



Academic Year 2018/2019

Please read this packet carefully. It contains critical information for your success as a student.

It is our pleasure to welcome you to the University of the Pacific and to introduce you to Pacific Health Services. We provide student-centered primary care to Pacific students, promote optimal wellness, and assist students to achieve their academic goals through quality health services. Some highlights about our services:

- All students who pay the Cowell Wellness fee may access all services regardless of their insurance coverage.
- Pacific Health Services offers:
 - Primary care with referral service as needed
 - Immunization review and administration
 - Preventive screenings
 - Contraceptive services
 - Online medical portal
 - Dietitian Services
 - Nurse Advice line when we are not open (209-946-2315 option 4)
 - Physicals
 - TB screening and testing
 - Women's care
 - STI testing and treatment

Additionally, Pacific Health Services monitors student health and communicable disease clearance and compliance.

Prior to starting at the University of the Pacific, there are several health clearance requirements that need to be completed.

A check-list with requirement deadlines and several required documents are enclosed in this packet for your convenience.

Thank you and we look forward to providing physical and mental health services to you.



CHECK- LIST FOR PACIFIC HEALTH SERVICES

UPLOAD DOCUMENTS – Due October 15, 2018

Under the Immunization tab: go.pacific.edu/myhealth

- History & Physical – *Physical exam must be completed by a provider.*
- Copy of immunization card(s) and immunization lab report(s) – *See Health Requirements form*

You may also mail documents to: Pacific Health Services ▪ 3601 Pacific Avenue ▪ Stockton, CA 95211-0197

ONLINE ITEMS – Due October 15, 2018

Under the Forms tab: go.pacific.edu/myhealth

- Acknowledgement of Receipt of Notice of Privacy Practices
- Acknowledgement of No Show Cancellation Policy & Fee Schedule
- Patient Lab Service Policy
- Health history questionnaire

ONLINE ITEMS – Due September 7, 2018

Under the Insurance Waiver tab: go.pacific.edu/myhealth

Yearly Insurance Waiver

- Waiver completion is required to avoid being charged the *Student Health Insurance Premium*. Completing the previous health-related items DO NOT satisfy the waiver requirement. You will need to complete a new waiver each fall term.

Consequences for Non-Compliance

Program Level

- Students may be removed from classes or experiential learning opportunities until compliant.

University Level

- Students who fail to complete the requirements by **October 15, 2018** will have a hold placed on your registration account and incur a \$50 late fee.

MATRICULATION REQUIREMENTS

Health Science, Athletic Training, and Music Therapy Students

(Acceptable documentation includes copies of childhood immunization records, immunization records/print-outs from a provider, and/or lab reports.)

Please attach this form to your immunization records if submitting by mail.

Name _____ Student ID # _____ Birthdate _____

Required

- Health History and Physical Examination (paper form)**
 - Complete within 3 months of classes starting or at least once during career at Pacific.
 - Forms are found attached and at www.pacific.edu/healthforms
 - Physical may be done at Pacific Health Services beginning August 1 as long as you are registered for spring classes and Cowell Wellness Health fee has been paid. Fees may be charged.
- Hepatitis B**
 - Quantitative Hepatitis B Surface Antibody blood test showing immunity (required even if you have 3 vaccines)
 - Three documented vaccines (Blood test /titer will suffice if documentation is not available.)
- MMR (Measles, Mumps, Rubella)**
 - Two documented vaccines OR quantitative blood test/titer showing immunity
- Tdap Vaccine (Tetanus, Diphtheria, Acellular Pertussis)**
 - One documented vaccine since in the past 10 years (Td is not acceptable.)
 - If Tdap was given more than 10 years ago, then one recent documented Td booster
- Varicella Vaccine (Chickenpox)**
 - Two documented vaccines OR blood test /titer showing immunity
 - Documentation of Varicella disease is **not** acceptable in place of blood test / titer or vaccines
- Influenza Vaccine**
 - Required annually. Vaccine clinics will be offered in the fall.
- Tuberculosis Screening (see Tuberculosis Screening Information sheet)**
 - No history of positive PPD test or disease
 - 2-step PPD screening within 3 months prior to starting classes
 - History of positive PPD or disease
 - Chest X-ray, Quantiferon Gold or T-Spot blood tests within 6 months of starting school if history of positive PPD test or disease. If blood test results are positive, chest x-ray results must be provided.
 - Complete *Annual Tuberculosis Symptom Review* www.pacific.edu/healthforms
 - Documentation of previous BCG vaccination, Latent TB treatment or Active TB treatment, as applicable.
- Meningitis Vaccine**
 - Must complete the CA Meningitis Disclosure Form or have had the vaccine in the last 5 years if living on campus or if you are a freshman.
 - Submit documentation if you have been vaccinated for Meningitis (must have received a vaccine after age 16)

Recommended

- HPV Vaccine**
 - Recommended for males and females, 26 years or younger. A series of three vaccines.
- Hepatitis A Vaccine**
 - Series of 2 vaccines



California State Required Meningitis Awareness Disclosure Form

California law requires that universities make an increased effort to educate students about the risk of Meningococcal disease or "Meningitis". Although the incidence of Meningitis is relatively rare, about one case per 100,000 persons per year, studies done by the CDC and American College Health Association (ACHA) found that the cases of Meningococcal disease are three to four times higher among college freshman that live in the resident halls. The Meningococcal vaccine is effective against the four kinds of bacteria that cause about two thirds of the Meningococcal disease in the United States.

