




Barnhart Memorial Health and Counseling Center
 59 College Avenue
 Buckhannon, WV 26201
 304-473-8100

The following pages are **required** to be completed in order to attend WVWC. Failure to complete these forms will prevent completion of course registration.

WVWC Health Form Check List

	Check When Completed
	Medical History Completed
	Immunization History Completed
	Physical Exam by a Licensed Provider Completed, this calendar year
	Insurance Information Completed
	Copy of Insurance Card Front and Back Attached
	Athletic Information Completed and Emailed and Health Form in jpeg or pdf format to mason_d@wvwc.edu (If an Athlete) go to http://www.wvwc.edu/life-at-wvwc/health-and-counseling-center/health-forms and download/print New Athlete Form
	Sickle Cell Trait Testing (If an Athlete)
	Read and follow last page if Athletic Training Major

Use envelope provided and return completed forms to:

West Virginia Wesleyan College
 Health and Counseling Center
 59 College Ave
 Buckhannon, WV 26201

***If an Athlete, send a pdf or Jpeg copy including Athletic forms by email to mason_d@wvwc.edu.**

****Athletic Training does not accept paper copies. The Health center still needs paper copy mailed to us.**

Questions: please call Mindy Bennett at 304-473-8100



Student's Health History

___ ADD/ADHD	___ Anemia	___ Anxiety	___ Asthma
___ Back Problems	___ Chicken Pox	___ Dental Problems	___ Diabetes, Type 1
___ Diabetes, Type 2	___ Dizziness/Fainting	___ Ear/Nose/Throat Problems	___ Epilepsy/Seizures
___ Eye Problems	___ Gallbladder Problems	___ Headaches	___ Headaches, Migraines
___ Head Injury/Concussion	___ Heart Murmur	___ Hemophilia	___ Insomnia
___ Hernia	___ High Blood Pressure	___ Irregular Heartbeat/ Palpitations	___ Measles
___ Joint Disease/Injury	___ Kidney Problems	___ Liver Problems	___ Mumps
___ Measles, German	___ Menstrual Problems, Female	___ Mononucleosis	___ Stomach/GERD/ Ulcer
___ Pain in Chest	___ Psoriasis	___ Sinusitis	
___ Thyroid Problems	___ Tumor/Cancer cyst	___ Weight, recent gain or loss	

Hospitalization History

Dates: mm/yyyy	Diagnosis	Procedures/treatments/outcomes

Additional Health Information

Please, answer the following questions	Yes	No	Please provide details or list
Has your physical activity been restricted during the past four years?			
Have you received treatment/counseling for alcohol or other drug abuse, an eating disorder, depression, anxiety, or any other reason?			
Have you had any significant illness or injury other than what you already listed?			
Do you take any medications routinely?			

If any additional information needs to be provided about the student's health, that you think we need to know, please attach an additional page to explain.



Allergy History

◇ No Known Drug Allergies

List the Name of the Allergy	List the Reaction, if known

Medication List

Name of Medications	Strength	How many Pills?	How many times a day do you take the medication?

Extra medications :



Physical Examination

(must be completed by Physician, ANP, PAC)

Patient's Name _____

Vitals: TPR _____ BP _____ WGT _____ HGT _____

System	Within Normal Limits	Abnormal (Explanation)
Neurological		
Cardiovascular		
Mouth		
Integumentary		
Respiratory		
Gastrointestinal		
Genitourinary		
ENT		
Eyes		
Any conditions that prevent living in residence hall or any special accommodations needed?	___ No ___ Yes Explain:	
Any conditions that would prevent normal activity as an athletic training major, nursing major, or participation in physical activities or sports?	___ No ___ Yes Explain:	
Sickle Cell Trait test results are required by the NCAA for all student athletes. Read attached resource sheet.	Attach Sickle Cell Trait test results to this form. Student athletes will not be permitted to practice in any capacity until Sickle Cell Test results are on file.	

Required Information for Consultation or Verification

Health Care Provider (Print Name) _____ Date _____

Signature _____ Phone _____ Fax _____



Immunization Records

Name: _____ Date of Birth ___/___/___

Tuberculosis Screening is required of all students within 6 months of enrollment and based on guidelines provided

by the American College Health Association.

