



## **HEALTH SERVICES ADMISSION REQUIREMENTS**

June, 2016

Dear New Student:

I would like to take this opportunity to welcome you to Saint Anselm College on behalf of **College Health Services**. We are housed in the Holistic Health Center located in the lower level of Cushing Center. We offer a full service medical clinic, counseling services, and health education to all of our students.

Health Services has the following requirements of new students:

*\*All forms should be completed and uploaded to the Health Services Patient Portal*

<http://patient-anselm.medicatconnect.com>

1. **Admission Athletic Participation Health Report Form:** includes immunization history, medical emergency permission form, and informed consent.
2. **Physical Exam and Immunization History**

**Please Note: physical exam should have been done within one (1) year of entrance to college except varsity athletes who need their physical to be done within six (6) months of the start of their first tryout.**

If non athletes have insurance that does not allow a physical until a later date, please have the physician fill out the most recent physical data and return this to us and provide us with the updates as soon as the new physical is completed in the fall semester.

3. **AlcoholEdu:** Freshmen and Transfer students are **required** to complete the online alcohol prevention program prior to entering college. **May start after JULY 25<sup>th</sup>, 2016.**  
[www.everfi.com/register](http://www.everfi.com/register)
4. **Health Insurance:** *Complete on-line Waiver if you would like to opt out of the Student Health Insurance.* All Saint Anselm students are **required** to carry health insurance. A student accident and health insurance program is offered to students. **You will be automatically billed for College Student Accident and Health Insurance unless you complete the online waiver.** If you do not wish to purchase the plan offered through the college, it is very important that you access the Web site at [www.CrossAgency.com/saintanselm](http://www.CrossAgency.com/saintanselm)
5. **Philosophy & Mission and Bill of Rights – Read Only**
6. **Commuters:** The medical facilities of the campus Health Services are available to non-resident students for a fee of **\$100.00 per academic year or \$50.00 per semester.**

Return all forms to College Health Services by **July 22, 2016.** **Please be aware that failure to provide medical information will result in the inability to register for fall classes.**

We look forward to seeing you soon.

Sincerely,

**Maura Marshall, APRN, MSN**  
Director, College Health Services  
[mmarshall@anselm.edu](mailto:mmarshall@anselm.edu)  
(603) 641-7029

**Saint Anselm College**  
**PHYSICAL EXAMINATION**  
(by your medical provider)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sport(s) Participation: \_\_\_\_\_

**\*\*\*PE ON EVERY STUDENT\*\*\***

**(WITHIN 1 YEAR FROM START OF SCHOOL)**

**\*\*\*\*\*NCAA RULING - MANDATORY SPORTS PE ON ANY ATHLETE WITHIN 6 MONTHS FROM DATE OF 1<sup>ST</sup> SPORT TRYOUT\*\*\*\*\***

BP \_\_\_\_\_ P \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_

Visual Acuity: \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ With or without corrective lenses \_\_\_\_\_

MENTAL/EMOTIONAL STATUS \_\_\_\_\_

SKIN \_\_\_\_\_

HEENT \_\_\_\_\_

NECK, THYROID \_\_\_\_\_

LUNGS \_\_\_\_\_

CARDIO (Murmur, Pulses, Dysrhythmia) \_\_\_\_\_

Precordial auscultation – Supine/Standing \_\_\_\_\_

ABDOMEN \_\_\_\_\_

Femoral artery pulses \_\_\_\_\_

EXTREMITIES / SPINE \_\_\_\_\_

Musculoskeletal: ROM / strength / laxity \_\_\_\_\_

NEUROLOGICAL \_\_\_\_\_

UROGENITAL \_\_\_\_\_

Hernia (males) \_\_\_\_\_

LMP (females) \_\_\_\_\_ ANY IRREGULARITIES \_\_\_\_\_

PERTINENT PAST MEDICAL HISTORY \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

ALLERGIES TO MEDICINE / FOOD / OTHER? \_\_\_\_\_

HISTORY: Please circle if + Prior exertional chest pain, exertional syncope or / near syncope

Excessive, unexplained shortness of breath or fatigue with exercise

Prior history of heart murmur or increased blood pressure

Family history of premature death from cardiovascular disease in a relative younger than age 50 or unexplained sudden death.

