MARY BALDWIN UNIVERSITY | MURPHY DEMING COLLEGE OF HEALTH SCIENCES

HEALTH RECORDS CHECKLIST FOR STUDENTS

The following health records are required to be able to participate in clinical experiences. Some clinical sites may have additional health related requirements, which include additional or repeat immunizations and/or titers. Specific requirements are provided prior to placement at each site. *It is the student's responsibility to meet these requirements for placement. For more information please refer to Required Health Records Policy.*

COMPLETE, SIGN, AND UPLOAD ALL FORMS. Instructions and more information on New Student Page – Immunizations and Health Records.

FORM A – MEDICAL INFORMATION RELEASE FORM (HIPAA RELEASE FORM)
This form allows Mary Baldwin University to release the information to clinical sites as needed for clinical education experiences.

FORM B – PROOF OF INSURANCE
Health insurance is required. Ensure your policy provides adequate coverage while living in Fishersville, VA and on clinical rotations. Please provide a copy of the front and back of your insurance card. *Clinical assignments require proof of insurance. It is your responsibility to keep this information current to ensure eligibility for clinical assignments.*

FORM C – IMMUNIZATION RECORD
REQUIRED

- **MMR** (measles, mumps, rubella): 2 Measles (rubeola), 2 Mumps, 1 Rubella are required. 2 MMR vaccines or positive titers also meet this requirement.
- **Hepatitis B**: A completed series must be completed; a titer is not alone sufficient.
- **Varicella** (chicken pox): 2 documented varicella (chickenpox) vaccines OR a positive serological titer are required. **NOTE: An affidavit or documentation of having the disease is not accepted**.
- **Tetanus Diphtheria, Pertussis**: A tetanus-diphtheria booster/Tdap is required within the past 10 years. Pregnant health care workers need a dose of Tdap during each pregnancy.
- **Influenza** - *Students entering in August are required to provide proof of immunization once the vaccine becomes available in the fall. Complete by Oct 31st. Required annually.*

RECOMMENDED *(these or other immunizations may be required after arrival to the program)*

- **Updated COVID-19 Vaccine: Please refer to the CDC website for more information.**
- **Hepatitis A**: 2 doses
- **Men ACWY vaccine**: 2 doses, protects against A, C, W, Y strains of meningococcal bacteria - causes meningitis and septicemia.
- **Men B vaccine:** 2 doses, protects against a 5th type of meningococcal bacterium, type B.

FORM D – TUBERCULOSIS TESTING/SCREENING
Newly enrolled students MUST undergo a 2-step tuberculin skin test (TST) OR have 1 Interferon Gamma Release Assay Test (IGRA) blood test. **NOTE: individuals who have had the BCG vaccine will need an IGRA blood test.** A 2-step TST requires 4 visits. It must be performed in the US. Retest in 1 to 3 weeks after first TST result is read. Annual tuberculosis testing thereafter per program and clinic requirements. (Students should wait 4 weeks from last COVID vaccine to get blood or skin testing done.)

Form E – HEALTH CLEARANCE
Complete a physical examination before coming to Mary Baldwin University/ Murphy Deming College of Health Sciences. **A primary care provider must complete and sign the form provided**. This is the only form accepted to verify health information.

All students who have special situations/conditions regarding immunity are required to meet CDC recommended immunization requirements as specified. Information regarding current CDC guidelines for adults: www.cdc.gov/vaccines/schedules/hcp/adult.html For more information please refer to Required Health Records Policy.

INSTRUCTIONS FOR UPLOADING ALL FORMS on New Student Page – Immunizations and Health Records

MARY BALDWIN UNIVERSITY | MURPHY DEMING COLLEGE OF HEALTH SCIENCES

CONTACT INFORMATION: Murphy Deming College of Health Sciences Admissions
540 887-4110
MDCHSAdmit@marybaldwin.edu

Instructions for Uploading Forms:

1. **Download and print MDCHS Health Forms.**
2. **Complete forms.**
   - Sign Form A – Medical Information Release Form (HIPAA Release Form).
   - Submit Form B with scan of front and back of current health insurance card.
   - Complete and have Form C signed by health care provider (MD, DO, PA-C, or NP-C).
   - Complete and have Form D signed by health care provider administering and reading TB 2-Step or performing blood test.
   - Complete and have Form E signed by health care provider (MD, DO, PA-C, or NP-C).
3. **Scan and upload forms to New Student Page – Immunizations and Health Records**
4. **Important: Keep a copy of your completed forms for your records.**

