

**Webster University Student Health Services**  
**540 Garden Ave.**  
**St. Louis, MO 63119-3248 USA**  
**314 246-4207**

Welcome to Webster University!

This packet contains information and documents that you are required to complete and submit to the Webster University Student Health Services Department **PRIOR** to moving into campus housing.

The Webster University Student Health Services policy states all students living in campus housing must comply with the immunizations, Tuberculosis testing, medical history/physical exam requirements.

All students living in campus housing must complete and submit to the Student Health Services office the **Webster University Student Health Form**.

All students living in campus housing must submit proof of health insurance (domestic students only) or enroll in the student health insurance plan (mandatory enrollment for all international students with F-1 or J-1 visas).

See each section below for specific details of these requirements.

The Student Health Services Department maintains your confidential health information.

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***Webster University Student Health Form***

- A **medical provider** is required to complete the Student Health Form, sign, date and include their address and phone number.
- **All immunizations and Tuberculosis testing must be completed PRIOR to moving into campus housing.**
- Blood Titers are accepted as proof of immunity and results printed **in English should be** attached to the form
- The Student Health Form must be complete, **printed in English** and sent to the Student Health Services Department **PRIOR** to moving into campus housing.
- See table below for due dates. ***Failure to provide this information prevents the student from moving into campus housing and future class registration will be denied.***

| <b>Term</b>  | <b>Date Student Health Form is due</b> |
|--------------|--|
| Fall Terms   | <b>July 15</b>                         |
| Spring Terms | <b>December 1</b>                      |
| Summer Term  | <b>May 1</b>                           |

- Immunization waivers will be considered, contact the Health Services Department for further information.

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## ***Webster University Student Health Insurance Requirements***

All **students living in campus housing** are required to submit the following documents **PRIOR** to moving into campus housing as indicated in the table below.

| <b>Insurance Document Required</b>  | <b>Domestic Resident Student</b>                        | <b>International Resident Student</b>                                  |
|---|---|--|
| <b>Enrollment Form for the Webster University Student Health Insurance Plan through United Healthcare Student Resources</b> | Not required if proof of health insurance is submitted  | Required for all international students with F1 and J1 visas           |
| <b>Copy of <u>the front and back</u> of your current health insurance card</b>  | Required if waiving out of university student insurance | International students may not waive required student health insurance |

New and returning domestic students are required to submit **proof of health insurance** by sending a copy of the **front and back** of your current health insurance card to the Student Health Services Department. Always include the student's full name and student ID number on each form.

Documents must be submitted to the Student Health Services Department **PRIOR** to moving into campus housing. *Failure to turn in the required forms will result with a financial hold placed on your student account, class registration and access to campus housing will be denied.*

All international students with an F1 or J1 visa must enroll in the United Healthcare Student Resources Student Health Insurance Plan by **completing the enrollment form**. International students may not waive this insurance plan. The enrollment form is located in this packet.

**Failure to submit a copy of your health insurance card will result in automatic enrollment in the United Healthcare Student Resources Insurance Plan with an annual charge placed on to your student account.**

Details of the Student Health Insurance program may be found on the Webster University website, go to the Quick Links drop down menu, scroll down to the Health Services heading, click on Health Services and then click on the Health Insurance tab.

**Completed forms can be sent to us via fax, email or USA postal mail. Please contact us if you have any questions. Our contact information is listed below.**

Webster University Student Health Services  
540 Garden Ave.  
St. Louis, MO 63119-3248 USA  
Email: [health@webster.edu](mailto:health@webster.edu)  
Phone: 314 246-4207  
Fax: 314 246-2399

**Webster University Student Health Form**  
**PLEASE PRINT IN ENGLISH WHEN COMPLETING THESE FORMS**  
**(Page 1)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_  
(month/day/year)

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**Immunization History**

Immunizations listed on this form are required for all new residential students living in campus housing.

A medical provider must complete and sign the forms.

**Students are required to complete immunizations PRIOR to moving into campus housing.**

All attached medical documentation must be translated into **English** by the medical provider.

**The following immunizations are required for all students:**

**A. MMR (Measles, Mumps and Rubella) 2 doses: Dose #1** \_\_\_\_\_  
(month/day/year)

**Dose #2** \_\_\_\_\_  
(month/day/year)

Recent blood titers to verify status of protection are required for students who are unable to provide documentation of MMR immunization. Lab test proving immunity must be attached to these forms and written in English.

Measles: \_\_\_\_\_ Immune – Titer value \_\_\_\_\_ Date \_\_\_\_\_  
(month/day/year)

Mumps: \_\_\_\_\_ Immune – Titer value \_\_\_\_\_ Date \_\_\_\_\_  
(month/day/year)

Rubella: \_\_\_\_\_ Immune – Titer value \_\_\_\_\_ Date \_\_\_\_\_  
(month/day/year)

**B. Meningitis 1 dose: Dose #1** \_\_\_\_\_  
(month/day/year)

Indicate type of vaccination: \_\_\_\_\_ Menactra (MCV4) \_\_\_\_\_ Menomune (MPSV4) \_\_\_\_\_ Meningococcal (unspecified)

**C. Td (Tetanus/Diphtheria) A booster within the past 9 years**

Td Date \_\_\_\_\_ **OR** Tdap Date \_\_\_\_\_  
(month/day/year) (month/day/year)

**Webster University Student Health Form**  
**PLEASE PRINT IN ENGLISH WHEN COMPLETING THESE FORMS**  
**(Page 2)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID# \_\_\_\_\_

### **Tuberculosis Testing**

Tuberculosis Skin Test a PPD Intradermal test is require within 6 months **PRIOR** to moving into campus housing.

