



Student Health Services requirements are due April 30th, 2020

Physician Assistant Graduate Student Health Record Form 2020-2021

450 South Easton Road, Glenside, PA, 19038 Phone (215) 572-2966 Fax (215) 881-8787

General Information

- This health record is a confidential document for the use of authorized personnel only
- Upload this and other required forms to the Student Health Services Patient Portal: <http://arcadia.medicatconnect.com/>
- Student Health Services and the PA Program have separate clearance requirements and cannot share documents or information
- If you have question regarding PA clearance requirements, please visit the Clearance webpage here: <https://www.arcadia.edu/clearance-requirements>

Documents you must submit to Patient Portal: <ul style="list-style-type: none"> • Immunization Record Form • Physical Form • Health History Form • Insurance Card information 	Documents you must submit to the PA Program: <ul style="list-style-type: none"> • Immunization Record Form • Lab work documentation
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_____	_____	_____	_____	_____
Student's Last Name	First Name	Middle Name		
_____	_____	_____	_____	_____
Home Address	City	State	Zip Code	Student's Cell
_____	_____			
Arcadia Number	DOB (MM/DD/YYYY)			

Vaccination History

Description	Date	Value
<u>Tuberculosis Test</u>		
A. TB IGRA Blood Test _____	_____	+ _____ - _____
<i>T.SPOT or QuantiGold (Within last 6 months)</i>		
OR		
B. Tuberculosis 2 Step PPD _____	_____	+ _____ - _____
<i>(List 2nd ppd read date and Values)</i>		
<u>Hepatitis B Vaccination</u>		
A. Hepatitis B Vaccination Series		
1. Hepatitis B Vaccine #1 _____		
2. Hepatitis B Vaccine #2 _____		
3. Hepatitis B Vaccine #3 _____		
OR		
B. Hepatitis B Positive Titer _____	_____	+ _____ - _____
<i>(Positive surface antibody Results)</i>		
<u>MMR Vaccination</u>		
A. MMR Vaccination Series		
1. MMR Vaccine #1 _____		
2. MMR Vaccine #2 _____		
OR		
B. MMR Titer		
1. Measles Titer Results _____		
2. Mumps Titer Results _____		
3. Rubella Titer Results _____		
<u>Varicella Vaccination</u>		
A. Varicella Vaccination Series		
1. Vaccine Date #1 _____		
2. Vaccine Date #2 _____		
OR		
B. Varicella Titer _____	_____	+ _____ - _____
OR		
C. Varicella Disease Date _____		

Description	Date
<u>Tdap</u> (Within past 10 Years)	_____
<u>Polio Vaccination</u>	
1. Polio Vaccine #1	_____
2. Polio Vaccine #2	_____
3. Polio Vaccine #3	_____
4. Polio Vaccine #4	_____
<u>Meningitis Vaccination</u> (*Required only if living on Campus)	
1. Meningitis Initial Dose	_____
2. Meningitis Booster after 16yo	_____

Physical Exam Attestation

I attest that the person identified above has received a physical exam, is free of any communicable diseases, and is physically and mentally cleared for participation in didactic and clinical portions of the Physician Assistant program.

Date of Examination (MM/DD/YYYY)

Provider Signature

Provider Name (Please Print)

Office Phone and Fax

Office Address

Students must turn in the FULL Physical Examination to Student Health Services.



Student Health Services Requirements for Graduate Students

All documents required to be filled out by students will be listed in the Patient Portal located on your My Arcadia Homepage

Immunizations for University Compliance

You must be in compliance with Arcadia University immunization policy or you will be placed on a HEALTH HOLD.


Submitting your Records to the Patient Portal

Please submit your immunization records, physical, and any documentation needed to your Patient Portal. You can find the patient portal on your My Arcadia homepage, shown as a stethoscope icon:

<http://arcadia.medicatconnect.com/>

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Patient Portal Compliance Check List:

- Submit Immunization Form** (that has been signed off by your physician or with medical records for validation)
- Enter the Dates into slot provided on the Immunization Tab**
- Submit Medical History and Physical Exam Form** (The "Attestation" will not suffice)
You can Find these forms though your Patient Portal.
- Waive or Enroll Arcadia Insurance Coverage**
- Submit a copy of insurance.** Enter health insurance information via the SHS patient portal when entering your health forms. To enter your health insurance, scroll to the umbrella icon .
- Follow up and submit necessary paperwork with your Graduate Department.**

This is separate from PA Program Clearance Requirements, if you have questions regarding your programs requirements, please contact the PA department at (215) 572-2888.

University Insurance Policy

Arcadia University requires every full time student to have health insurance. Arcadia University has contracted with **United Healthcare** at an approximate rate of \$2130.00 per student annually. Charges are automatically applied to tuition. Students must "waive out" or "enroll" in health insurance.

If a student waives out **and** has provided insurance coverage information, a refund will be applied to their account within 7-10 business days.

United Healthcare's website opens approximately April 1, 2020.

How to waive coverage or enroll online?

Go to www.firststudent.com, select "Find your school", and select 'Arcadia University'. On the left side of the page, select "Waive your school's insurance" or "Enroll now". Enter your date of birth and your Arcadia ID. To waive, you must enter your current health insurance information. You will receive a confirmation email after you complete the process.

Health Insurance Questions?

Call Tim Cummons at RCM&D at 1-800-346-4075 ext. 1452