

BARNARD Student Health Service

May 2008

Dear Incoming Student:

Welcome to Barnard College! This letter is intended as a guide to help you through the Health Service portion of the admissions process. We will also offer some important tips on how to take good care of yourself while you are here.

First, it is essential that you complete all of the medical forms that are included in the admissions packet. New York State law requires that all students have documentation of 2 measles, mumps and rubella vaccinations and that all students complete the Meningitis Response form. **These forms (pages 2-4) are essential to your being allowed to stay registered at Barnard.** Please arrange an appointment with your medical provider in order to have all the proper forms completed in time. **Please submit all forms to: Barnard College, Student Health Service, 3009 Broadway, New York, NY 10027. These forms must be submitted by June 30, 2008.**

We also would like to make some suggestions on how to prepare to stay healthy at Barnard. Some of these suggestions are based on experience with current students, and some are based on recommendations endorsed by the Society for Adolescent Medicine.

At the time of your required pre-college exam by your medical provider, please take advantage of that visit to get to know details about your health.

- Learn your family medical history. This may be in your records from when you were much younger and may contain information of which you are not aware.
- Obtain a copy of your immunization history for your own personal records.
- Discuss any ongoing medical or psychiatric problems with your medical provider and formulate a plan for the care you will need at Barnard. If you have a chronic illness, it would be advisable for you to have a copy of your medical records with you. If ongoing medical follow-up is needed, please visit us at the Health Service when you arrive. We can either work with you here or refer you to a specialist as needed. (We maintain a list of board-certified specialists which we update on a regular basis.)
- Learn about your health insurance coverage and make sure that if you have private family health insurance, you have an insurance card with you here at Barnard.
 - Does your plan cover health care in New York City?
 - Do you have a prescription plan? What is your co-pay?
 - Health care visits at the Health Service are free. However, if you need a referral to an outside specialist, that visit is **not** free. In that case, if you have private family insurance, you will use your own insurance first, and then UnitedHealthcare Student Insurance, the mandatory insurance provided by Barnard College, will cover at least part of the referral visit. **UnitedHealthcare Student Insurance will cover visits only if a Barnard Health Service provider has referred you.** For more insurance information log onto www.uhcsr.com/barnard/.
- While the Health Service visits are free, prescription medications are not. We maintain a small dispensary on site for commonly used medications for which there is a charge. If you have private insurance with a prescription plan, you might be given a prescription to be filled in a local pharmacy, as your co-pay may be less than what we have to charge you for your medication.
- Bring a small medical kit for use “*just in case.*” This should include the following:
 - A digital thermometer
 - Acetaminophen or ibuprofen
 - Diphenhydramine (Benadryl)
 - Your favorite cold preparation
 - A chemical ice pack
 - Band-aids
 - Antibiotic ointment

We look forward to meeting you. Please let us know if there is anything we can do to help make your transition here an easier one.

Sincerely,

Brenda Slade

Brenda Slade, NP, MA
Director

Marjorie Seidenfeld

Marjorie Seidenfeld, MD
Medical Director

BARNARD Student Health Service

Please Print Legibly and submit to the Health Service by June 30, 2008
This form to be completed by your medical provider, not by your parent

Student's Full Name _____ Last 4 digits of Social Security # _____

Date of Birth: _____ Date of Exam (must be within 6 months of entry into Barnard): _____

2 ITEMS REQUIRED BY NEW YORK STATE LAW **FOR YOU TO REMAIN ON CAMPUS: (A and B)**

A. Documentation of Measles, Mumps and Rubella Vaccination

Note to Physician: If patient has not received 2 measles, 2 mumps, and 1 rubella vaccination all after 1 year of age, please give her an MMR immunization during her visit. **No student will be permitted to register without complete immunization records.** This is a requirement under New York State Law, and we cannot allow any exceptions.

Measles vaccine _____ Mumps: _____ Rubella _____
(Month/Day/Year) (Month/Day/Year) (Month/Day/Year)

MMR #1 _____ MMR #2 _____
(Month/Day/Year) (Month/Day/Year)

Immune by Titer: Result _____ titer Date: _____
(Negative or Positive) (Month/Day/Year)

B. Completion of Meningitis Response Form **See page 4**

REQUIRED BY BARNARD COLLEGE STUDENT HEALTH SERVICE:

Screening for Risk of Tuberculosis: Please answer Yes or No

Have you ever lived for at least 1 month in the Middle East, Africa, Asia, or Latin America? _____

Have you ever had close contact with anyone with tuberculosis? _____

Have you ever had close contact with anyone who is incarcerated, homeless, a migrant farm worker, HIV infected or an IV drug user? _____

If you answered Yes to any of the above questions, a PPD or Mantoux test is required.

