

Welcome to Elizabethtown College!

The College is committed to supporting student's health and well-being. New students are required to complete the Student Health Forms online through the College's medical record system and submit the **Physical Examination & Tuberculosis Screening Form** (attached below) that your physician must complete.

Student Health Forms are due January 1, 2023, for Spring Semester 2023. Failure to complete this step may affect your ability to move on to campus in January for the start of Spring Semester.

Below are the instructions you will use to access Elizabethtown College's electronic medical record system (Athletic Trainer System, or ATS). The Elizabethtown College Athletic Department has previously used this system, and now it is also used for the general student population.

For specific questions, please reach out to one of the following healthcare providers:

General student population:

- Kati Frey, RN, Student Health Nurse, 717-588-1059, freykatherine@etown.edu
- Bruce Lynch, Associate Dean of Students, Student Counseling & Health Needs, 717-361-1405, lynchbg@etown.edu

Athletes:

- Emily Dietz DAT, LAT, ATC, Head Athletic Trainer, dietze@etown.edu

Step 1. Log into ATS (etown2.atsusers.com)

- To access your account, click the "Forgot Your Password" link and enter your Etown email account at the prompt
- An email with a password reset link will be sent to your Etown account.
- Please use that link to create a new password that is unique to ATS and not shared with other websites/systems.
- Your "Student ID" is your 7-digit Etown student ID number (you can find your ID # by logging into Jayweb, clicking the silhouette of a person in the top-right corner, clicking "My profile & settings")

Step 2 Verify

- Click on "Athlete Information" (athlete is the term given to all incoming students)
- Verify that all the yellow highlighted boxes in the following tabs are filled in and correct:

General tab:

- If you do not have any medical alerts/allergies/current medication, just type N/A
- Medical alerts: be as specific as possible
- Allergies: please list allergen and reaction (hives/anaphylaxis/etc.)
- Current medication: please list medication, dosage, frequency, route (i.e. oral, subcutaneous)

Sickle Cell: (Athletes only!)

- Please provide your sickle cell status. This can usually be obtained from your birth record. If you do not have that available you can ask your primary care practitioner to order you a blood test.
- Fill in all boxes.
- Upload a picture of your results.

Insurance

- Click “Add New Insurance”
- If your insurance company is not listed in the drop down list, click “Add a New Insurance Company” in the top left corner of the page
- Confirm that all the required information is completed.
- Please upload a picture of the front and back of your insurance card
 - Click the “edit selected” button
 - Scroll to the bottom of the page and upload images of your insurance card
 - Make sure this image is of your insurance card only and can be read easily.
 - Files must be < 1mb in size and type .jpg, .png, .bmp or .gif.
- Students can purchase health insurance through the College’s provider, First Student. You can find information on our [Student Health site](#).
 - If you plan to purchase this health insurance, then please upload a picture of your current high school ID card or a recent photo of yourself. This can be updated when you finalize your health insurance through the College.

Contacts

- This information is populated from our student system. You will have a chance to update this information during your preliminary check-in via Jayweb before every semester.

Step 3. Fill out the required forms in ATS under the “Forms” tab

- Under the forms tab you will choose a form from the drop-down menu and press new.
- **ALL new students are required to fill out:**
 - Insurance and confidentiality
 - Medical History Form
- **Athletes are required to fill out:**
 - Acknowledgment of provided healthcare
 - Blue Jay Code of conduct
 - Concussion Information Acknowledgment
 - Drug Testing Consent form
 - Insurance and confidentiality
 - Medical History Form
 - Off-campus Field trip event assumption of risk
 - PHQ-9 (mental health questionnaire)
 - Risk and Informed Consent
 - Sickle Cell Form - please upload test results from your doctor
 - Student Athlete Handbook
 - Student Athlete Statement

Step 4. Upload paperwork from your doctor under the “eFiles” tab

- Under the eFiles tab upload the following documents:
 - Completed Physical Examination Form (by your doctor)
 - A copy of your immunization record from your doctor of the required vaccines:
 - MMR vaccine - 2 doses with the first dose AFTER age 12 months
 - Tdap vaccine - 1 dose in the last 10 years
 - Hepatitis B vaccine - 3 doses completed
 - Polio vaccine - completed series, with 1 dose after age 4
 - Varicella vaccine - 2 completed doses
 - Meningococcal conjugate vaccine - 1 dose after age 16 years
 - Tuberculosis screening form and tuberculosis testing if required
 - ADHD or hormone replacement medication paperwork (athletes, if applicable)
 - Any other documents you think we should have on file

PHYSICAL EXAMINATION FORM

Date of birth _____

Name _____

PHYSICIAN REMINDERS - Attach a copy of the student's immunization records

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	Student athlete? <input type="checkbox"/> Yes <input type="checkbox"/> No
BP / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
Musculoskeletal - non-athlete physical			
MUSCULOSKELETAL - REQUIRED for athlete physical (defer for non-athlete)			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Non-athlete physical; Recommendations _____

Athlete physical (defer for non-athlete)

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____

Reason _____ Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of provider (print/type) _____ Date _____

Address _____ Phone _____

Signature of provider _____ (MD, DO, PA, CRNP)

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TUBERCULOSIS (TB) SCREENING FORM (REQUIRED BY ALL STUDENTS)

Please answer the following questions

1. Have you ever had a positive tuberculosis skin test or IGRA blood test? ___Yes ___No
2. Have you had close contact with anyone known or suspected to have active TB disease? ___Yes ___No
3. Were you born in one of the countries or territories listed below*? ___Yes ___No
4. Have you had a stay of one month or more in any of the countries listed below*? ___Yes ___No
5. Have you been a resident and/or employee of a high-risk congregate setting (for example: correctional facility, long-term care facility or homeless shelter)? ___Yes ___No
6. Have you been a volunteer or health care worker who served clients who are at increased risk of active tuberculosis disease? ___Yes ___No
7. Have you ever been a member of any of the following groups that may have an increased incidence of latent or active TB disease: medically underserved, low income, or those abusing drugs or alcohol? ___Yes ___No
8. Any history of immune suppression due to illness or medications? ___Yes ___No
9. History of BCG vaccination? (History of BCG is not a contraindication to TB testing) ___Yes ___No
10. Do you have signs or symptoms of active pulmonary Tuberculosis? (Cough > 3 weeks, with or without blood, chest pain, unexplained weight loss, fevers, night sweats, loss of appetite). ___Yes ___No
11. Are you an Education Major? ___Yes ___No **ALL EDUCATION MAJORS REQUIRE TB TESTING**

*Angola, Bangladesh, Brazil, Central African Republic, China, Congo, DPR Korea, DR Congo, Ethiopia, Gabon, India, Indonesia, Kenya, Lesotho, Liberia, Mongolia, Mozambique, Myanmar, Namibia, Nigeria, Pakistan, Papua New Guinea, Philippines, Sierra Leone, South Africa, Thailand, Uganda, UR Tanzania, Vietnam, Zambia

(Source: WHO global lists of high burden countries for TB, 2021–2025)

If the answer to all of the above questions is NO, no TB testing is needed.

If the answer is YES to any of the above questions, Elizabethtown College requires that you receive a PPD/Mantoux TB skin test or Interferon Gamma Release Assay (IGRA) blood test as soon as possible, but at least 6 months prior to the start of the semester. Chest x-ray is required for anyone with a history of a positive tuberculosis skin or blood test.

**Tuberculin Skin Test/PPD
Mantoux Skin Test**

Date Placed: ___/___/___
Date Read: ___/___/___
Result ___mm of induration

Interpretation (circle one):
negative or positive

OR

**Interferon Gamma Release
Assay (IGRA)**

Date obtained: ___/___/___
Result (circle one): negative or
positive or indeterminate

Please attach copy of lab test
results.

**Chest x-ray: (Required if
TST or IGRA is positive)**

Date of Chest x-ray: ___/___/___

Result (circle one): Normal or
Abnormal

Please attach a copy of x-ray
report.

Interpretation guidelines:

>5mm is positive: recent close contacts of an individual with infectious TB, persons with fibrotic changes on a prior chest xray, organ transplant recipients or other immunosuppressed persons. HIV infected persons.

>10mm is positive: recent arrivals to the US (< 5 yrs) from high prevalence areas or who resided in one for a significant amount of time, injection drug users, mycobacterial lab personnel, residents, employees or volunteers in high risk congregate settings. Persons with medical conditions that increase the risk of progression to TB disease: silicosis, diabetes mellitus, chronic renal failure, certain types of cancer, gastrectomy or jejunioileal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive: persons with no known risk factors for TB.