunizations.

Norwich University Health Services also requires a TB test (PPD) of all incoming students **in the last 12 months**. This is required of **ALL** incoming students.

Carefully review the immunization form with your health care provider. Make your appointment right away.

Thank-you for completing your health forms carefully and completely. All three pages of your “New Student Health Record” should be returned together by December 15th. **These forms must be sent directly to us.** Please keep a copy of your completed health forms for your records.

Sincerely,

Kevin Crowley, MD

Craig Sullivan, MD

Complete this CHECKLIST before mailing your forms:

	<u>Form</u>
Proof of required immunizations and vaccinations and/or Chickenpox waiver?	B & D
Do you have proof of your PPD test in the last year?	B
Completed Insurance Information?	C
Copy of your insurance card (front and back) is attached ?	C
Physical Exam (in the last 6 mos) signed by your health care provider?	B
Health History completed and signed by you?	A
Did you keep a copy of the forms for your records?	
RETURN ALL NORWICH HEALTH FORMS TO HEALTH SERVICES, please.	

A.

Norwich University Health Services
Student Health History - Return by December 15th, 2009

Please circle all that apply:
CORPS
CIVILIAN
COMMUTER
NURSING

Student's Full Name: _____ Date of Birth: _____ Male ___ Female ___

Past Medical History

⇒ Do you have a history of any of the following health conditions? (circle all that apply)

- | | |
|---|--|
| ADHD or other learning disability | Gastrointestinal problem |
| Alcohol abuse | Gynecologic problem |
| Anemia | Heart Murmur or heart problem |
| Asthma | Hepatitis or jaundice |
| Cancer | High Blood Pressure |
| Clotting Disorders (hemophilia) | HIV/AIDS or exposure to HIV/AIDS |
| Concussion/Head Injury | Kidney Disease |
| Depression/Anxiety/other psychiatric disorder | Loss of paired organ (eye, kidney, testes, breast, etc.) |
| Diabetes | Migraine headaches |
| Drug use or exposure to needles | Orthopedic problems |
| Eating Disorders: anorexia | Seizure Disorder (Epilepsy) |
| bulimia | Thyroid disease |
| | Tuberculosis |

⇒ Please explain any positive responses to the above question: _____

⇒ Do you presently take any medications? YES NO
Please list any medication, supplements or birth control that you take on a regular basis. (Include the medication name & dose)

⇒ Do you have any allergies to medications? YES NO (If yes, list medication and reaction)

⇒ Have you ever been hospitalized or had surgery? YES NO (If yes, please explain)

⇒ Do you have a history of orthopedic problems (including fractures) that limited your participation in sports for longer than one month? YES NO (If yes, please explain)

⇒ Do you have any current problems which restrict your participation in physical activity? YES NO
(If yes, please explain) _____

⇒ Do you plan to play a varsity sport? YES NO

Student Signature: _____ Date: _____

B.

Norwich University Health Services
Physical Exam and Immunization Record – Return by December 15th, 2009

To be completed and signed by your health care provider (MD, DO, NP or PA)

Student's Full Name: _____ Date of Birth: _____

⇒ Please review and update the student's medical history, medications and allergies on the previous page.

Date of Physical Exam (must be within the last 6 months of December 15th deadline): PE DATE: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

⇒ Record your physical exam and describe any abnormalities:

General appearance	Normal	Abnormal	Abdomen	Normal	Abnormal
HEENT	Normal	Abnormal	Genitals	Normal	Abnormal
Neck and thyroid	Normal	Abnormal	Skin	Normal	Abnormal
Heart	Normal	Abnormal	Neurological	Normal	Abnormal
Lungs	Normal	Abnormal	Psychological	Normal	Abnormal

Summary of abnormalities: _____

⇒ Is the student receiving medical care for a chronic condition or serious illness? YES NO

⇒ Do you feel that there are any mental or emotional issues that we should be aware of? YES NO

⇒ Do you have any concerns about the student participating in strenuous physical activity? YES NO

Summary of clinical concerns and recommendations: _____

Immunizations

Required Immunizations Prior to Enrollment:

⇒ **Measles mumps and rubella (MMR).** Two doses **OR** evidence of positive titer is **required** for all students born after 1956.

Date of MMR #1: _____ Date of MMR #2: _____ OR Date of Positive Titer: _____

⇒ **Polio**

Did student complete primary series of polio immunization? YES NO

Date of last booster: _____

⇒ **Tetanus-Diphtheria-Pertussis Booster (Tdap)** Date of Tdap Booster: _____

⇒ **Hepatitis B Series** *Must be started 6 months in advance of enrollment*

Date of Hep B #1: _____ Date of Hep B #2: _____ Date of Hep B #3: _____

⇒ **Varicella Disease*** (Chickenpox). History of Disease **OR** 2 doses **OR** evidence of positive titer.