Date of PPD placement: _____ Date of PPD Reading _____

Result of PPD: _____ negative _____ positive: _____ mm reaction

If positive:

Date of Chest X-ray: _____ Results of Chest X-ray: _____

TB prophylaxis given: _____

BARNARD Student Health Service

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Student's Full Name _____ Last 4 digits of Social Security # _____

Date of Birth: _____ Date of Exam (must be within 6 months of entry into Barnard): _____

Record of Immunizations:

Tetanus, Diphtheria, Pertussis: ___ Completed basic series Last booster date: _____ Tdap (date given): _____

Polio (IPV or OPV): ___ Completed basic series Last booster date: _____

Hepatitis B: Dose #1 (date) _____ Dose #2 (date) _____ Dose #3 (date) _____

Titer result _____ Date _____

Varicella (Chicken Pox): Dose #1 (date) _____ Dose #2 (date) _____

Titer result _____ Date _____

Gardasil (HPV) Vaccine: Dose #1 (date) _____ Dose #2 (date) _____ Dose #3 (date) _____

Allergies:

___ No known drug allergies

___ Allergic to the following medications: (please indicate reaction): _____

Please list all significant medical problems: _____

Please list all surgeries: _____

Please list all medications the student is currently taking: _____

Physical Examination: Height: _____ (in.) Weight: _____ (lbs) BP: _____ P: _____

Please list any significant abnormal medical findings:

Provider's Signature: _____ **Date of exam:** _____

Provider's Printed Name: _____

Office Address: _____

Provider telephone: _____ **Provider Fax:** _____

Please place Provider's Stamp in the box below:

Barnard Health Service Information and Consent Form

Please submit this form to the Health Service by June 30, 2008

Welcome to Barnard Health Service! We are looking forward to working with you during your time at Barnard. Our clinical services offer a full range of primary care and women's health care with referral to outside consultants when indicated. **There is no charge for your visit. Most laboratory tests are without charge, as are x-rays, and other procedures we may order. A wide variety of medications are offered onsite at a significant discount.**

In addition to clinical care, we offer a variety of other services: nutrition counseling, stress reduction programs, sexual health counseling and peer health education and outreach through the Well-Woman program. We work closely with other health-related services, including the Furman Counseling Center, Alcohol Substance Awareness Program (ASAP), and the Barnard-Columbia Rape Crisis Anti-Violence Support Center. More information on staff, services, hours and links to other health sites is available at www.barnard.edu/health.

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), strict confidentiality is maintained for all health-related information and medical records within the Health Service. No information will be released outside the Health Service, either within the college or to your family, without your express prior consent. We operate as a clinic and therefore your clinician may consult with another clinician *within* the Health Service, ASAP or the Counseling Center if it is clinically necessary to provide you with the most appropriate care.

Our mission is not only to provide you with excellent and sensitive clinical care but also to enable you to become informed and knowledgeable health care consumers. We ask that you help us by providing feedback regarding your satisfaction with our services. Specifically, if you are dissatisfied with your care at any point, *please* either speak with the clinician involved, or with Brenda Slade N.P., M.A., Director of the Service (x4-2091 or bslade@barnard.edu).

PLEASE SEE THE BARNARD STUDENT HEALTH SERVICE NOTICE OF PRIVACY PRACTICES AS REQUIRED BY FEDERAL LAW, WHICH DESCRIBES HOW HEALTH INFORMATION ABOUT YOU (AS A PATIENT OF THIS PRACTICE) MAY BE USED AND DISCLOSED, AND HOW YOU CAN HAVE ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

Receipt of Notice of Practice Information and Privacy Practices Written Acknowledgement

I have been made aware of and offered the opportunity to read a copy of Barnard College Student Health Service's Notice of Practice Information and Privacy Practices.

Signature of Patient

Date

Print Name of Patient

Parent/Legal Guardian Section of Health Form

Please submit this form to the Health Service by June 30, 2008

Consent for Treatment of Minors:

Please complete if student will be under the age of 18 years upon entering Barnard College. If not, please draw an "X" through this page and return: (Please print legibly)

I, _____ hereby give permission to the clinicians at
(Name of Parent/Guardian)
Barnard College Health Services to provide medical care for _____.

I understand that clinicians are compelled by the laws of the State of New York to maintain my daughter's confidentiality with regard to all sexuality-related health needs.

Signature of Parent/Legal Guardian

Date