



<b>Title</b>	<b>Admission Vaccination Requirement Policy</b>
<b>Policy Statement</b>	<b>The health and wellness of Grinnell College students is of utmost importance. Therefore, all first year students are required to complete certain health requirements and submit required proof of vaccination.</b>
<b>Summary</b>	Click here to enter text.
<b>Purpose</b>	Click here to enter text.
<b>Procedures</b>	Click here to enter text.
<b>Appendix (optional)</b>	Click here to enter text.
<b>Review Cycle</b>	Annually



## Admission /Vaccination Requirements

Since the health and wellness of every Grinnell College student is of the utmost importance, the college has several health compliance requirements that all incoming students are required to meet. All first year students MUST complete the required health forms and submit them to Student Health and Wellness (SHAW) by July 15, 2020. Students will not be able to register for classes until all forms and immunization requirements are submitted and complete.

**Notification to Faculty/Parents/Legal Guardians:** If a student falls ill and is going to miss class, it is important that they email their faculty directly. We also encourage the student to call SHAW and connect with one of your SHAW providers, who can help guide their care moving forward. We offer a variety of services and are here to support them during their time of need. We understand that occasionally, parents or legal guardians may want to speak directly with one of the SHAW providers regarding their student's health or mental health status. We are happy to speak with whomever the student designates to have access to this information, as long as we have secured a written release and are able to discuss with the student what they wish to share, doing so on a case by case basis. We do not honor blanket releases. While medical/counseling records within SHAW are kept confidential according to our policies, please note if a student is hospitalized for a serious condition or injury (and the college is aware of the student's hospitalization status), Student Affairs will reach out to the student's emergency contact.

**Exemptions:** If you request to waive your required immunizations based on a medical or religious exemption, you must connect with the Director of SHAW Health Services for further direction, noting that these will be considered on a case by case basis.

### To access Medical Clearances requirements:

- The forms are accessed at: <https://shacscom.grinnell.edu/>.
- Enter your Grinnell College email username (without @grinnell.edu) then enter your Password.
- Authenticate your sign in via Duo Push.
- From the menu on the left, click on the Medical Clearances link.
- Medical Clearances will appear on the right side.

### Items Required for Medical Clearance:

Medical Clearance requirements are submitted one of three ways.

1. Forms within the Medical Clearance menu that you complete and submit
2. Forms you download, print, and complete with your healthcare provider and then upload
3. Items that you upload.

**Health History** – Please enter all known allergies, medications, medical conditions, family history, hospitalizations, and surgeries/procedures. If there is no applicable history for any section, select the green “No” button. Once each section has a response select the red “Done” button. **All sections must have an entry in order to be compliant.**

**Immunization Record** – Upload the official immunization record provided to you by your medical provider or public health office.



- Measles** – Enter the two dates that you received this immunization. Dates are located on your official immunization record. Each dose must be administered after 12 months of age to be considered valid.
- Med Health Eval** – Download and print the Student Health Record form, take this form to your provider for your required physical examination, make sure all sections of the form are completed, and the form is **signed and dated** by your health care provider. Once the form is complete, upload the form. All physical exams must be completed within one year of the first day of classes (August 28, 2019-August 27, 2020)
- Meningococcal ACWY** - Enter the date that you received this immunization. Dates are located on your official immunization record. The most recent dose must be within the last 5 years.
- Serogroup B Meningococcal** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. This immunization is typically given as a two-dose series with vaccines administered at 0 and 1 month (Bexsero) or 0 and 6 months (Trumenba) depending on the brand of vaccine. If you start the series with one brand your second dose must be with the same brand. **PLEASE START THE SERIES EARLY SO YOU MAY COMPLETE IT PRIOR TO ARRIVING IN GRINNELL OR AS SOON AS POSSIBLE ONCE AT GRINNELL TO AVOID REGISTRATION HOLDS IN FUTURE SEMESTERS.**
- Minor Consent** – This form will be required of all students who are under the age of 18 as of August 1, 2020. Download and print the Minor Consent Form; have your parent/legal guardian review, sign and date the form; once complete upload form. If you do not see this item on your medical clearance list, it does not apply to you.
- Mumps** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. Each dose must be administered after 12 months of age to be considered valid.
- Rubella** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. Each dose must be administered after 12 months of age to be considered valid.
- SHAW Consent for Treatment** – Read this form carefully and check the box next to “I acknowledge and agree to the following:” prior to clicking “Submit Final.” If you do not agree or have questions about the Consent to Treat form, please click “Cancel” and contact SHAW directly.
- TB Screening Form** – Please answer all screening questions and click the Submit button. Based on your answers, further compliance items may appear on your Medical Clearances Menu. Be sure to check for additional requirements and complete as directed.
  - Clinical Tuberculosis Assessment by Health Care Provider**: If directed on your Medical Clearances Menu, download and print this form, take this form to your provider for your required physical examination, then upload the completed form. Be sure the form is signed and dated by your health care provider.
- Tetanus-diphtheria** - Enter the date that you received this immunization. Dates are located on your official immunization record. Most recent dose must be within the last 10 years.
- Varicella** - Enter the two dates that you received this immunization. Dates are located on your official immunization record. Each dose must be administered after 12 months of age to be considered valid.
- Influenza** – (2020-2021 season) - Enter the date of your 2020-2021 seasonal influenza vaccination. Flu vaccinations will be offered on campus free of charge to students while supplies last, sometime in October, as is recommended by the CDC.