Occurrence in family of hypertrophic cardiomyopathy, dilated cardiomyopathy, long QT syndrome or Marfan's syndrome YES or NO

\*Sickle Cell trait \_\_\_\_\_ Date Tested \_\_\_\_\_ Family history of Sickle Cell Anemia \_\_\_\_\_

**\*REQUIRED FOR PARTICIPATION IN ANY NCAA VARSITY SPORT AS A FRESHMAN OR TRANSFER STUDENT**

**SPORTS INJURIES: Explain with dates**

Concussion/Head Injuries/"Bell rung" \_\_\_\_\_ Shoulders \_\_\_\_\_ Hips \_\_\_\_\_

Time missed \_\_\_\_\_ Elbows \_\_\_\_\_ Knees \_\_\_\_\_

Surgeries \_\_\_\_\_ Wrists \_\_\_\_\_ Ankles \_\_\_\_\_

Back \_\_\_\_\_ Hands \_\_\_\_\_ Feet \_\_\_\_\_

Neck \_\_\_\_\_ Fingers \_\_\_\_\_ Toes \_\_\_\_\_

**ANY RESTRICTIONS ON SPORTS PARTICIPATION?** \_\_\_\_\_ **Date of this exam** \_\_\_\_\_

**IMMUNIZATION HISTORY (with dates) ALL REQUIRED ON EVERY STUDENT / Provider please read! Some info not on your immunization sheets**

Year of chickenpox disease \_\_\_\_\_ or Varivax \_\_\_\_\_

**TB RISK** (circle) Low or High: if high risk or international student **REQUIRED** Mantoux within 30 days from start of college.

Result \_\_\_\_\_ mm. date \_\_\_\_\_ If (+) CXR required result \_\_\_\_\_ and treatment plan \_\_\_\_\_

**POLIO** (circle IPV or OPV) \_\_\_\_\_

**TETANUS, Diphtheria, Pertussis series** \_\_\_\_\_

Td \_\_\_\_\_ Tdap \_\_\_\_\_

**MMR** \_\_\_\_\_

**HEPATITIS B** \_\_\_\_\_

**MENINGOCOCCAL MCV4** \_\_\_\_\_

**OTHER: (Optional) – Hepatitis A, Gardasil, Pneumovax**

Signature of provider \_\_\_\_\_ **Date of this exam** \_\_\_\_\_

Tel.# \_\_\_\_\_

Fax# \_\_\_\_\_

# AlcoholEdu

**PART 1 – START Date: July 22, 2016**

**COMPLETE BY August 24, 2016**

**PART 2 - SURVEY DUE Date: October 28, 2016**

June 2016

Dear New Student

As part of our comprehensive alcohol prevention program, Saint Anselm College **IS REQUIRING** each member of the first-year class to complete AlcoholEdu for College—an online, non-opinionated alcohol prevention program-prior to entering the college in January. Used on over 450 campuses nationwide, the course uses science-based research to educate students about alcohol and its effects. Whether you drink or not, AlcoholEdu for College will empower you to make well-informed decisions about alcohol and help you better cope with the drinking behavior of your peers. **Sanctions for non-completion may include a fine and alcohol violation on your record.**

The course has **two sections, both of which must be completed to fulfill this requirement:**

- **PART 1:** Allow a minimum of three (3) hours to complete and we recommend you take it in multiple sittings. Part 1 ends with the Exam and Survey 2. You must earn a **grade of 75 or higher** to pass and receive credit for the course.

**The deadline for finishing this section of the course is August 24, 2016**

- **PART 2:** About **30 days** after you complete the Exam and Survey 2, you will receive an email asking you to complete the 4<sup>th</sup> and final chapter + a survey. This part takes about 10 minutes.

**The deadline for completing this section is October 28, 2016**

Please note, the course includes three surveys that measure students' alcohol-related attitudes and behaviors. It also contains material to help prevent Sexual Assault. All survey responses are strictly confidential; **the college will only receive information about the student body as a whole and will never see individual students' answers.** You can feel confident that providing truthful answers – no matter what they are – will not put you at any risk for repercussions.

**HOW:** To begin AlcoholEdu for College you will need a computer with a high speed internet connection and audio component. If you do not own a computer, some places where you can log in include: your town library, Kinko's cyber café, high school etc.

1. Go to: [www.everfi.com/register](http://www.everfi.com/register)
2. Under **NEW USER** enter the following Login ID: **C183239A**
3. Click **CREATE A NEW PROFILE** USING YOUR SAINT ANSELM COLLEGE E-MAIL.
4. You may log in and out of the course at the end of each section. Section ends are marked with a "NEXT" button. ***DO NOT log out until you click the "NEXT" button or you will have to repeat the section you have just gone through.***
5. When you return, log in as a Returning User and enter the same email address and password you created when you first logged into the course.

Should you experience any difficulties or require support, the AlcoholEdu Online Technical Support Center is available 24 hours a day, 7 days a week. Simply click on the "Help" button located in the upper right-hand corner of every AlcoholEdu for College screen. You do not need to be logged into the course to access the Help Site. **Toll Free Helpline: (866) 384-9062.**

Thank you, and enjoy the course!

Maura Marshall, APRN, MSN  
Director, Health Services



## **All Saint Anselm students are REQUIRED to carry Health Insurance**

A Student Accident and Health Insurance Program is offered to students of Saint Anselm College. The insurance is meant to cover students in the event of illness/accident. The cost is \$1,961.00 and the student is covered from August 1, 2016 to August 1, 2017. This is a nice option if a student is not covered under their parent's plan.

**You are automatically billed for College Student Accident and Health Insurance. If you complete the online waiver the charge will be removed from your bill.**

If you choose not to purchase the insurance, it is very important that you access the website at <http://www.CrossAgency.com/saintanselm> and follow the instructions on the "Online Student Health Waiver" link. Please have your health insurance card with you before you begin the process as you will need to show proof of adequate insurance coverage. Print out the confirmation page or write down the confirmation number for you records. The online waiver must be completed by **August 29<sup>th</sup>, 2016**. *After this date, you will NOT be eligible to waive the insurance or have the charge removed from your bill.*

**For students who are not planning to waive this insurance and who need access to medical or prescription services prior to the waiver deadline, you may also go to: <http://www.CrossAgency.com/saintanselm> and click on the link for voluntary enrollment. You can indicate your desire to be added to this Insurance Plan and will be given instructions for printing a temporary ID Card. Permanent ID Cards cannot be furnished until after the waiver deadline period is over. The voluntary enrollment option will terminate at the same time as the waiver deadline, August 29<sup>th</sup>, 2016.**

You may purchase Student Health Insurance at any time during the academic year in the event that circumstances occur in which the student is without coverage.

In addition, please note that:

- Students covered by Medicaid outside of NH are covered for emergency medical care in NH only and are encouraged to purchase the school insurance.
- If your son or daughter is covered by an HMO while at St. Anselm College, it may be necessary that he/she return home for care in the case of an illness which is not an emergency.
- The staff at Health Services will do all that we can to insure that your son/daughter notifies the proper person regarding out-of-area charges for medical care, but ultimately costs incurred will be the parents' responsibility. It is important for the student to know the proper procedures for obtaining authorization for payment from his/her insurance provider.
- It is required that the student carry their card with them at all times and to give Health Services current medical insurance information if any changes occur during the time that the student is attending Saint Anselm College.
- **For athletes, the NCAA requires proof of insurance coverage.**

If you have any questions regarding Student Health Insurance, please call or e-mail Lisa Farrington, Cross Insurance Company @ 1-800-537-6444 x 211 or [lfarrington@crossagency.com](mailto:lfarrington@crossagency.com) or Maura Marshall, Director of Health Services, Saint Anselm College @ (603) 641-7029 or [mmarshall@anselm.edu](mailto:mmarshall@anselm.edu).



SAINT ANSELM COLLEGE HEALTH SERVICES  
*PHILOSOPHY AND MISSION STATEMENT*

In support of the educational mission of Saint Anselm College, the philosophy of College Health Services is based on a holistic view of the individual person. The goal of the College Health Service is to maximize the potential of each individual student physically, emotionally, spiritually, intellectually, occupationally, and socially.

Following the philosophy of holistic health, we strive to encourage each student to accept the responsibility of active participation in attaining/maintaining his/her health.

Utilizing the three dimensions of College Health – Medical, Counseling, and Education – our mission is to assist the student through lifestyle assessment, health care, counseling, and health teaching to make responsible life choices which impact future health and well-being and lead to an integrative balance of all aspects of the self.

Because our approach is multidisciplinary, when an issue has both medical and counseling components, our staff members confer with one another to better coordinate student care.

Information shared in a counseling or clinic session is privileged (confidential), is **not** part of the student's academic record, and will not be disclosed to any party outside of the Health Service without your prior **written consent**. Only professional staff and administrative assistant have access to records.

Should a client wish information forwarded to other parties, we will provide verbal or written reports to a professional that is designated, once we have obtained **written permission** to do so. Confidentiality will be broken **only** if such disclosure is (a) necessary to protect a client or someone else from imminent physical danger; (b) in cases of apparent child or elder abuse; or (c) in those rare instances when records are legally court ordered. Such exceptions to a client's right of privilege are mandated by New Hampshire State law. In these cases, certain college officials will also be notified and the client will be apprised of this notification.