PPD is REQUIRED if any of the following questions are answered as YES.

1. Does the student have signs or symptoms of active tuberculosis disease? ___Yes ___No

- unexplained elevation of temperature for more than one week, weight loss
- night sweats, persistent cough for more than three weeks.
- cough with production of bloody sputum

2. Has the student ever had a positive Tuberculin Skin Test (TST/PPD) or ___Yes ___No

Quanti-FERON Tb Test?

3. Is the student a member of a high risk group? ___Yes ___No

- had close contact with a known case of active tuberculosis.
- use of illegal injected drugs
- currently on immunosuppressive therapy
- employee or resident of a nursing home, homeless shelter, or correctional facility

4. Has the student lived or traveled in countries where Tb is endemic (any country that is not listed below)? ___Yes ___No

- Includes student who have arrived in US in the past five years from countries.

The Following countries are not high risk to TB:

Albania American Samoa Andorra Antigua and Barbuda Australia Austria
 Barbados Belgium Bermuda British Virgin Islands Canada Cayman Islands
 Chile Cook Island Costa Rica Cuba Cyprus Czech Republic Denmark
 Dominica Finland France Germany Greece Grenada Hungary Iceland
 Ireland Israel Italy Jamaica Jordan Lebanon Libyan Arab Jamahiriya
 Luxembourg Malta Monaco Montserrat Netherlands Antilles
 New Zealand Norway Puerto Rico Saint Kitts and Nevis Saint Lucia Samoa
 San Marino Slovakia Sweden Switzerland Trinidad and Tobago Turks and Caicos Islands
 United Arab Emirates United Kingdom United States US Virgin Islands

Note: If the answer to all the above questions is NO, no further testing or action is required.

If the answer to any question above is YES, the student must undergo testing and/or chest x ray as indicated. Document results of test below.

RESULTS

PPD Not Required at this time: Date _____

Tuberculin Skin Test: Date _____ Positive _____ measurement of induration _____ mm Negative _____

Quanti-FERON Test: Date _____ Positive _____ Negative _____

T-SPOT Test: Date _____ Positive _____ Negative _____

Chest X ray (required if current or previous TST, QFT, T-SPOT is positive) Date _____ Normal _____ Abnormal _____

Health Care Provider Signature _____ Date _____



Required Immunizations

1. TD or Tdap (must be less than 10 years) Tdap required nursing majors	Date ___/___/___	Please circle: Td Tdap		
2. MMR (Measles/Mumps/Rubella) (Two doses required)	Date Dose 1 ___/___/___	Date Dose 2 ___/___/___		
3. Polio (Primary series in childhood meets requirement) OPV, Oral is 3 doses IPV, Injected is 3-4 doses	Date Dose 1 ___/___/___	Date Dose 2 ___/___/___	Date Dose 3 ___/___/___	Date Dose 4 ___/___/___
4. Varicella: History of chicken pox, positive Varicella antibody or <u>2 doses Varicella required.</u>	Dose #1 Date ___/___/___	Dose #2 Date ___/___/___		
History of having Chicken Pox/Varicella Disease	Yes	No		
Varicella Antibody	Date ___/___/___	Result: Reactive____ Non-reactive____		
5. Meningitis Vaccine (within last 5 years)	Dose #1 Date ___/___/___	Dose #2 Date ___/___/___		

Immunizations on the Next Page are Strongly Recommended by the American College Health Association and WVWC Health Services Staff.



Suggested Immunizations

6. Hepatitis B Vaccine (REQUIRED FOR ALL NURSING STUDENTS)	Date Dose 1 ____/____/____	Date Dose 2 ____/____/____	Date Dose 3 ____/____/____	
Hepatitis B Surface Antibody	Date Tested ____/____/____	Result: Reactive _____ Non-reactive _____		
7. Hepatitis A (Highly recommended if study abroad is anticipated)	Date Dose 1 ____/____/____	Date Dose 2 ____/____/____		
8. Human Papillomavirus (HPV) 3 Doses Recommended for all students	Date Dose 1 ____/____/____	Date Dose 2 ____/____/____	Date Dose 3 ____/____/____	
9. Any other Vaccines:				

Signature of Health Care Provider: I hereby certify that the information on this and preceding pages is correct to the best of my knowledge.

