Welcome New Spiders:

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

Building immunity to common communicable diseases is a critical first step in protecting your personal health. Completion 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.

Sincerely,
Lynne Deane, M.D.
Medical Director, UR 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, peer education 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

**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)  
Select the 'Document Upload' tab and follow instructions. Questions? healthcenter@richmond.edu

**Health Insurance:**
The University of Richmond requires full-time undergraduate and law students to be protected with full 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.

International students are required to participate in the University’s SHIP, and are automatically enrolled.

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.

Enrollment begins May 15, 2021. Students who do not enroll in or waive out of the SHIP prior to the August 31, 2021 deadline will have the insurance cost for the fall semester automatically added to their tuition bill. For more information, visit: studenthealthinsurance.richmond.edu
Entire Form due June 1 for Fall or January 1 for Spring

Pre-Entrance Health Form: PART I

[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: ____________________

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: ___ / ___ / ___
**Pre-Entrance Health Form: PART II**

[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

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap (one dose required on or after 10th birthday)</td>
<td>1</td>
</tr>
<tr>
<td>Tetanus Booster (if Tdap &gt; 10 years ago)</td>
<td>1</td>
</tr>
<tr>
<td>Polio (IPV, OPV)</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella (MMR) Vaccine</td>
<td>1  2</td>
</tr>
<tr>
<td>Measles (Rubeola)</td>
<td>1  2</td>
</tr>
<tr>
<td>Or date of Serologic Confirmation of Measles Immunity (must attach copy of lab result):</td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td>1</td>
</tr>
<tr>
<td>Or date of Serologic Confirmation of Rubella Immunity (must attach copy of lab result):</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>1  2</td>
</tr>
<tr>
<td>Or date of Serologic Confirmation of Mumps Immunity (must attach copy of lab result):</td>
<td></td>
</tr>
<tr>
<td>Meningococcal Vaccine (A, C, Y, W-135) (initial or booster dose must be on or after 16th birthday) Required only for students &lt; 22 years of age.</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td>1  2  3</td>
</tr>
<tr>
<td>Or date of Serologic Confirmation of Hepatitis B Immunity (must attach copy of lab result):</td>
<td></td>
</tr>
</tbody>
</table>

### Recommended Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Record Complete Dates (mm/dd/yyyy) of Vaccine Doses Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>1  2</td>
</tr>
<tr>
<td>Human Papillomavirus Vaccine (HPV)</td>
<td>1  2  3</td>
</tr>
<tr>
<td>Serogroup B Meningococcal Vaccine</td>
<td>1  2  3</td>
</tr>
<tr>
<td>□ MenB-4C □ MenB-FHpb</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1  2</td>
</tr>
<tr>
<td>Or date of Varicella Disease or Serologic Confirmation of Varicella Immunity (must attach copy of lab result):</td>
<td></td>
</tr>
<tr>
<td>COVID:</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>Other</td>
<td>1  2  3  4</td>
</tr>
</tbody>
</table>

**HEALTH CARE PROVIDER:**

Signature of Medical Provider/Health Department Official: ___________________________________________ Date: ____ / ____ / ______

Medical Provider Printed Name: ___________________________ Phone: ___________________________

Address: _____________________________________________

**Pre-Entrance Health Form: PART III**

[TO BE COMPLETED BY INCOMING STUDENT]

- COMPLETE ELECTRONIC FORMS: Log onto richmond.studenthealthportal.com using your Net ID and password to complete three electronic forms under the MY FORMS tab:
  - IMMUNIZATION FORM
    - Enter vaccination dates provided on immunization record
    - Once the online immunization form is complete, UPLOAD the Pre-Entrance Health Form using the DOCUMENT UPLOAD tab, in order for your immunization history to be reviewed
  - TUBERCULOSIS (TB) SCREENING FORM
  - MEDICAL HISTORY FORM