Date of Disease: _____ Dates of Immunizations: _____ and _____ OR Date of Positive Titer: _____

** **All NURSING majors MUST have positive Titers for Heb B and Varicella. Please attach copy of lab results.***

⇒ **Meningococcal Vaccine.** Date given: _____

⇒ **PPD (TB test)** in the last 12 months is **required by Norwich University** of all students.

Date given: _____ Date read: _____ Result: _____

Health Care Provider's Signature: _____ **Date:** _____

Health Care Provider's Name: _____ **Telephone:** _____

Address: _____ **Fax:** _____

C.

Norwich University Health Services - Health Insurance Information

Return by December 15th

___Female
___Male

Student's Full Name: _____ Date of Birth: _____

Home Address: _____ Social Security #: _____

City: _____ State _____ Zip _____ Home Telephone: _____

Parent or Guardian Name: _____

Parent or Guardian Telephone (home & work): _____

Health Insurance Information

Name of Insurance: _____

Insurance's Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Name of Subscriber: _____ Date of Birth: _____

Employer of Subscriber: _____

Policy ID #: _____ Group #: _____

⇒ **Attach a photocopy of your health insurance card below. Include the front and back of the card.**

Front of Card

Back of Card

⇒ Does your insurance company require referrals? YES NO

⇒ Does your insurance company cover you in the state of Vermont? YES NO

⇒ **Check the following if appropriate:**

I do not have any health insurance and am aware that I must purchase the health insurance program offered by Norwich University. (See Office of the Bursar- Policy and Procedures)

In addition to my regular health insurance, I plan to purchase the health insurance program offered by Norwich University. (See Office of the Bursar- Policy and Procedures)

I hereby authorize direct payment to the Green Mountain Family Practice of benefits payable to me or on my behalf of the above-named patient, not to exceed the balance due for the professional services rendered. I understand that I am financially responsible and agree to pay Green Mountain Family Practice for charges not covered by this authorization. I also authorize the release of information requested by any insurance company, adjuster or attorney involved in the processing of a claim. A photocopy of this assignment shall be considered as effective and valid as the original. I understand that I am responsible for obtaining all referrals from my primary care provider should they be required.

Student Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

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General Information

Statement of Purpose:

Our mission is to provide complete high quality healthcare for the student population. This includes all primary care and most x-rays and orthopedic care. Overnight medical observation and treatment not requiring hospitalization are also available. Our two staff physicians provide in-patient hospital care for students admitted to Central Vermont Hospital. Our goal is to return the sick or injured student to good health as quickly as possible. Our medical role includes the following: 1) advising on health issues campus wide 2) monitoring athletic programs and providing emergency services at events 3) individual medical and psychological care and appropriate referrals for specialty care

Health Services Hours:

The Norwich University Health Services is a contracted service provided by Green Mountain Family Practice. It is staffed by two family physicians, two family nurse practitioners, and a team of nurses.

From Monday to Friday medical care is available from 7:00 am until 11:00 pm. The MDs and NPs see students on a walk-in basis at “sick call” from 7:30 am until 9:00 am and from 4:00 pm until 5:00 pm. At all other times during 7:00 am until 11:00 pm, the student can consult with a nurse in our health center nurse on a walk-in basis. Appointments are available with a Provider; Monday through Friday.

On weekends, the health center is staffed from 7:00 am until 7:00 pm. A nurse is on duty from 11:00 am until 7:00 pm. A physician or nurse practitioner is available to see students on Saturday and Sunday mornings for urgent health concerns. Students who require weekend care should call the Health Services at 485-2552 or go to the health center so their health concern can be addressed promptly.

There is 24 hour physician coverage via beeper for the student body during all school sessions. After hours the physician on-call can be paged by campus security or our answering service.

Available Health Services:

Many health services are available at no cost to students. These include: consultations with the physicians and nurses, overnight care in the health center, and many oral medications prescribed on a short term basis. There is a charge for x-rays, orthopedic supplies, labs, and surgical procedures. These are billed to a student’s medical insurance. Direct billing to a student’s medical insurance is a courtesy we extend to all of our patients. However, if we do not have full insurance information or the necessary referrals for care provided, a bill will be sent directly to a parent. The student and parent are responsible for obtaining any necessary referrals from their primary care provider. All students are required to have health insurance, either through their family or with the insurance program offered through Norwich University (see Office of the Bursar information).

How To Reach Us:

Norwich University Health Services, commonly called the “Infirmary,” is run by Green Mountain Family Practice. It is located on Crescent Avenue directly behind the gazebo across the street from Crawford Hall. On campus maps it is identified as Marsilius Hall.

We can be reached by telephone at 802-485-2552 between 7 am and 11:00 pm on weekdays and from 7:00 am until 9:00 pm on weekends. The Green Mountain Family Practice number is 802-485-4161. If you require immediate care after hours, call Norwich campus security or our answering service. The answering service can be reached at 802-479-6060.

We welcome students and parents to contact us directly with any questions or concerns.