 Health Care Provider's Name (Please Print)

 Signature

 Date

Address: _____

Office Phone: _____

Office Fax: _____



All WVWC College Athletes Must Complete Form

Name (print) _____ Sport _____

Please answer all of the following questions and sign below. If you answer "yes" explain in the space provided.	Yes	No
1. Have you had any recent illnesses? Explain:		
2. Have you ever been told to give up sports because of a health problem? Explain:		
3. Do you wish to discuss a specific problem with the doctor or Athletic Trainer? Explain:		
4. Has anyone (under the age of 50) in your close family died suddenly? Explain:		
5. Has anyone (under the age of 50) in your close family had a heart attack? Explain:		
6. Has anyone in your immediate family had high blood pressure? Explain:		
7. Do you get chest pain with exercise? Explain:		
8. Do you have faintness or dizziness with exercise? Explain:		
9. Heart trouble or a heart murmur? Explain:		
10. Heat illness (dehydration with exercise)? Explain:		
11. Coughing after strenuous exercise? Explain:		
12. Do you exercise continuously for at least 30 minutes, three or more times a week? Explain:		
13. Do you eat any special foods or follow a special diet during the sports season? Explain:		
14. Is your pregame meal a special part of your game preparation? Explain:		
15. Have you ever taken any supplements or vitamins to help you lose or gain weight or improve performance? Explain:		

Consent and Authorization:

I give authorization to the Athletic Training staff and/or medical consultants to evaluate and treat any injuries that occur during my participation in athletics at West Virginia Wesleyan College. I understand the Athletic Trainer has the authority to prohibit me from further participation because of an injury and/or because of undue liability risk to West Virginia Wesleyan College.

Student Athlete's signature _____ Date _____

Parent/Guardian Name (print) _____ Parent/Guardian Signature _____ Date _____



Insurance Information

**IMPORTANT: STUDENTS ARE REQUIRED TO HAVE INSURANCE COVERAGE
WHILE ATTENDING WVWC.**

The information below will be kept on file at the Health and Counseling Center in the case the student needs medical attention outside the College.

Family Insurance Information

Student's Last Name (Print):	Student's First Name:	Middle Name:	Gender Male Female
Name of Health Insurance Company		Address	
Phone Number	Policy /ID Number	Group Number	
Policy Holder's Name	Relationship to Student	Policy Holder's Date of Birth	
Policy Holder's Place of Employment:		Employer's Address:	

**Please attach a copy of the FRONT and BACK of your
family insurance card HERE**

**Contact your medical insurance company to be sure medical providers in our
area are in your Network.**

Sickle Cell Trait Testing for Student-Athletes

What is Sickle Cell Trait?

Sickle cell trait is not a disease. Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. Sickle cell trait will not turn into the disease. Sickle cell trait is a life-long condition that will not change over time.

What happens during exercise to individuals with Sickle Cell Trait?

During intense exercise, red blood cells with the sickle hemoglobin may change shape and “sickle”. These sickled cells can accumulate in the bloodstream and block normal blood flow to the tissues and muscles. This can lead to significant physical distress and a collapse.

Why do we need to know if you have Sickle Cell Trait?

The Athletic Training Staff of WVWC needs to know if you have Sickle Cell Trait so that proper precautions can be put into place for your care. You will not be excluded from participation due to Sickle Cell Trait.

Is testing required?

Yes! Since August 1, 2012, athletes are **REQUIRED** by the NCAA to provide the results of a Sickle Cell Trait test. You may provide the results of the test administered at birth (All 50 states require testing at birth for all infants) or during a routine medical exam. You will not be permitted to practice in any capacity until the **RESULTS** of a Sickle Cell Trait test are on file.

Where do I get tested?

