



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,
Lynne Deane, 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.studenthealthportal.com or call **804-289-8064**. To learn more about the services and resources we offer, visit: healthcenter.richmond.edu/information-and-services

Allergy Clinic: Our allergy clinic can continue allergy immunotherapy injections ordered by your current allergist while you are at UR. In order to administer allergy injections, we require written orders and serum provided by your allergist. Initial allergy shot(s) must be administered by your allergist's office. Questions? healthcenter@richmond.edu

CAPS: Counseling and Psychological Services (CAPS) at the University of Richmond offers a wide range of short-term services. CAPS utilizes an Individualized Care Model, which is a multi-tier system of services that seeks to meet students where they are in the change process, while promoting autonomy and empowerment. To learn more about the services and resources we offer, visit: 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

IMPORTANT DUE DATES:

Pre-Entrance Health Form

Fall Entry: June 1

Spring Entry: January 1

You and your health care provider must complete and sign the pre-entrance health form. Submit your form through the student health portal:

richmond.studenthealthportal.com

Requires Net ID and password

Questions? healthcenter@richmond.edu

Health Insurance:

The University of Richmond requires domestic undergraduate students taking in-person classes 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.

All full-time 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.

For more information, visit:

studenthealthinsurance.richmond.edu

Entire Form due June 1 for Fall Entry or January 1 for Spring Entry

Pre-Entrance Health Form: PART 1

TO BE COMPLETED BY INCOMING STUDENT OR PARENT/LEGAL GUARDIAN

Student Name: _____
Last First Middle

Date of Birth: ___ / ___ / ___ University ID# _____ State or Country of Birth: _____
MM DD YYYY

Address: _____
Street City State Zip

Name or parent or Legal Guardian 1: _____ Phone ___ - ___ - ___ Work or Cell ___ - ___ - ___

Name of Parent or Legal Guardian 2: _____ Phone ___ - ___ - ___ Work or Cell ___ - ___ - ___

Emergency Contact: _____ Phone ___ - ___ - ___ Work or Cell ___ - ___ - ___

Protected Health Information & Power of Attorney:

The current policy of the Student Health Center allows for the release of information regarding students 18 and over when a signed consent is obtained from the patient at the time of the visit. For students under 18, the Student Health Center will share health information consistent with Virginia law.

The University of Richmond does not require a Power of Attorney document for students. Please contact us if you have additional questions.

Consent for the Treatment of Minors (for students 17 years and younger)

To be completed by parents or legal guardians of students who will be under the age of 18 when arriving on campus.

I/We, the parent(s)/guardian(s) of the minor named above ("Student Name"), hereby give consent for the University of Richmond and its Student Health Center physicians, nurses and other clinicians to render primary care services (including, but not limited to, the administration of vaccinations such as tetanus, influenza, and/or meningitis), first aid, urgent, or emergency care to my Student and, when they deem it medically necessary, to arrange for transport to and treatment by a hospital or local health care provider.

I/ We understand that the Student Health Center physicians, nurses and/or other clinicians will make reasonable efforts, under the circumstances, to contact me/us prior to rendering or securing urgent or emergency care, but acknowledge that they may proceed with such care in the event they are not able to contact me/us.

This consent will remain in effect until my Student's 18th birthday.

Parent/Guardian Signature: _____ Printed Name: _____

Parent/Guardian Primary Phone Number: _____

Parent/Guardian Email Address: _____

Date: ___ / ___ / ___

Student Name: _____

DOB: ____/____/____
MM DD YYYY

University ID #: _____

Entire Form due June 1 for Fall Entry or January 1 for Spring Entry**Pre-Entrance Health Form: PART 2**

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: <https://healthcenter.richmond.edu/new-students/index.html>

Required Vaccines	Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given			
Tdap (one dose required on or after 10 th birthday)	1			
Tetanus Booster (if Tdap > 10 years ago)	1			
Polio (IPV, OPV)	1	2	3	4
Measles, Mumps, Rubella (MMR) Vaccine (two dose series; first dose must be on or after 1 st 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 th 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			
Hepatitis A	1	2		
Human Papillomavirus Vaccine (HPV)	1	2	3	
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):	
COVID Vaccine Brand: _____	1	2	3	4

HEALTH CARE PROVIDER:

Signature of Medical Provider/Health Department Official: _____

Medical Provider Printed Name: _____ Date: ____/____/____

Address: _____ Phone: _____

Pre-Entrance Health Form: PART 3

TO BE COMPLETED BY INCOMING STUDENT

- Log onto richmond.studenthealthportal.com using your Net ID and password to complete three electronic forms under the MY FORMS tab:

1 IMMUNIZATION FORM

- Enter vaccination dates provided on immunization record and upload your physician verified immunization record.

2 TUBERCULOSIS (TB) SCREENING FORM**3 MEDICAL HISTORY FORM**