The Tuberculosis Skin test is **REQUIRED** regardless of BCG vaccination.

**Tuberculosis Skin testing is NOT REQUIRED** for students that have been treated with medication for active or latent exposure to Tuberculosis.

**Record date, test results in mm's, and indicate positive or negative test result.**

*A positive test is measured at equal or greater than 10mm's for students that are traveling from high risk countries (as identified by the CDC or WHO) or equal or greater than 5mm's for students that have been exposed to active tuberculosis or are immune-compromised*

PPD Date \_\_\_\_\_ Negative \_\_\_\_\_ Positive \_\_\_\_\_  
(month/day/year) (mm's) (mm's)

If PPD test result is positive (as outlined above) a **Chest X-Ray is required**, regardless of previous BCG vaccination.

Document the date of the Chest X-Ray and the Medical provider must attach the Chest X-ray report in **English** to this form

Date of Chest X-ray \_\_\_\_\_  
(month/day/year)

**Webster University Student Health Form**  
**PLEASE PRINT IN ENGLISH WHEN COMPLETING THESE FORMS**  
**(Page 3)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID# \_\_\_\_\_

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**Medical History and Physical Exam**

**Blood Pressure** \_\_\_\_\_

**Pulse** \_\_\_\_\_

**Height** \_\_\_\_\_

**Weight** \_\_\_\_\_

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Significant medical history and or/abnormal findings (please print in English)

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List all medications prescribed to patient and indicate N/A if none (please print in English)

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**Please print information in English**

Provider Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Provider Signature \_\_\_\_\_

Date of completion \_\_\_\_\_

Please Email, Fax or mail this completed form **by the due date to:**

Webster University Student Health Services  
540 Garden Ave.  
St. Louis, MO 63119-3248 USA

Fax: (314) 246-2399  
Office Phone: (314) 246-4207  
Email: [health@webster.edu](mailto:health@webster.edu)



# UnitedHealthcare Student Resources Student Injury and Sickness Plan Enrollment Form

Student ID# \_\_\_\_\_ Male  Female  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name \_\_\_\_\_  
Last (Family) Name First (Given) Name Middle Initial

Current Address \_\_\_\_\_  
Number and Street Apt # City State Zip Code

Telephone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Email address \_\_\_\_\_

On Campus Resident Yes  No  Graduate  Undergraduate  Are you on an F1 or J1 visa? \_\_\_\_\_  
(For International Students Only)

| Term               | Coverage Dates    | Choose Your Coverage     | Enrollment Ends | Student Rates |
|--------------------|-------------------|--------------------------|-----------------|---------------|
| Annual             | 8/10/11-8/9/12    | <input type="checkbox"/> | 9/1/11          | \$2,234       |
| Fall Semester Only | 8/10/11-12/31/11  | <input type="checkbox"/> | 9/1/11          | \$884         |
| Fall I             | 8/10/11-10/16/11  | <input type="checkbox"/> | 9/1/11          | \$418.50      |
| Fall II            | 10/17/11-12/31/11 | <input type="checkbox"/> | 11/1/11         | \$465.50      |
| Spring             | 1/1/12-5/19/12    | <input type="checkbox"/> | 2/1/12          | \$860         |
| Spring I           | 1/1/12-3/18/12    | <input type="checkbox"/> | 2/1/12          | \$477.50      |
| Spring II          | 3/19/12-8/9/12    | <input type="checkbox"/> | 4/1/12          | \$872.50      |
| Spring III         | 3/19/12-5/19/12   | <input type="checkbox"/> | 4/1/12          | \$382.50      |
| Spring/Summer      | 1/1/12-8/9/12     | <input type="checkbox"/> | 2/1/12          | \$1350        |
| Summer             | 5/20/12-8/9/12    | <input type="checkbox"/> | 6/25/12         | \$514         |

Please check this box if you would like split charges (Annual Coverage only)

**I agree to the following terms and conditions as stated below:**

- \* I will be enrolled in the United Healthcare Student Resources Injury and Sickness Plan for the coverage period selected above.
- \* The cost of the insurance will be added to my student account.
- \* It is my responsibility to update my coverage by contacting the Insurance Specialist 14 days prior to the next enrollment period.
- \* I must notify the Insurance Specialist if I am leaving the country or adding classes or enrolling in the OPT program.
- \* If I do not notify the Insurance Specialist of any status change this will result in my being automatically enrolled into the next enrollment period without an opportunity to waive out of this assigned coverage period.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax it: 314-246-2399  
Scan and Email:  
amyclayton13@webster.edu

Please send this completed form to:  
Webster University Student Health Services  
Attn: Amy Clayton, Insurance Specialist  
540 Garden Ave.

For questions, please call:  
314-968-6922