What is Meningococcal Meningitis?

Meningococcal meningitis is a potentially fatal infection caused by the bacterium Neisseria meningitides that causes inflammation of the membranes surrounding the brain and spinal cord.

How is Meningitis Spread?

Meningitis is spread by direct contact with infected individuals. The bacterium is present in respiratory secretions and can be spread by coughing or sneezing. It is also spread by sharing eating utensils, water bottles, cigarettes and kissing. Social factors such as smoking, excessive alcohol consumption and bar patronage also increase the chance that a person will contract meningitis from an infected individual.

Is There a Vaccine For Meningitis?

There are two vaccines available that are 85% to 100% effective in preventing four kinds of bacteria that cause about 70% of disease in the U.S. Menomune, the Meningococcal polysaccharide vaccine (MPSV4) has been available since the 1970s. Menactra, the Meningococcal conjugate vaccine (MCV4,) was licensed in 2005. Both vaccines work well and are safe with generally mild side effects such as redness and pain at the injection site lasting up to two days. Immunity develops within 7-10 days after vaccination and lasts approximately 3-5 years. The newer Menactra vaccine is the preferred vaccine for people 11-55 years of age and is expected to give better, longer-lasting protection and should also be better at preventing the disease from spreading from person to person.

What Are The Symptoms of Meningitis?

Cases of Meningitis peak in late winter and early spring, overlapping the flu season. Symptoms can easily be mistaken for the flu. These symptoms may include high fever, rash, vomiting, severe headache, neck stiffness, lethargy, nausea and sensitivity to light. If a student has two or more of these symptoms at one time, they should seek health care immediately. Meningitis progresses rapidly and can lead to shock and death within hours of the first symptoms if left untreated.

If you have any questions regarding the meningitis vaccines please contact your healthcare provider or call Pacific Health Services at 209-946-2315. More information can be found at the CDC website (www.cdc.gov) or the ACHA website (www.acha.org).

The Menactra Vaccine for Neisseria meningitides is available at Pacific Health Services (fee may vary). We will keep this confidential as part of your medical record in accordance with HIPAA. Please indicate your preference and acknowledgement of this information by signing below:

Mark One of The Boxes Then Sign Below

- I have received the meningococcal vaccine. Date: ___/___/____ **Please provide proof of immunization.** (Hib meningitis vaccine does NOT qualify)
- I am planning to receive the vaccine and will provide documentation to Pacific Health Services.
- I have read the provided information and do not want to receive either vaccine. _____ (initial)

Student Signature Student ID #

Student Name (Please Print Clearly) Date

Parent / Guardian signature (if student under age 18)

Print Parent Name

Please return to Pacific Health Services, 3601 Pacific Avenue, Stockton, CA 95211



TUBERCULOSIS (TB) SCREENING

Health Science, Athletic Training, and Music Therapy Students

1. Have you had a positive TB (or PPD) test?
 - a. If **YES**, have a chest x-ray performed within 6 months prior to matriculation. Submit a copy of the chest X-ray report. Complete an *Annual Tuberculosis Symptom Review* www.pacific.edu/healthforms. Submit documentation of previous BCG vaccination or treatment for tuberculosis (latent or active).
 - b. If **NO**, go to #2
2. Have a TB (PPD) test placed by your provider. The test must be read by a provider or nurse within 48 to 72 hours of being placed. This must be done no more than 3 months prior to the start of classes.
 - a. If it is negative, **go to step #3.**
 - b. If it is positive, have a chest x-ray performed prior to matriculation. Submit a copy of the chest X-ray report. Complete an *Annual Tuberculosis Symptom Review* www.pacific.edu/healthforms. Discuss INH treatment with your provider. Submit documentation of previous BCG vaccination or treatment for tuberculosis (latent or active).
3. Have a **SECOND TB (PPD) test** placed by your provider 1 week after the first test was placed. **The second TB test must be placed no more than 3 weeks after the first test.** The test must be read by a provider or nurse within 48 to 72 hours of being placed.
 - a. If it is positive, have a chest x-ray performed prior to matriculation. Submit a copy of the chest X-ray report. Complete an *Annual Tuberculosis Symptom Review* www.pacific.edu/healthforms. Discuss INH treatment with your provider. Submit documentation of previous BCG vaccination or treatment for tuberculosis (latent or active).