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Medical Director of SHAW

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Director of SHAW Health Services

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Date



Student Health Record

PHYSICIAN'S REPORT OF HEALTH EVALUATION - Date of Physical Exam must be between 08-28-2019 to 08-27-2020.

To the Examining Physician: Please review the student's report and complete this physician's form. No other form will be accepted. We ask that you complete the immunization section and provide a copy of the student's immunization record for verification. This form must be signed and dated to be accepted. Since this student has already been accepted for admission, the information supplied will not affect their status and will be used only as background for providing any needed care by Student Health and Wellness and/or Athletics. This information will not be released to any requesting party without the student's written consent. This form, along with a copy of the student's immunization record, and TB Form if applicable, should be given to the student who will return it to the College.

Legal Name: Last First Middle

Name-In-Use: Last First Middle

Date of Birth: (month/day/year)

Sex assigned at birth: Female Male Legal Sex: Female Male

Gender Identity: Female Male Genderqueer MtF Female FtM Male Non-binary

Pronouns-In-Use: she/her/hers he/him/his they/them/theirs other

Blood Pressure: Weight: Height:

Are there any abnormalities of the following systems?

Table with 4 columns: System, No, Yes, Describe fully. Rows include Head, Ears, Nose, or Throat; Respiratory; Cardiovascular; Hernia; Eyes; Genitourinary; Musculoskeletal; Metabolic/Endocrine; Neuropsychiatric; Skin.

Is the patient under the care of a medical specialist for any medical condition? Yes No

If yes, please explain:

Is the patient under treatment for any psychological condition? Yes No

Diagnosis:

Do you have any recommendations regarding the care of this patient? Yes No

Recommendations for physical activity/athletics: Unlimited Limited

Explanation:

Physician's Signature, Practice Name, Practice Address, Practice Phone Number / Fax Number, DATE OF EXAM

DATE OF EXAM:

Medications: (please list below) None

Allergies: (please list below) None Known

REQUIRED Immunizations

MEASLES/MUMPS/RUBELLA (MMR)

(Must have two MMR doses)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

MENINGOCOCCAL QUADRIVALENT (A,C,W,Y)

Menactra Menveo MenACWY

(Must be within 5 years)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

SEROGROUP B MENINGOCOCCAL

Bexsero Trumenba

(Must complete series)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

TETANUS, DIPHTHERIA, PERTUSSIS

Td Tdap (Must be within 10 years)

Primary series completed? Yes No

Booster Dose Date (month/day/year)

VARICELLA (Must have two varicella doses)

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

If you had the chicken pox disease, physician to verify the date of disease (month/day/year)

NOTE: If titers are obtained, laboratory results must accompany this form.

INFLUENZA (2020-2021 Season)

Date (month/day/year)

TUBERCULIN SKIN TEST

Complete the online TB Evaluation/Screening Form to determine if you will need a TB Skin Test. If the answer is yes, download that form and have physician complete.

RECOMMENDED Immunizations

HEPATITIS A VACCINE

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

HEPATITIS B VACCINE

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

Dose #3 Date (month/day/year)

HUMAN PAPILOMAVIRUS (HPV) VACCINE

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

Dose #3 Date (month/day/year)

POLIO VACCINE

Dose #1 Date (month/day/year)

Dose #2 Date (month/day/year)

Dose #3 Date (month/day/year)

Dose #4 Date (month/day/year)