Key Notes:

- Forms may be submitted as they are completed. **You do not need to submit all at the same time.**
- If you need to complete certain immunizations, **you may submit Form C with a note of anything pending**. You may send the same form twice as they are updated or send in additional documentation.
- **Forms are not complete until they are signed by the required party**.
- If you do not have access to a scanner, may we suggest using a phone app. Adobe Scan is free and works well. You may also upload a photo, but check the total size of the file. You may need to reduce the resolution and photo dimension settings.
- The student must upload each required form because your provider does not have access to the system. Please ensure all required documents are signed prior to uploading.
- **If a doctor's office provides supporting documentation, it CANNOT be a substitute for the form**. The provided MDCHS forms must each be completed and signed by the appropriate party.
- **Remember to keep copies of your forms and documentation.**
- Do not hesitate to reach out to MDCHSAdmit@marybaldwin.edu with any questions. We are here to help you complete the necessary requirements prior to the start of the class.

MARY BALDWIN UNIVERSITY | MURPHY DEMING COLLEGE OF HEALTH SCIENCES

A

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

Phone Number: _____ **Email Address:** _____

FORM A – MEDICAL INFORMATION RELEASE FORM (HIPAA RELEASE FORM)

This form allows Mary Baldwin University to release the information to clinical sites as needed for clinical education experiences.

Please complete all sections of this release form. If any sections are left blank, this form will be invalid and it will not be possible for your health information to be shared as requested.

Section I: I give my permission for Mary Baldwin University to share the information listed in Section II of this document with the organization(s) specified in Section IV of this document.

Section II – Health Information:

I would like to give Mary Baldwin University permission to: (Check boxes as appropriate)
Release my limited health record including ☐ physical exam, ☐ medical clearance, ☐ immunizations, ☐ TB screening, ☐ diagnostic and lab test results, and ☐ insurance information.

Form of Release:
Electronic copy or access via a web-based portal

Section III – Reason for Release
Information will be shared at student request or as required for clinical site/ supervised clinical practice experience verification.

Section IV – Who Can Receive My Health Information

I give authorization for the health information detailed in section II of this document to be shared with
Clinical sites/supervised clinical practice experiences
I understand that the person(s)/organization(s) listed above may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share information provided to them.

Section V – Duration of Authorization: This authorization to share my health information is valid from the date of the signature in section VI until terminated by me in writing or my last date of enrollment at Mary Baldwin University.

I understand:

- I am permitted to revoke this authorization at any time and can do so by submitting a request in writing to: Mary Baldwin University • Murphy Deming College of Health Sciences • 100 Baldwin Blvd • Fishersville, VA 22939
- In the event my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health data.

Section VI – Signature: _____ **Date:** _____

MARY BALDWIN UNIVERSITY | MURPHY DEMING COLLEGE OF HEALTH SCIENCES

B

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

FORM B – PROOF OF INSURANCE

TO BE COMPLETED BY STUDENT AND SUBMITED WITH COPY OF INSURANCE CARD

PROOF OF HEALTH INSURANCE	
Insurance Company	
Insurance Subscriber Name	
Insurance Policy #	
Insurance Company's Telephone Number	

NOTE: MUST SUBMIT FORM WITH A COPY OF FRONT AND BACK OF CURRENT INSURANCE CARD.

If you are planning to enroll in the **school student health insurance program**:
Write in box above: ***Enrolling in Student Health Insurance***
Upload a copy of the card when available to Exxat.

Information regarding the student health insurance provided separately.

*Completing this form **DOES NOT** substitute for completing the waiver process with the insurance company.*