First PPD

Date administered ___/___/___ Date read ___/___/___ mm _____ Positive Negative

Second PPD

Date administered ___/___/___ Date read ___/___/___ mm _____ Positive Negative

Name & Title _____ Signature _____

Chest X-ray (Please attach radiology report)

Date ___/___/___ Result _____

INH Medication

Did the patient taken INH medication? Yes No

Dates given _____

Student Name _____ DOB _____

Student ID # _____

Please provide the name of your medical practice, address, phone number and fax number. You may use a stamp containing this information.



Hepatitis B Vaccination and Titer Pathway

- Series of 3 vaccines administered at 0, 1, and 6 months.
- If you are mid series, continue with the series even if the time between vaccines is more than the recommended schedule. Do not start over.
- Titers may be ran 1 month after final vaccine in series.
- May need additional vaccines and titers based on titer results.

History of vaccination:

- Quantitative Titer (blood draw) 1 month after Hepatitis B #3 vaccine was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #4
 - Repeat Quantitative Titer 1 month after Hepatitis B #4 was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #5, then 5 months later Hepatitis #6
 - If Hepatitis B #6 is necessary repeat Quantitative Titer 1 month after Hepatitis B #6
 - If positive for immunity the process is complete
 - If negative for immunity please consult with your medical provider as a Hepatitis panel will need to be completed

No history of vaccination:

- Hepatitis B #1: start immediately
- Hepatitis B #2: 1 month after #1 was administered
- Hepatitis B #3: 5 months after #2 was administered
- Quantitative Titer (blood draw) 1 month after Hepatitis B #3 vaccine was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #4
 - Repeat Quantitative Titer 1 month after Hepatitis B #4 was administered
 - If positive for immunity the process is complete
 - If negative or equivocal for immunity receive Hepatitis B #5, then 5 months later Hepatitis #6
 - If Hepatitis B #6 is necessary repeat Quantitative Titer 1 month after Hepatitis B #6
 - If positive for immunity the process is complete
 - If negative for immunity please consult with your medical provider as a Hepatitis panel will need to be completed

HISTORY AND PHYSICAL (General or Entrance)

This document consists of a two paged History and Physical. It is to be completed by a Physician, Nurse Practitioner or Physician's Assistant, signed and dated on page 2.

STUDENT'S NAME: _____ **DATE:** _____

DATE OF BIRTH: _____ **GENDER:** _____ **STUDENT ID #:** _____

SCHOOL ADDRESS: _____

PHONE NUMBER: _____ **MAJOR:** _____ **GRAD YEAR:** _____

PAST MEDICAL HISTORY:

1. Significant past health problems, major illnesses/injuries, surgeries, hospitalizations:

2. Childhood Diseases: _____
3. Medications (Prescribed, Vitamins, Supplements, OTC) within the last 3 months:

4. Drug allergies & reactions: _____

FAMILY HISTORY:

1. Parents: _____
2. Siblings: _____

SOCIAL HISTORY:

1. Employment: _____
2. Exercise program: _____
4. Dietary Patterns: _____

SUBSTANCE USE:

Alcohol: _____ Tobacco: _____ Recreational Drugs: _____

REVIEW OF SYSTEMS:

General: _____ **Ears:** _____

Skin: _____ **Nose:** _____

Head: _____ **Throat:** _____

Eyes: _____ **Mouth:** _____

NAME: _____ ID #: _____

ROS: _____
Breasts: _____ Ob/Gyn: _____

Resp: _____ MS: _____

CV: _____ Neuro/Psych: _____

GI: _____ Heme/Lymph: _____

GU: _____ Endo: _____

Other: _____

PHYSICAL EXAMINATION:

Ht _____ Wt _____ BMI _____ BP _____ Pulse _____ Resp _____ Temp _____

Visual Acuity Right 20/_____ Left 20/_____ Both 20/_____ uncorrected corrected

Sexually Active: Yes _____ No _____ Number of Children: _____

(Write "N/A" if item does not apply to student)

GENERAL/Mental Status: _____

SKIN: _____ LUNGS: _____

HEAD: _____ CV: _____

EYES: _____ ABD: _____

EARS: _____ EXT: _____

NOSE: _____ NEURO: _____

THROAT: _____ GU MALE: _____

NECK: _____ LAST PELVIC RESULT: _____ DATE: _____

BREASTS: _____

ASSESSMENT AND PLAN:

1. Health recommendations: _____
2. Please review the student's immunization status, provide the necessary vaccines and/or titers to complete entrance requirements. Please provide documentation of immunizations.
3. Please review the student's TB status, administer the appropriate TB screening and provide appropriate documentation of TB clearance to complete entrance requirements

Signature of Provider/Printed Name License # Date

Address of Provider (Stamp preferred) Phone/Fax Numbers

3601 Pacific Avenue ▪ Stockton, CA 95211 ▪ Phone: 209-946-2315 ▪ Fax: 209-946-3001

CONFIDENTIAL DOCUMENT