

Dear Student,

Congratulations on your acceptance to Millersville University!

As you prepare for the upcoming semester, we highly encourage you to submit your entrance physical and immunization records to Health Services. While a full physical and complete immunization records are not mandatory, they are strongly recommended so we can provide you with personalized medical support, rapid response during outbreaks, and streamlined care.

⚠ Important Requirement: The only mandatory submission is the meningitis vaccine or a signed waiver, which is detailed below – for residential students.

How to Submit Your Records

You can use the attached Millersville University Health Entrance Forms or simply provide a copy of the summary report from your most recent physical and immunization visits with your pediatrician or family provider.

- **Health Portal (Preferred):** Scan the QR code below for step-by-step instructions on how to upload your forms directly.
- **Alternative Methods:** We also accept forms via mail, fax, or email.

If you have any questions about the submission process or would like to learn more about the resources available to you, please do not hesitate to contact our office or visit our website at millersville.edu/healthservices.

Warm regards,

Health Services Care Team



Please submit completed Health Evaluation Form to **Millersville University Health Services** by

- **August 1 for Fall admission**
- **January 1 for Spring admission**

Meningitis Requirement

Are you living on campus this semester? Pennsylvania State law requires all students living in university housing to either show proof of the meningitis vaccine or sign a formal waiver before moving into the residence halls.

Why is this required?

Meningococcal meningitis is a rare but incredibly serious, fast-moving bacterial infection that can cause brain damage, hearing loss, or death within hours. Because the bacteria spreads easily through close contact—like coughing, sneezing, or sharing drinks—college students living in residence halls are at a much higher risk.

What do I need to do?

Option A (Highly Recommended): Get vaccinated and upload your vaccine record to your Health Services Patient Portal.

Option B: If you choose not to receive the vaccine for religious, medical, or philosophical reasons, review the [PADOH Meningococcal Disease Fact Sheet](#) regarding the severe risks of meningococcal disease and submit a signed Meningococcal Vaccination Waiver Form. If you are under the age of 18, a parent or legal guardian must sign the waiver.



Important Note on Meningitis B: The PA state mandate applies to the Meningococcal ACYW vaccine. It does not cover the Meningitis B vaccine. However, because MenB outbreaks do occur on college campuses, Health Services strongly recommends discussing both vaccines with your healthcare provider.



MU ID: P _____ Name: _____ Preferred Name: _____
Date of Birth: _____ Sex at Birth _____ Pronouns: _____
Address: _____ City: _____ State: _____ ZIP: _____
Country of Origin: _____ Student Cell Phone # _____
Emergency Contact: _____ Number: _____ Relation: _____

FAMILY MEDICAL HISTORY

	YES	NO	RELATION
Diabetes			
Epilepsy/Seizures			
Hypertension			
Cancer (Specify: _____)			
Mental Health (Specify: _____)			
Sickle Cell Disease			
Thyroid Disease			
Sudden cardiac death before age of 50			

PERSONAL MEDICAL HISTORY

DISEASE/CONDITION	YES	NO	COMMENTS
ADD/ADHD			
Alcoholism/Drug Abuse			
Asthma			
Autism Spectrum Disorder			
Cancer			
Concussion/Head Injury			
Diabetes			
Gynecological Concerns (endometriosis, PCOS)			
Hearing Loss			
Heart Murmur			
High Blood Pressure (hypertension)			
Insomnia			
Learning Disability			
Mental Health (specify diagnosis)			
Migraine Headaches			
Renal (kidney) Disease			
Seizures			
Thyroid Disease			
Other:			

SOCIAL HISTORY

Alcohol Use			
Food Insecurity (limited availability to food)			
Smoking/Vaping			

Patient Name: _____ Date of Birth: _____

PHYSICAL EXAMINATION (TO BE COMPLETED BY A MEDICAL PROVIDER)

TO THE EXAMINING HEALTHCARE PROVIDER: Please review the student's health history and complete this form. The information supplied will be used as a background for providing any necessary health care, and for identifying any need for accommodation to facilitate the student's academic success. This information will be handled in accordance with all applicable law.

Date of Exam: _____ BP: _____ HR: _____ HT: _____ WT: _____

VISION: OD _____ OS _____ OU _____ (☐ Corrected/ ☐ Uncorrected)

	Normal	Abnormal	COMMENTS
General Health			
Skin			
Ears			
Eyes			
Neck (include thyroid exam)			
Lungs			
Heart			
Abdomen			
Back			
Extremities			
Neurological Exam			

Medical Summary (note problems or suggestions for care): _____

ALLERGIES/REACTIONS	MEDICATIONS (dose, frequency)
☐ NO KNOWN ALLERGIES	

Healthcare Provider Name (please print/stamp): _____

Address: _____ City: _____

State: _____ ZIP: _____ Signature: _____ MD/DO/CRNP Date: _____

Patient Name: _____ Date of Birth: _____

TUBERCULOSIS SCREENING:

1. Are you experiencing any possible symptoms of TB: unexplained weight loss, fevers >1 week, night sweats, persistent cough >3 weeks, cough productive of bloody sputum?

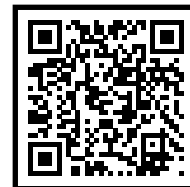
☐ YES ☐ NO

2. Do you have any risk factors for TB infection: close contact with known case of TB, use of illegal IV drugs, HIV infection, healthcare worker, resident/employee in nursing home/homeless shelter/correctional facility

☐ YES ☐ NO

3. Were you born in or traveled in the past 5 years (visit greater than 4 weeks) to any of the areas defined by the World Health Organization and the CDC as a region of high prevalence of TB? (scan QR code for most up-to-date list)

☐ YES ☐ NO



If you answered YES to any of the above questions, it is strongly encouraged that you have a PPD test (Mantoux), CXR, or IGRA lab test (QuantiFERON or T-SPOT). (Please attach results.)

REQUIRED IMMUNIZATIONS FOR ALL RESIDENTIAL STUDENTS:

- Meningococcal OR signed waiver (see below)

RECOMMENDED IMMUNIZATIONS:

- Hepatitis A
- Hepatitis B
- HPV
- Meningitis B
- Measles, Mumps, Rubella (MMR)
- Polio
- Tetanus, Diphtheria, Pertussis (Tdap)
- Varicella
- COVID-19

Protect Yourself. Protect your Community.

Vaccinations play a critical role in keeping our campus safe.

**PLEASE ATTACH A
COMPLETE COPY OF
YOUR MOST UP-TO-DATE
IMMUNIZATIONS**

Meningococcal Vaccine/Waiver

Pennsylvania state law provides that a student at an institute of higher education may not reside in a dormitory or campus housing unless the vaccination against meningococcal disease has been received. If a student chooses not to be vaccinated, the student (parent/guardian of minors) must sign a written waiver verifying they have chosen not to receive the meningococcal disease vaccination for religious or other reasons. Meningococcal disease is rare but a potentially fatal infection that affects the lining of the brain and spinal cord. More detailed information can be found on the CDC website.

I, _____, reviewed the recommendation to receive the meningococcal vaccine. I am fully aware of the risks associated with meningococcal disease and of the availability and effectiveness of the vaccinations against the disease. By signing this waiver, I acknowledge the risks associated with declining the vaccine.

Signature of student (guardian if student is not 18)

Date: