



# Health & Well-being

## STUDENT HEALTH CENTER

Welcome New Spiders:

The Student Health Center congratulates you on your acceptance to the University of Richmond! Our team is here to help you maintain your well-being and to restore your health in the event of illness or injury.

Building immunity to common communicable diseases is a critical first step in protecting your personal health. Completion of all three parts of the **pre-entrance health form** (included in the following pages and available through the online portal forms) allows you to demonstrate that you have met the basic immunization requirements known to promote healthy communities and required by the Commonwealth of Virginia.

Sincerely,

Latrina Lemon, M.D.  
Medical Director, Student Health Center

### RESOURCES:

**Student Health Center:** The Student Health Center opens on the first day of fall semester classes. Services include treatment of acute and chronic illnesses, injuries, disease prevention, health maintenance and mental health-related care. To schedule an appointment log onto: [richmond.medicatconnect.com](http://richmond.medicatconnect.com) or call **804-289-8064**. To learn more about the services and resources we offer, visit: [healthcenter.richmond.edu/information-and-services](http://healthcenter.richmond.edu/information-and-services)

**CAPS:** Counseling and Psychological Services (CAPS) offers a wide range of short-term services. If you have a condition that requires weekly longer-term care, we strongly encourage you to arrange for that care ahead of time with an off-campus provider. CAPS uses a multi-tiered Individualized Care Model that seeks to meet students where they are in the change process, while promoting autonomy and empowerment. For more information visit: [caps.richmond.edu](http://caps.richmond.edu)

**Disability Services:** Disability Services provides a wide range of individualized services and accommodations to ensure an inclusive and accessible educational experience for all students. To learn more about the services and resources we offer, visit: [disability.richmond.edu](http://disability.richmond.edu)

### IMPORTANT DUE DATES:

#### Pre-Entrance Health Form

**Fall Entry: July 15**

**Spring Entry: January 15**

Obtain vaccination documentation from your health care provider and use these dates to complete the electronic immunization form via the Student Health Center portal: [richmond.medicatconnect.com](http://richmond.medicatconnect.com)

Requires Net ID and password

Questions? [healthcenter@richmond.edu](mailto:healthcenter@richmond.edu)

#### Health Insurance:

The University of Richmond requires domestic undergraduate students and law students to have health insurance coverage. The Student Health Insurance Plan (SHIP) ensures that students have access to comprehensive health insurance and health care while attending the University.

Each academic year, all domestic students are required to enroll in or to waive coverage by demonstrating they have insurance that meets the University's requirements.

International students are required to participate in the University's SHIP, and are automatically enrolled by the Office of International Education.

For more information, visit:

[studenthealthinsurance.richmond.edu](http://studenthealthinsurance.richmond.edu)

Student Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

University ID #: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

**Entire form due July 15 for Fall Entry or January 15 for Spring Entry****Immunization Form**

TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER

A copy of the electronic immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form. For more information about immunization requirements or exemption forms: [healthcenter.richmond.edu](http://healthcenter.richmond.edu)

Required Vaccines	Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given			
Tdap (one dose required on or after 10 <sup>th</sup> birthday)	1			
Tetanus Booster (if Tdap > 10 years ago)	1			
Polio (IPV, OPV) last dose must be given after 4 <sup>th</sup> birthday	1	2	3	4
Measles, Mumps, Rubella (MMR) Vaccine (two dose series; first dose must be on or after 1 <sup>st</sup> birthday)	1	2		
Measles (Rubeola)	1	2	Or date of Serologic Confirmation of Measles Immunity (must attach copy of lab result):	
Rubella	1		Or date of Serologic Confirmation of Rubella Immunity (must attach copy of lab result):	
Mumps	1	2	Or date of Serologic Confirmation of Mumps Immunity (must attach copy of lab result):	
Meningococcal Vaccine (A, C, Y, W-135) (initial or booster dose must be on or after 16 <sup>th</sup> birthday) Required only for students < 22 years of age.	1			
Hepatitis B Vaccine <input type="checkbox"/> 2-dose vaccine used to complete series.	1	2	3	Or date of Serologic Confirmation of Hepatitis B Immunity (must attach copy of lab result):
Recommended Vaccines	Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given			
COVID-19 Vaccine Brand: _____	1	2	3	Completion of any WHO approved vaccine series is required; boosters are recommended
Hepatitis A	1	2		
Human Papillomavirus Vaccine (HPV)	1	2	3	
Influenza	1			
Serogroup B Meningococcal Vaccine <input type="checkbox"/> MenB-4C <input type="checkbox"/> MenB-FHpb	1	2	3	
Varicella	1	2	Or date of Varicella Disease or Serologic Confirmation of Varicella Immunity (must attach copy of lab result):	

**HEALTH CARE PROVIDER:**

Signature of Medical Provider/Health Department Official: \_\_\_\_\_

Medical Provider Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL PRE-ENTRANCE REQUIREMENTS TO BE COMPLETED BY INCOMING STUDENT**

- Log onto [richmond.medicatconnect.com](http://richmond.medicatconnect.com) using student Net ID and password to complete three electronic forms under the FORMS tab:
  - IMMUNIZATION: Manually input vaccination dates provided on immunization record AND upload your physician verified immunization record.
  - TUBERCULOSIS (TB) SCREENING FORM
  - MEDICAL HISTORY FORM