Student-athletes may choose from the following four testing options:

- 1) Provide results from the test administered at birth
- 2) Visit your local physician for testing
- 3) Schedule a test at St. Joseph’s Hospital {ph: (304) 473.2000} in Buckhannon, WV for \$40. Initial **positive** screening tests may require additional testing. These tests can be obtained for \$96. Tests may be ordered through the WVWC Student Health Center (during the academic year only) or your local physician.
- 4) Schedule testing through Quest Diagnostics and Medivo for a discounted rate following these outlined steps:
 - Print a Quest Diagnostics test requisition form and pay (\$32.50) for the SCT screening test/physician service. The requisition form can be found at the following website: <https://sicklecelltesting.medivo.com/order/am>.
 - Determine the most convenient Quest location for your blood draw by searching the above website. You *must* take the Quest Diagnostics test requisition form (generated after payment on the Medivo website) to a Quest Diagnostics PSC to have your blood drawn. There are no exceptions and you must be 18 years of age or older to use the online service.
 - Medivo will post the results to their website for you to view and print within 24-48 hours, on average. If a test result is **positive**, you will receive a phone call directly from a physician at Medivo and an email with a link to go online to request and pay for the confirmation reflex testing (\$30.00) through the Medivo online system.
 - You will be directed to a new web site to order the confirmation test: <https://confirmationtest.medivo.com/order/am>. You may need to have an additional blood draw for the confirmation testing.

How Often do I need tested?

Sickle Cell test only needs to be done one time. Also, if you refuse to have the sickle cell test done you will be required to sign the waiver, then the waiver needs signed every year that they refuse to get the test. The form can be obtained from Jackie Hinton or Rae Emrick.

Questions?

Email Jackie Hinton (hinton.j@wvwc.edu) or Rae Emrick (emrick_r@wvwc.edu) with questions.

ATHLETIC TRAINING MAJORS ONLY

West Virginia Wesleyan College Athletic Training Education Program

Technical Standards for Admission

The athletic training program at West Virginia Wesleyan College is a rigorous and intense program that places specific requirements and demands on the students enrolled in the program. An objective of this program is to prepare graduates to enter a variety of employment settings and to render care to a wide spectrum of individuals engaged in physical activity. The technical standards set forth by the Athletic Training Educational Program establish the essential qualities considered necessary for students admitted to this program to achieve the knowledge, skills, and competencies of an entry-level athletic trainer, as well as meet the expectations of the program's accrediting agency (Commission on Accreditation of Athletic Training Education (CAATE)). The following abilities and expectations must be met by all students admitted to the Athletic Training Educational Program. In the event a student is unable to fulfill these technical standards, with or without reasonable accommodation, the student will not be admitted into the program.

Compliance with the program's technical standards does not guarantee eligibility for the BOC certification exam.

Candidates for selection to the WVWC Athletic Training Educational Program must demonstrate:

1. The mental capacity to assimilate, analyze, synthesize, integrate concepts and problem solve to formulate assessment and therapeutic judgments and to be able to distinguish deviations from the norm.
2. Sufficient postural and neuromuscular control, sensory function, and coordination to perform appropriate physical examinations using accepted techniques; and accurately, safely, and efficiently use equipment and materials during the assessment and treatment of patients.
3. The ability to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients and communicate judgments and treatment information effectively. Students must be able to understand and speak the English language at a level consistent with competent professional practice.
4. The ability to record the physical examination results and a treatment plan clearly and accurately.
5. The capacity to maintain composure and continue to function well during periods of high stress.
6. The perseverance, diligence and commitment to complete the ATEP as outline and sequenced.
7. Flexibility and the ability to adjust to changing situations and uncertainty in clinical situations.
8. Affective skills and demeanor and rapport that relate to professional education and quality patient care.

Candidates for selection to the athletic training educational program will be required to verify they understand and meet these technical standards or they believe that, with certain accommodations, they can meet the standards. The Office of Student Development will evaluate a student who states he/she could meet the program's technical standards with accommodation and confirm that the stated condition qualifies as a disability under applicable laws.

If a student states he/she can meet the technical standards with accommodation, then the College will determine whether it agrees that the student can meet the technical standards with reasonable accommodation; this includes a review as to whether the accommodations requested are reasonable, taking into account whether accommodation would jeopardize clinician/patient safety, or the educational process of the student or the institution, including all coursework, clinical experiences and internships deemed essential to graduation.