

**Grove City College Zerbe Health and Wellness Center**  
**Report of Medical History Physical Exam and Immunizations**

Last Name	First Name	M. I.	Birth date	Sex
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Address

City	State	Zip	Home Phone
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E-mail	Student Cell Phone Number
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Father's Name	Occupation
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Street Address (if different from student's)	Email Address
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City	State	Zip	Best Phone Number
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Mother's Name	Occupation
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Street Address (if different from student's)	Email Address
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City	State	Zip	Best Phone Number
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Emergency Contact Name (other than parents)	Telephone	Relationship
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Please contact Zerbe Health and Wellness Center via e-mail – [gordonzc@gcc.edu](mailto:gordonzc@gcc.edu) or [aepagano@gcc.edu](mailto:aepagano@gcc.edu) if you have any questions regarding this form. If this form is not completed, you may be ineligible to register for classes. **Please mail completed health forms no later than August 1, 2023 to:** Zerbe Health and Wellness Center, 100 Campus Drive, Grove City College, Grove City, PA 16127.

**Please do not fax or email health forms.**

**Health Information**  
(if none, please mark **NA**)

**Medication allergies:**

**Food or other allergies:**

**Do you carry an Epi Pen? Y / N    If yes, permission to notify Campus Safety? Y / N**

**Past hospitalizations/surgeries:**

**Daily medications:**

**Health situations you wish the health center to be aware of:**

**Significant family health history:**

**Student Personal History**  
(Answer Yes/No)

ADD/ADHD	EAR PROBLEM	SEIZURE DISORDER
ALCOHOL USE	EATING DISORDER	SICKLE CELL TRAIT
ANXIETY	FRACTURE (including stress)	SINGLE ORGAN OF PAIRED ORGANS
ARTHRITIS	GENETIC DISORDER	SPLEEN (SURGICAL REMOVAL)
ASTHMA	HEAD INJURY/CONCUSSION	SYNCOPE/FAINTING
CANCER	HEART MURMUR	THYROID DISEASE
CHEST PAIN	HEART PROBLEM	TOBACCO USE
CHICKEN POX	HEPATITIS	TROUBLE/VISION LOSS
DEPRESSION	HERNIA	OTHER
DIABETES	KIDNEY DISEASE	
DRUG USE	RECURRENT HEADACHES	

## Physical Examination

**Date of Physical** \_\_\_\_\_ (preferred within 3 months prior to entrance; required no more than 1 yr.)

**BP** \_\_\_\_\_ **P** \_\_\_\_\_ **R** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Height** \_\_\_\_\_ **LMP** \_\_\_\_\_

	Normal	Abnormal	Comments
SKIN			
EYES, HEAD, EARS, NOSE, THROAT			
RESPIRATORY			
CARDIOVASCULAR			
GASTROINTESTINAL			
HERNIA			
GENITOURINARY			
MUSCULOSKELETAL			
METABOLIC/ENDOCRINE			
NEUROLOGIC			
PSYCHIATRIC			
OTHER PHYSICAL ABNORMALITY OR DEFICIT			

**Cleared for contact sports?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Comment(s): \_\_\_\_\_

**Cleared for club/intramural sports?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

Comment(s): \_\_\_\_\_

**PLEASE NOTE:** the NCAA requires varsity athletes to have sickle cell trait testing and to submit testing results to the athletics department. Please refer to communication from the athletic department on meeting this requirement. Testing results should be sent to: Todd Gibson, Athletic Director, Grove City College, 100 Campus Drive, Grove City, PA 16127.

**Do you have any recommendations regarding the care of this student?**

**Provider Name:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Signature/Title:** \_\_\_\_\_

**Please include a copy of your immunization records with your required health forms.**

**GROVE CITY COLLEGE MANDATORY IMMUNIZATIONS:**

- M.M.R. (Measles, Mumps, Rubella): Two (2) doses
- Polio Series
- Varicella (Chicken Pox): Two (2) doses, or a history of chicken pox, or a positive varicella antibody
- Tetanus Diphtheria Pertussis: Primary series, Tdap booster within the last ten (10) years
- Meningococcal: Mandatory for all freshmen and transfers living in the residence halls. If student received this vaccine before their 16<sup>th</sup> birthday, a booster dose should be given for maximum protection. **Pennsylvania law requires a separate signed waiver if you will be living on campus and have not had this vaccine. (The waiver may be found using the same link as you received to retrieve required health forms.)**

**GROVE CITY COLLEGE RECOMMENDED IMMUNIZATIONS:**

- Hepatitis B Series
- Hepatitis A Series
- Influenza (annual)
- Meningitis B = The Advisory Committee on Immunization Practices (ACIP) currently recommends routine use of MenB vaccines among person aged >10 years who are at increased risk because of a serogroup B meningococcal disease outbreak. Adolescents and young adults aged 16-23 years may also be vaccinated with MenB vaccines to provide short-term protection against most strains of serogroup B meningococcal disease.
- Covid 19 – as per CDC recommendations

Name: \_\_\_\_\_

## TUBERCULOSIS SCREENING

### Tuberculosis Screening Questions (Required)

1. Does the student have signs/symptoms of active tuberculosis disease? Yes \_\_\_\_ No \_\_\_\_

If No, proceed to 2. If Yes, obtain a QuantiFERON Gold (IGRA) test.

