

WELLNESS CENTER NEXT STEPS

Your **Wellness Center** cares deeply about your well-being and is committed to providing you with health care and preventive education. All registered students, regardless of your insurance choice, will be seen and treated at Embry-Riddle's Wellness Center without a fee.

The Wellness Center staff will use your personal medical information for diagnosis, care, and consultation. The information you include in this record is confidential, as are all interactions with the staff.

CHECKLIST

Submit the Completed Medical Form

Students must complete the Medical Report Form before registering for classes.

- › Complete the personal data and medical history section
- › Complete and sign the Medical Form AND submit official copies of your immunization records. You may provide copies of laboratory reports indicating positive antibody titers for these diseases in lieu of immunizations
- › If you do not submit the required documentation, a Medical Hold will be applied to your account, which will prevent you from registering for classes

Understand the Required Immunizations

Vaccinations for MMR (measles, mumps, rubella), Hepatitis B, and Meningitis are required.

Sign up for Health Insurance

Embry-Riddle requires students to have health insurance. Students are automatically enrolled in the student health insurance plan, and the charge is added to your student account.

All students who choose to have the United Healthcare thru Embry Riddle will have this coverage year round, and applies even when out of Arizona. When using the UHCSR outside of Prescott the student will need to make sure that the physician they see accepts the United Healthcare Plan.

Visit uhcsr.com to view plan benefits.

Students who are currently insured with comparable coverage can choose to decline and must do so during the waiver period in order to avoid premium charges.

WELLNESS CENTER HOURS

/// Fall and Spring Hours

Monday - Friday

7am - 4pm

/// Summer Hours

Monday - Thursday

7am - 4pm

/// Phone

928.777.6653

MEDICAL REPORT FORM

/// Completion of this form is mandatory to meet Embry-Riddle Aeronautical University health requirements and must be returned to the Wellness Center prior to registering for classes.

Student ID#: _____ Email: _____ Cell: _____

Will you reside in University Housing?

Do you intend to be immunized at Embry-Riddle Aeronautical University?

Will you participate in the Student Insurance Plan? If not please see attached form.

PERSONAL DATA – PLEASE PRINT LEGIBLY

Expected Semester of Entry: _____ Major: _____
Date

Name: _____
Last First Middle

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

Permanent Address:

_____ No. & Street Name City State Zip

Emergency Contact: _____ Phone: 1 _____ 2 _____
First & Last Name

PERSONAL MEDICAL HISTORY

Do you use tobacco or smoke any other substances? Yes No

Do you have any allergies? Please indicate (medications, insect stings, environmental factors, food) Yes No

Are you currently under the care of any clinical practitioner for medical psychological or dependency issues?
If so it is advisable to have clinical notes sent to the Wellness Center.

What Medications are you currently taking.

Please check if you are being treated or have been treated for any of the following and indicate the year. Attach a physician statement for any items checked, except chicken pox.

	Year		Year
<input type="checkbox"/> ADD/ADHD	_____	<input type="checkbox"/> Heart Murmur/Disease	_____
<input type="checkbox"/> Alcohol/Drug Dependency	_____	<input type="checkbox"/> Hepatitis	_____
<input type="checkbox"/> Anemia, Blood Disease	_____	<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Arthritis, Joint Disease, Bone Disease	_____	<input type="checkbox"/> Hypoglycemia	_____
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Lyme Disease	_____
<input type="checkbox"/> Blood Clot/Phlebitis	_____	<input type="checkbox"/> Malaria	_____
<input type="checkbox"/> Cancer	_____	<input type="checkbox"/> Migraines	_____
<input type="checkbox"/> Chicken Pox	_____	<input type="checkbox"/> Psychological Problems	_____
<input type="checkbox"/> Diabetes (indicate type)	_____	<input type="checkbox"/> Rheumatic Fever	_____
<input type="checkbox"/> Digestive Disorders	_____	<input type="checkbox"/> Thyroid Disease	_____
<input type="checkbox"/> Epilepsy, Seizures	_____	<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> Head Injury	_____	<input type="checkbox"/> Other	_____

REQUIRED IMMUNIZATIONS

/// All underlined text is critical to enrollment.

/// The immunization policy is designed to protect the health of all students.

Name: _____ ID#: _____ Date of Birth: _____

MEDICAL HOLD TO STUDENT ACCOUNT

A medical hold will be applied to your account if we do not receive the appropriate documentation. Official copies of immunization records can be provided in lieu of a doctor's visit. Copies of school or military immunization records with appropriate information will also be accepted. Please attach to this form and return. Self-reports are not acceptable.