MARY BALDWIN UNIVERSITY | MURPHY DEMING COLLEGE OF HEALTH SCIENCES

C

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

FORM C – VACCINATION RECORD

REQUIRED IMMUNIZATIONS	Dose #1 Date MM/DD/YY	Dose #2 Date MM/DD/YY	Dose #3 Date MM/DD/YY	Date of positive Immune Titer
1. MMR (Measles, Mumps, Rubella) – *2 Doses REQUIRED* All doses of MMR, given singly or in combination, must be given after 1 year of age and at least one month apart. MMR requirement is only if born in 1957 or later.	___/___/___ **After 1st Birthday**	___/___/___ **>4 weeks apart**		*Attach Documentation*
-OR - MEASLES – *2 Doses REQUIRED*	___/___/___	___/___/___		
MUMPS – *2 Doses REQUIRED*	___/___/___	___/___/___		
RUBELLA (German Measles) – *1 Dose REQUIRED*	___/___/___			
2. HEPATITIS B – ___ 2 Doses or ___ 3 Doses	___/___/___	___/___/___	___/___/___	
3. VARICELLA (CHICKEN POX) – *2 Doses or Titer REQUIRED*	**Date of Disease**___/___/___ **AND Date of Titer**___/___/___ **Attach copy of QUANTITATIVE LAB REPORT.**			
-OR -	**Dose #1 Date**___/___/___	**Dose #2 Date**___/___/___		
4. Tdap (Tetanus, Diphtheria, Pertussis)_____/_____/_____	**Current Tdap within last 10 years.**			
5. INFLUENZA Date:_____/_____/_____**Required annually by October 31.**				
RECOMMENDED IMMUNIZATIONS				
COVID-19 Vaccine (Completed series required, number of doses may vary)	**Manu.** _____ **Dose Date** /_____/_____			
HEPATITIS A VACCINE	**Dose #1 Date**___/___/___	**Dose #2 Date**___/___/___		
Men ACWY	**Dose #1 Date**___/___/___	**Dose #2 Date**___/___/___		
Men B	**Dose #1 Date**___/___/___	**Dose #2 Date**___/___/___		

HEALTH CARE PROVIDER (MD, DO, PA-C, or NP-C)

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

Print Health Care Provider Name with Credentials: _____

Office Address, Telephone & Fax Number: _____

_____

INSTRUCTIONS FOR UPLOADING ALL FORMS on New Student Page – Immunizations and Health Records

Updated 07/2024

MARY BALDWIN UNIVERSITY | MURPHY DEMING COLLEGE OF HEALTH SCIENCES

D

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

FORM D – TUBERCULOSIS TESTING/SCREENING

REQUIRED: Newly enrolled students MUST undergo a two-step Tuberculin skin test (TST) OR have 1 Interferon Gamma Release Assay (IGRA) blood test. All testing and X-Rays must be done in the USA. If you have received the BCG vaccination, it is preferred that you have the IGRA blood test done. **Annual tuberculosis testing thereafter per program requirements.** More info: https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/baseline-testing.html?CDC_AAref_Val=https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

Two-Step TST

Test 1	Date placed: ____/____/____	Date read: ____/____/____	mm	○ positive	○ negative

Test 1: Health Care Provider Signature: _____

Test 2	Date placed: ____/____/____	Date read: ____/____/____	mm	○ positive	○ negative

Retest in 1 to 3 weeks after first TST result is read.

Test 2: Health Care Provider Signature: _____

IGRA (QFT Gold or T-Spot – TB blood test)

Date performed: ____/____/____	○ positive	○ negative	Copy of lab report REQUIRED

Indeterminate or Borderline results are not acceptable. Repeat test or administer Two-step TST.

Chest X-Ray

Required ONLY if POSITIVE TST or POSITIVE IGRA. Chest X-ray must be after positive TST/IGRA and within 6 months of semester start date. A negative chest x-ray is not a substitute for tuberculosis testing. **Attach copy of x-ray report.**

Treatment for TB disease or Latent TB Infection

Dates of treatment regimen:_____/____/____to_____/____/____. **Attach documentation.**

□ INH □ Rifampin □ 3HTP (12-week DOT)

HEALTH CARE PROVIDER

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

Print Health Care Provider Name with Credentials: _____

Office Address, Telephone & Fax Number: _____

MARY BALDWIN UNIVERSITY | MURPHY DEMING COLLEGE OF HEALTH SCIENCES

E

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

FORM E – PHYSICAL EXAM AND HEALTH CLEARANCE

Based on my assessment (the student's health history, immunization records, and physical examination), and to the best of my knowledge, I can attest to the following:

- The student is in satisfactory physical health to participate in a health professions education program including clinical experiences required by the program of study
- The student is in satisfactory mental health to participate in a health professions education program including clinical experiences required by the program of study
- Any limitations or accommodations to full participation are noted below.

HEALTH CARE PROVIDER (MD, DO, PA-C, or NP-C)

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

Print Health Care Provider Name with Credentials: _____

Office Address, Telephone & Fax Number: _____

_____

Notes:

INSTRUCTIONS FOR UPLOADING ALL FORMS on New Student Page – Immunizations and Health Records