2. Is the student a member of a high-risk group or is the student entering health science or education profession? Yes \_\_\_\_ No \_\_\_\_

If No, stop. If Yes, place tuberculin skin test. If there is a history of BCG vaccination obtain a QuantiFERON Gold (IGRA) test.

### Tuberculin Skin Test:

Date/Time Administered: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_ : \_\_\_\_ AM / PM

Administered by: \_\_\_\_\_

Date/Time Read: M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_ : \_\_\_\_ AM / PM

Read by: \_\_\_\_\_

Result: \_\_\_\_\_ mm (record result in actual mm induration)

Interpretation (based on mm of induration and risk factors): Positive \_\_\_\_ Negative \_\_\_\_

If the TB test is **positive** a QuantiFERON Gold (IGRA) must be done. Please attach results to this page.

**If the QuantiFERON Gold (IGRA) is positive:**

- 1. Proof of a negative chest x-ray must be submitted prior to entrance.**
- 2. Referral for treatment options must be completed prior to entrance.**

## CONSENT FOR TREATMENT

The Zerbe Health and Wellness Center provides non-emergency health care services for students. Registered Nurses provide services during all hours the health center is open with physician services providing limited hours Monday through Friday while school is in session. Physician services are provided by Allegheny Health Network/Family Healthcare Partners in Grove City, PA.

I, **(student signs unless under 18 years of age, then parent signs)** consent to examination,

medical treatment, and care of \_\_\_\_\_ by

**Student Name**

the Grove City College physicians and nursing staff at the Zerbe Health and Wellness Center at Grove City College. This may include a referral to AHN Grove City or other providers for assistance.

I permit Zerbe Health and Wellness Center staff to notify my parents or guardian in the Event of an emergency or serious illness.

Yes \_\_\_\_\_

No \_\_\_\_\_

I permit Zerbe Health and Wellness Center Staff to notify the Vice President and/or Executive Assistant of Student Life and Learning in the event of an emergency or serious illness.

Yes \_\_\_\_\_

No \_\_\_\_\_

I permit Zerbe Health and Wellness Center Staff to send me a text message.

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Signature of Legal Guardian Required if Student is a Minor (under 18)**

Signature \_\_\_\_\_

Date \_\_\_\_\_ Relationship \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Health Insurance Information

(This document is in addition to the information required to be submitted online)

As a matter of College policy, all full-time students (12 credits or more) must annually demonstrate health insurance coverage to attend Grove City College. For those students not covered under an alternative insurance plan (via a parent, guardian, etc.) the College has partnered with United Healthcare to offer a Student Injury and Sickness Policy at an annual cost of \$2,369 for the 2023-2024 plan year. Coverage under this plan runs from August 15, 2023 to August 14, 2024.

**Complete the section below to return with your Physical Forms. Then, submit online either your health insurance information or your selection to purchase the College plan using the following steps:**

- Login to the myGCC portal at <https://my.gcc.edu/ics> (must be logged in as student, not parent)
- Go to "Financial" tab
- Open the "Health Insurance" portlet by clicking on the title
- Make your selection to either purchase the College plan or enter your current, valid health insurance information that you have noted below.

\_\_\_\_ I do not have health insurance coverage and will select to purchase the College Plan. I understand that my student account will be charged for the cost of the plan and that payment is due with my fall semester charges on August 1<sup>st</sup>.

\_\_\_\_ I currently have the following health insurance coverage and will submit it to waive purchasing the College Plan:

Insurance Company: \_\_\_\_\_

(or Health Care Sharing Ministry)

Insurance Company Phone: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_

Subscriber's Employer Address: \_\_\_\_\_

Relationship of Subscriber to Student: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

**\*\*You may also include a copy of your insurance card with these forms but that is not a substitute for submitting your information online via myGCC. Students not submitting their health insurance selection online by **June 15** each year will be automatically charged the full cost of the College plan on their student account. This charge will be refunded within 2 business days if the student submits their health insurance information **prior to September 1**. After this date, the student will be officially enrolled in the College plan and the fee will be non-refundable.\*\***