MMR (Measles/Mumps/Rubella): All students must provide proof of two doses given on, or after the first birthday. The second dose of MMR must be administered 28 days or more after the first dose. Students may provide copies of laboratory reports indicating positive antibody titers for these diseases in lieu of immunizations.

1st MMR: _____ Date
2nd MMR: _____ Date

Hepatitis B and Meningococcal Meningitis: Please visit prescott.erau.edu/wellness to learn about these diseases and their prevention through vaccination. All students must provide proof of immunizations for Hepatitis B and Meningococcal Meningitis OR complete the below section to decline. If there were to be an outbreak on campus you will be asked to leave campus for up to 6 weeks or get the vaccine.

Hepatitis B:

Dose 1: _____ Date
Dose 2: _____ Date
Dose 3: _____ Date

Meningococcal Meningitis: _____ Date
(If a primary dose was given before 16th birthday, a booster dose is recommended before entering college.) _____ Date

Physician or Authorized Signature

Date

License Number and Office Stamp with Address

WAIVER

I have read the detailed information provided at prescott.erau.edu/wellness regarding the risks and dangers of contracting Hepatitis B and Meningitis. Embry-Riddle strongly encourages immunization. All students who reside in University Housing must either document the immunizations or complete the waiver.

I decline to receive Hepatitis B vaccines. _____
Student Signature Date

I decline to be vaccinated for Meningitis. _____
Student Signature Date

Parent or Legal Guardian if Under 18

Date

AUTHORIZATION FOR TREATMENT

I hereby grant permission to Embry-Riddle Aeronautical University Wellness Center, Counseling Center staff, or the University Physician(s) to render any health care or emergency treatment to myself/son/daughter/ward. I also grant permission for the above referenced to arrange for health care, emergency treatment, or hospitalization or any other medical, psychological or dental care facility if necessary.

Student Signature

Date:

Parent or Legal Guardian if Under 18

Date:

YOUR WELL-BEING

Your academic success is important to Embry-Riddle Aeronautical University, and we know that your overall well-being plays a vital role in your success. We provide you a variety of support services that can help you be the best you.

Wellness Center | 928.777.6653

The Wellness Center provides evaluation and treatment of illnesses, first aid, nutrition counseling, diagnostics services, annual exams, health education, medical support for flight students, and much more. The dedicated staff of full time registered nurse, medical assistant and physicians are available to support you.

Counseling | 928.777.3312

The mission of the Counseling Center is simple: to enhance the psychological well-being of Embry-Riddle students. But the care, counseling, and education they provide is integral to help with coping, achievement of goals, stress, anxiety, depression, and other barriers to success. Counseling is confidential and offered free to our students.

Disability Support Services | 928.777.6749

We ensure equal access to resources and opportunities for all students, and we have a department specifically to guide and support students with disabilities. Disability Support Services facilitates and promotes the effective participation, academic persistence, and personal development of our students who need these services.

Haas Chapel | 928.777.3312

The University particularly recognizes students may feel challenged during their college experience and that it is important to encourage and promote spiritual development. Opportunities for deepening faith, such as meetings and programs sponsored by campus organizations are offered during the academic year.



EMBRY-RIDDLE
Aeronautical University

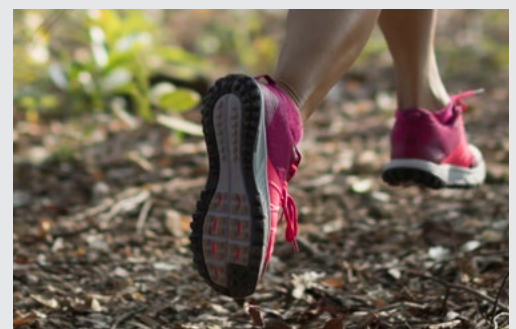
CONTACT US FOR MORE INFORMATION:

928.777.6653 | prwellnesscenter@erau.edu
prescott.erau.edu/wellness



STAY HEALTHY, EAT RIGHT

Get enough sleep, wash your hands, avoid caffeine, and sugary drinks, drink lots of water and get a flu shot.



HEALTHY WAYS TO LOSE WEIGHT

Portion control, drink water, eat breakfast, incorporate fruits and vegetables in daily diet, avoid fried foods, eat calcium in foods, and stack cupboards with healthy snacks.