



**THE COLLEGE OF WILLIAM AND MARY  
STUDENT HEALTH CENTER**

P. O. Box 8795  
Williamsburg, VA 23187-8795  
Phone (757) 221-4386 / fax (757) 221-1245  
E-mail: [sthlt@wm.edu](mailto:sthlt@wm.edu)

Dear Student:

Congratulations on your acceptance to the College of William & Mary. We look forward to serving your health needs. To help us care for you, we need information about your health status. The Health Evaluation Form is comprised of 3 sections that are due June 1st for those students entering the fall semester and January 10th for those students entering the spring semester.

All full-time students, as well as any student eligible for services, are responsible for returning your health evaluation form to the Student Health Center (Code of Virginia 23-7.5). **This form will not be accepted if the physician completing and signing the form is a family member.**

Previously enrolled students, who are reentering as full-time students, after an absence from campus of greater than 2 years must update their health form to meet current standards. If the absence is greater than 6 years, the entire form requires resubmission.

For those seeking religious exemption, a Certificate of Religious Exemption (Form CRE-1) is the only form accepted.

Omission or misrepresentation of pertinent medical information is a violation of the honor system.

**FAILURE TO COMPLETE THIS REQUIREMENT WILL RESULT IN A "HOLD" BEING APPLIED TO YOUR BANNER ACCOUNT AS WELL AS LATE FEES OF \$100 ON AUGUST 31 FOR SUMMER/FALL ADMISSION OR ON FEBRUARY 28 FOR SPRING ADMISSION.**

Sincerely,

Student Health Center Staff



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**THIS FORM MUST BE  
SUBMITTED BY  
JUNE 1 FOR FALL/SUMMER  
ADMISSION OR JANUARY 10  
FOR SPRING ADMISSION OR  
YOU WILL BE CHARGED A  
LATE FEE OF \$100**

**I. HEALTH HISTORY - Please note, your medical information will NOT be shared outside of the Student Health Center.**

To be completed by the Student.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>	<b>Student ID #</b>
<b>Preferred Name</b>	<b>Age</b>	<b>Place of Birth</b>	<b>Gender Identity</b>	<b>Email Address</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Student Cell Phone</b>
<b>Home Address (if different)</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Phone</b>
<b>Emergency Contact</b>	<b>Relationship</b>	<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>

**Date of Entrance:** Fall Spring Summer 20 \_\_\_\_  
Undergrad. Grad Law VIMS Summer Student ONLY

**If previously enrolled, last year attended:** \_\_\_\_\_  
Previous Name, if different than when you were last enrolled:  
\_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

<b>Any history of the following:</b>	<b>Yes</b>	<b>No</b>
Asthma		
Migraine		
Cancer, Type _____		
Diabetes		
Epilepsy, Convulsions		
Heart Disease		
Kidney Conditions		
QT Prolongation, Or Family History _____		
Please Circle - Depression/Anxiety/Bipolar Disorder		
ADD/ADHD		
History of Eating Disorder		
Please Circle - Cutting/Self-Harm/Suicide Attempts		

**Current Medications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Any allergies to:</b>	<b>Yes</b>	<b>No</b>
<b>Medications</b> Type & Reaction:		
<b>Other allergies</b> Type & Reaction:		

**Any other significant conditions/treatments/disorders we should be aware of:** \_\_\_\_\_  
\_\_\_\_\_

<b>If you answer Yes to the following questions please provide details in the space provided below.</b>	<b>Yes</b>	<b>No</b>
Have you ever been treated for a psychological problem (disordered eating, depression, anxiety, etc.)?		
Have you been hospitalized or had any other illness or injury (other than those already listed)?		
<b>Provide further detail for positive answers here:</b> _____ _____ _____		

**NOTICE OF PRIVACY PRACTICES/PATIENT CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION**

Information available on the College of William and Mary Student Health Ctr website at:  
<http://www.wm.edu/offices/wellness/healthcenter/documents/Patient-Notice-of-Privacy-Practices.pdf>

**PERMISSION FOR TREATMENT – If you are 18 or older, please sign form yourself:** I grant permission to the Student Health Center physicians, Nurse Practitioners and Nurses to treat me for medical illnesses or preventative health care. Additionally, I authorize these same providers to hospitalize and/or secure treatment for me in the event of surgical, medical, or psychiatric emergency if I am unconscious or incompetent at the time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you are under 18, a parent or guardian must also sign form:*

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

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II. IMMUNIZATION RECORD

Must be completed & signed by a healthcare provider OR an official copy of your record must be attached (in English).

Table with 5 columns: Last Name, First Name, Middle Name, Date of Birth, Student ID #

USE DATE FORMAT OF: MM/DD/YYYY

A. MMR (Measles, Mumps, Rubella) - REQUIRED - OR - attach Laboratory proof of immunity

Dose 1 given at age 12 months or later \_\_\_/\_\_\_/\_\_\_
Dose 2 given at least 28 days after first dose \_\_\_/\_\_\_/\_\_\_

OR as individual vaccines

Measles \_\_\_/\_\_\_/\_\_\_ Measles \_\_\_/\_\_\_/\_\_\_ Mumps \_\_\_/\_\_\_/\_\_\_ Mumps \_\_\_/\_\_\_/\_\_\_ Rubella \_\_\_/\_\_\_/\_\_\_

OR

Age exempt (born before 1957) for Measles/Mumps - Yes \_\_\_ No \_\_\_ (Rubella is still REQUIRED)

B. Hepatitis B - REQUIRED - OR - attach Laboratory proof of immunity - OR - sign waiver below - OR - Hepatitis B carrier (attach most recent lab reports)

