

Bucknell Student Health Provider Packet

First Year, Transfer students, Summer Students, Grad/ Non-Degree using Student Health as their Medical Provider

- Print packet
- Take entire packet to doctors office
- Complete the physical form on our packet. Attachments will not be accepted.
- Immunization form needs to be filled out. Please also attach a print out from your doctor's office.
- Complete Tuberculin Skin Test / QuantiFERON gold test
- Upload and submit entire packet for review
- Make sure demographic page is completed and submitted for review
- Make sure insurance page is completed and submitted for review
- Be sure to check your Bucknell email for additional information

Grad / Non-degree Students - Not using Student Health as their medical provider

You will need to submit the Tuberculin Skin Test and Immunization sheet. You do not need to complete a physical form unless you plan to use Student Health as your medical provider.

- Print packet
- Complete immunization form. Please also attach a print out from your doctor's office.
- Complete Tuberculin Skin Test / QuantiFERON gold test
- Upload and submit packet for review
- Make sure demographic page is completed and submitted for review
- Make sure insurance page is completed and submitted for review
- Be sure to check your Bucknell email for additional information

Geisinger



A Joint Venture of Evangelical-Geisinger Health, LLC

IMMUNIZATION RECORDS

If the immunization requirements are not met, the student will NOT be permitted to obtain their dorm room key. Please record dates (month/day/year) below and **must** include a copy of vaccine records from your medical provider. Medical records deadline is June 15th for fall semester.

NAME _____ D.O.B. ____ / ____ / ____
Last First Middle Month Day Year

REQUIRED IMMUNIZATIONS

THIS SECTION MUST BE COMPLETED AND FILLED OUT.
 ANY BLOOD TEST REPORT SHOWING IMMUNITY MUST BE ATTACHED.

	1st Dose Date	2nd Dose Date	3rd Dose Date	Booster Date
Hepatitis B A 3-shot series is required and must have been given prior to enrollment at Bucknell. (There must be at least four (4) weeks between doses 1 and 2 and at least eight (8) weeks between doses 2 and 4. Overall there must be at least (4) months between doses 1 and 3).				
Polio (OPV or IPV) 4-dose series (With the final dose on or after the 4th birthday and at least 6 months after the previous dose. Blood test report indicating immunity is acceptable).				
Meningitis – Serogroup A, C, Y, W135 Must be at least one dose administered after age 16				
Meningitis – Serogroup B – Minimum of two doses are required. Please Indicate which brand received. <input type="radio"/> Bexsero <input type="radio"/> Trumenba Dosing schedule varies by vaccination brand.				
MMR (Measles/Mumps/Rubella) Two (2) single doses of live measles (rubeola), mumps, and rubella vaccine or two (2) combined doses of MMR vaccine (at least 28 days apart after 12 months of age. A blood test showing immunity to measles, mumps and rubella will also be acceptable by providing lab reports. Having had the disease diagnosed is not sufficient).				
Tdap (Tetanus/Diphtheria/Pertussis) Vaccine since August 2015				
Varicella (Chicken Pox) Two (2) doses of vaccine (The second dose at least 12 weeks after first dose if administered between ages 1-12 years or at least 4 weeks after first dose if administered at age 13 years or older; or blood test report showing immunity. Having had the disease diagnosed is not sufficient).				

OTHER IMMUNIZATIONS RECEIVED

(not required but strongly recommended):

COVID-19 Most recent <input type="radio"/> Moderna <input type="radio"/> Pfizer <input type="radio"/> J&J <input type="radio"/> _____			
HPV (Human Papillomavirus Vaccine)			
Hepatitis A			
Pneumococcal			
Typhoid <input type="radio"/> Oral <input type="radio"/> IM			
Other:			

Required: I have enclosed a printout of all immunization records for review, including any lab work that confirms immunity.

PHYSICAL EXAMINATION

A physical examination required for **ALL incoming students**, MUST be done within one (1) year prior to your first day of class at BUCKNELL UNIVERSITY. **Must be completed on this form. Attachments will not be accepted.** Medical provider packets for fall semester are **due by June 15th.**

Name: _____

Last
First
Middle

Date of Birth: ____/____/____

Month
Day
Year

	NORMAL	NOT EXAMINED	ABNORMAL - Describe Findings
General Appearance			
Head, Eyes, Ears, Nose, Throat			
Lymph Nodes			
Cardiovascular/Pulses			
Respiratory/Lungs			
Gastrointestinal			
Musculoskeletal			
Neurological			# of concussions
Skin			

BP	P	HT	WT	BMI
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Medication Allergies: No Yes, List _____

Food Allergies: No Yes, List _____

Environmental Allergies: No Yes, List _____

History of Anaphylaxis: No Yes, what was the trigger? _____

Does the student carry an EpiPen or AUviQ? No Yes

Current medication(s) with **dosage(s)**: No Yes, List _____

Current nonprescription medication(s) with **dosage(s)**: No Yes, List: _____

Has the patient ever been diagnosed with any psychiatric or mental health condition? No Yes,
 Explain: _____

Has the patient ever been diagnosed with ADD/ ADHD? No Yes

Is there any history of an eating disorder? No Yes, Explain: _____

General comments/recommendations: _____

I certify that to the best of my knowledge the information provided on this form is true and complete.

Date of Physical Examination: _____

Physician/Healthcare Provider's Signature _____ MD, DO, NP, PA-G

Office Address: _____ **PROVIDER'S STAMP**

Office Phone: _____

Office Fax: _____

TUBERCULIN SKIN TEST

Mantoux skin test / PPD

Completing and returning this form are requirements for admission

Name: _____ Date of Birth: _____

BU ID: _____

NON - US RESIDENT
(This includes dual citizenship)

US RESIDENTS

<p>All non-US resident students must have a QuantiFERON gold test (TST will not be accepted) within the past 6 months prior to the first day of classes.</p> <p>QuantiFERON Gold Test</p> <p>Date of Test: _____</p>	<p>All US students must have a Tuberculin Skin Test (TST by Mantoux Method only) within the past 6 months prior to the first day of classes.</p> <p>US students: If the TB test is not available, the QuantiFERON gold test is acceptable.</p>
<p><input type="radio"/> Negative <input type="radio"/> Positive</p> <p><input type="radio"/> I have enclosed documentation that confirms my result. (Documentation is required)</p>	<p>Tuberculin Skin Test (TST)</p> <p>Date of Test: _____</p> <p>Signature of provider placement: _____</p> <ul style="list-style-type: none">• Read 48-72 hours later <p><input type="radio"/> Negative _____ mm</p> <p><input type="radio"/> Positive _____ mm</p> <p>Date of Reading: _____</p> <p>Signature of provider Reading: _____</p>
<p><u>If you have a Positive result:</u></p> <p>Type of Treatment _____</p> <p>Date of Treatment _____</p> <p>Documentation of treatment must be attached and returned with this form.</p>	<p>If your TST is positive OR you have a history of positive TST, you must have a QuantiFERON Gold Blood test.</p>

** All positive QuantiFERON gold results must either have been treated or agree to treatment in order to stay enrolled.