**Counseling Health Service Information Guide**

1. Counseling is free of charge within the Health Service Department. The Counseling service requires that a 24 hour notice be given if the client is unable to keep a scheduled appointment. Failure to notify the counseling service of the need to cancel or reschedule an appointment may result in the client being assessed a charge of \$50.00. Should this fee go unpaid, it would be added to the client's Health Service bill as a miscellaneous medical expense.
2. Counseling services are available Monday through Friday on a regular schedule. In the case of an emergency please contact your Resident Assistant or Resident Director and if necessary, go to the nearest emergency room. Catholic Medical Center is located at 100 McGregor Street Manchester, N.H.

I understand and am in agreement with the above:

\_\_\_\_\_  
Please sign your name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Witnessed

# **TITLE XI HOSPITALS AND SANITARIA**

## **CHAPTER 151 RESIDENTIAL CARE AND HEALTH FACILITY LICENSING Patients' Bill of Rights**

### **Section 151:21**

#### **151:21 Patients' Bill of Rights. –**

[Introductory paragraph effective until January 1, 2014; see also introductory paragraph set out below.]

The policy describing the rights and responsibilities of each patient admitted to the facility shall include, as a minimum, the following:

[Introductory paragraph effective January 1, 2014; see also introductory paragraph set out above.]

The policy describing the rights and responsibilities of each patient admitted to a facility, except those admitted by a home health care provider, shall include, as a minimum, the following:

- I.** The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
- II.** The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
- III.** The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by medicare or medicaid shall also be included in this disclosure.
- IV.** The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
- V.** The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for medicaid as a source of payment.
- VI.** The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
- VII.** The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
- VIII.** The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.

- IX.** The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
- X.** The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.
- XI.** The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.
- XII.** The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
- XIII.** The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
- XIV.** The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
- XV.** The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
- XVI.** The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.
- XVII.** The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
- XVIII.** The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.
- XIX.** The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
- XX.** The patient shall not be denied admission to the facility based on medicaid as a source of payment when there is an available space in the facility.
- XXI.** Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

**Source.** 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108:6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001. 2009, 252:1, eff. Sept. 14, 2009. 2013, 265:3, eff. Jan. 1, 2014.

I have read and received a copy of the **Bill of Rights** above:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*IF A MINOR (under 18) PARENT(S) OR/LEGAL GUARDIAN(S) MUST SIGN ALSO.*

Signed \_\_\_\_\_ Relationship \_\_\_\_\_

Print Name \_\_\_\_\_

SAINT  
ANSELM  
COLLEGE



HEALTH SERVICES

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100 Saint Anselm Drive, Manchester, New Hampshire 03102-1310  
Phone: 603-641-7000 • www.anselm.edu

**TO:** All non-resident Students

**FROM:** Maura Marshall, APRN, MSN  
*Director, College Health Services*

**RE:** **OPTIONAL FOR COMMUTERS** **NON-RESIDENT MEDICAL  
FACILITIES FEE**

The medical facilities of the campus Health Services are available not only to resident students, but also to those non-resident students who wish to take advantage of them for a fee of **\$100.00 per academic year or \$50.00 per semester.**

If your son or daughter will be living off campus, he/she will need to pay an off campus fee to receive **non-emergency** care at Health Services. (This fee is considered part of Room and Board for those students living on campus). This is a yearly fee and entitles the student to all the services provided by Health Services, including weekly clinics staffed by a physician; or nurse practitioner; or registered nurse evaluation and assessment.

Health Services is open during the following hours:

**Please refer to Health Services Brochure or web site for hours of operation.**

In addition, a physician will be available at posted hours, weekly.

If you choose to take this option, please complete the form below and return it to the Office of College Health Services with a check for \$100.00, made payable to: **Saint Anselm College.**

*Please note that this fee is not mandatory.*

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- - - -  
**NON-RESIDENT MEDICAL FACILITIES REGISTRATION**

NAME \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

I wish to take advantage of the medical facilities of the Saint Anselm College Health Services as a **non-resident student** and I enclose the fee of \_\_\_\_\_ .

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Please make check payable to:*  
**SAINT ANSELM COLLEGE**

*Please return this form and check to:*  
**OFFICE OF COLLEGE HEALTH SERVICES  
SAINT ANSELM COLLEGE - #1722  
MANCHESTER, NH 03102-1310**