Dose 1 \_\_\_/\_\_\_/\_\_\_ Dose 2 \_\_\_/\_\_\_/\_\_\_ Dose 3 \_\_\_/\_\_\_/\_\_\_ OR
Merck 2 dose adolescent series (ages 11-15) - Dose 1 \_\_\_/\_\_\_/\_\_\_ Dose 2 \_\_\_/\_\_\_/\_\_\_ OR

Waiver: I have reviewed the CDC website regarding Hepatitis B @ http://www.cdc.gov/hepatitis/index.htm and have been fully informed of the risks and health hazards of Hepatitis B infection as well as the benefits of the Hepatitis B vaccine. I choose not to be immunized against Hepatitis B infection at this time. Student signature (If you are under 18, parent or guardian must sign here):

C. Tetanus-Diphtheria - REQUIRED - OR- \*\*PREFERRED\*\* Tdap - REQUIRED
(Within 10 years) (Within 10 years)

\_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

D. Meningococcal Tetravalent - REQUIRED - OR - Sign waiver below

All adolescents and teens ages 11-18 should be vaccinated, as should unvaccinated adults who are attending college.

A booster dose will be necessary for those who received their first dose before the age of 16.

Menactra \_\_\_/\_\_\_/\_\_\_ OR Menveo \_\_\_/\_\_\_/\_\_\_ OR Menomune (repeat every 3-5 years) \_\_\_/\_\_\_/\_\_\_

Waiver: I have reviewed the CDC website regarding Meningitis @ http://www.cdc.gov/meningitis/index.html and have been fully informed of the risks and health hazards of Meningitis infection as well as the benefits of the Meningitis vaccine. I choose not to be vaccinated against the Meningococcal disease at this time. Student signature (If you are under 18, parent or guardian must sign here):

E. Other vaccines NOT REQUIRED but are HIGHLY RECOMMENDED

Varicella Vaccine

Dose 1 \_\_\_/\_\_\_/\_\_\_ Dose 2 \_\_\_/\_\_\_/\_\_\_ - OR - History of Disease \_\_\_/\_\_\_/\_\_\_

Human Papillomavirus Vaccine (HPV)

Dose 1 \_\_\_/\_\_\_/\_\_\_ Dose 2 \_\_\_/\_\_\_/\_\_\_ Dose 3 \_\_\_/\_\_\_/\_\_\_ OR Dose 1 \_\_\_/\_\_\_/\_\_\_ Dose 2 \_\_\_/\_\_\_/\_\_\_ (prior to age 15)

Hepatitis A

Dose 1 \_\_\_/\_\_\_/\_\_\_ Dose 2 \_\_\_/\_\_\_/\_\_\_

Polio - Please specify IPV/OPV

Dose 1 \_\_\_/\_\_\_/\_\_\_ Dose 2 \_\_\_/\_\_\_/\_\_\_ Dose 3 \_\_\_/\_\_\_/\_\_\_ Dose 4 \_\_\_/\_\_\_/\_\_\_

Colleague: Thank you for taking time to assist us with this important task. We know that vaccine preventable diseases occur on college campuses where students are not immunized or inadequately immunized. You help us to protect all students and their contacts BY NOT ACCEPTING ANECDOTAL INFORMATION, and by submitting immunization data from your office records or from records presented for your review which include complete dates (month/day/year) of administration. Where records are missing or incomplete, updating immunizations helps to ensure that the student is protected, and enables him/her to complete requirements for matriculation at The College of William and Mary.

DATE THIS FORM WAS COMPLETED

AN OFFICE STAMP MUST BE USED TO VALIDATE THIS FORM

PRACTITIONER NAME/TITLE (M.D., N.P., R.N., P.A.)

SIGNATURE

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**Table 1**

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

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>.

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Revised 6/2017





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**BEFORE MAILING FORM:**

**Please note:** Your Student ID number can be found on your acceptance letter and is helpful in the processing of your Health Evaluation Form.

Complete and sign Section I.  
(Parent/Legal Guardian **must** also sign for students under 18 years of age.)

Examiner's signature is **required** to complete Sections II (unless official documentation provided) and III.

All **required** immunizations must be **signed** by a practitioner or official documentation must be provided. (Be sure you have received your Meningitis Booster dose **after age 16** or signed the waiver.)

Include all three sections (Sections I, II, III).

Be sure your name and student ID number are on each page.

Keep a copy of the form for your records.

Are you interested in having an Advanced Medical Directive on file? If so, it can be found at:

[http://www.wm.edu/offices/wellness/healthcenter/documents/2012\\_VA\\_AMD\\_Simplified-Basic.pdf](http://www.wm.edu/offices/wellness/healthcenter/documents/2012_VA_AMD_Simplified-Basic.pdf)

Include a copy of the front and back of your insurance card and your prescription insurance card (**unless** you have the College insurance plan). Please note: All students who do not wish to be enrolled in the College's Sponsored Student Health Insurance Plan are **REQUIRED** to complete the **ONLINE** insurance waiver **each year by August 31** (<https://studentcenter.uhcsr.com/wm>).

**YOUR HEALTH EVALUATION FORM SHOULD BE SUBMITTED TO:**

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**ATHLETIC PARTICIPATION FORMS (IF REQUIRED) SHOULD BE SENT DIRECTLY TO THE ATHLETIC DEPARTMENT:**

College of William & Mary  
SPORTS MEDICINE  
P.O. Box 399  
Williamsburg, VA 23187-0399

Remember that all requested information is **required**. Incomplete health forms **cannot** be accepted. If you have any questions, please contact the Student Health Center at (757) 221-4386.

Mailing your form is preferred, but **legible** faxed forms are accepted; however, we experience an **extremely high volume** of faxed forms. For this reason, it is more prudent to mail your form even though your form may arrive a bit late!

**DO NOT FAX AND MAIL YOUR FORMS.**

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