



# WELCOME SEAHAWKS!

On behalf of the Abrons Student Health Center, we are so excited that you are UNCW bound. We look forward to serving your healthcare needs during your time at UNCW. For information about our services please visit our website: <https://uncw.edu/healthservices>.

There are a few things that you can take care of before coming to campus that will make your transition to UNCW more successful.

1. All incoming first year, transfer, and graduate students are required to show proof of immunizations to attend UNCW.
2. All students are also required to have health insurance to attend UNCW. This may be insurance that students currently have (family, employer, etc.), insurance they purchase through the school, or a combination of both plans.

Prior to orientation we ask that (1) you send your completed *Medical History Form and Immunization Record* to us via mail, email, or fax and (2) that you complete the online insurance waiver or enrollment process. Directions, with some helpful hints, are located at the end of this letter, along with our address. You can also find them online at [https://uncw.edu/healthservices/shc\\_newstudents.html](https://uncw.edu/healthservices/shc_newstudents.html)

We look forward to meeting you during orientation and to being your doctor's office away from home while you are at UNCW. Please call us at 910-962-3280 if you have any questions.

The Staff of the Abrons Student Health Center

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## 1. MEDICAL HISTORY FORM and IMMUNIZATION RECORD

Students must complete and sign the entire *Medical History Form and Immunization Record*. If a student is under the age of 18, a parent or guardian must sign the form as well. If you are having another entity send in your immunization records, you must also complete, sign, and submit the *Medical History Form*. Note that not all your records may be in one place or from one source. Be sure to review what you are submitting to make sure all requirements are met.

Records of your immunizations may be obtained from any of the following:

- Physician or Local Health Department. These records must have a medical provider's stamp or signature or have the clinic or health department stamp with address.
- State Immunization Registry printout
- Military Records or WHO (World Health Organization) documents. Note that these records may not contain all the required immunizations.
- Previous High School, College or University records

Make sure your name and date of birth are on all pages. We encourage you to keep a copy of the records you submit.

If you are transferring into UNCW, your immunization records do not transfer automatically from other colleges and universities, you must request that they be sent to the Student Health Center.

You may review North Carolina's immunization requirements on the Immunization Branch's website <https://immunize.nc.gov/schools/collegesuniversities.htm>.

Important: Immunization requirements must be met within 30 days from the date of the first class (August 24, 2022), or you will be withdrawn from your classes by the registrar without receiving course credit or monetary refund for classes.

**Mail, email, or fax your information to:**

University of North Carolina Wilmington  
Abrons Student Health Center  
601 S. College Road  
DePaolo Hall, 2<sup>nd</sup> Floor  
Wilmington, NC 28403

Phone: 910-962-3280  
FAX: 910-962-4130  
EMAIL: [immunizations@uncw.edu](mailto:immunizations@uncw.edu)

## 2. HEALTH INSURANCE

Health Insurance is required for all UNCW students. This may be insurance that students currently have (family, employer, etc.), insurance they purchase through the school, or a combination of both plans.

Students are required to waive out of or enroll in the Student Health Insurance Plan via the online web portal at <http://studentbluenc.com/#/uncw> each semester.

Students are automatically charged for the Student Health Insurance Plan. Those students who wish to waive out of the insurance, must do so each semester by the deadline, or they will be responsible for the insurance charge.

**To WAIVE** (if you have other coverage); Visit: <http://studentbluenc.com/#/uncw>

- New Student Blue User? Click *Waive*. You will need your Student ID number and current insurance information, including insurer, phone number, and policy number to complete the process. Please use your UNCW email address to waive out of the insurance. Be sure to click *Submit* to finalize.
- You will receive an email that your waiver was approved, denied, or pending. If your waiver is denied, please review the reason, and resubmit as appropriate. If your waiver is pending, please continue to check your email for a decision.
- If your waiver is approved, the health insurance charge will be removed from your student account within 3-7 days.
- Policies must be in effect from September 1, 2022, to December 31, 2022.

**To ENROLL** (if you DO NOT have other coverage); Visit: <http://studentbluenc.com/#/uncw>

- New Student Blue User? Click on *Enroll*. You will need your Student ID number and UNCW email address to set up the account and complete the enrollment process. Please use your mailing address that you would like your insurance information mailed to, including cards and refunds.
- You will get an email with the enrollment confirmation number. Save it for your records. Your Student Blue ID cards will be mailed to the address that you provided. It is that easy!

The cost for the Student Health Insurance Plan in 2021-2022 was \$1308.40 per semester, we are awaiting the final cost for 2022-2023. We do not anticipate more than a 3-5% increase in the premium.

Questions? Contact the Student Health Center at 910-962-3280 or Student Blue at 1-888-351-8283.

The deadline to WAIVE or ENROLL is September 12, 2022.



601 S. College Road  
 Wilmington, NC 28403-5985  
 Ph: 910-962-3280  
 Fax 910-962-4130  
 Email: immunizations@uncw.edu

**MEDICAL HISTORY FORM** *(please print)* **To be completed by student**

Last Name First Name M Preferred Name DOB (MM/DD/YYYY) Student ID Number (850#)

Permanent Address City State Zip Code Area Code/Phone Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex Assigned by Birth:  F  M

Gender identity:  Female  Transfemale/MTF  Male  Transmale/FTM  Non-Binary  Identity (Please state): \_\_\_\_\_

Name of Primary Emergency Contact Relationship Area Code / Phone Number

Name of Secondary Emergency Contact Relationship Area Code / Phone Number

Please provide your current insurance information. In addition, you are required to waive out or enroll in the Student Health Insurance Plan. Please visit - <http://studentbluenc.com/#/uncw>

Name of Health Insurance Company	Area Code/Phone Number
Address of Health Insurance Company	Policy Number / Subscriber ID Number
Name of Policy Holder	Relationship of Policy Holder to Student

Please check each item YES or NO, please attach additional information as needed.

	YES	NO	MO/YEAR
ADD/ADHD			
Alcohol use			
Allergy injection therapy			
Anemia or Sickle cell anemia			
Anxiety			
Arthritis			
Asthma			
Bladder infection			
Blood transfusion			
Bone, joint or other deformity			
Broken bone (specify)			
Cancer (specify)			
Chemo/radiation			
Chronic back pain			
Chronic cough			
Chronic fatigue			
Concussion/Severe head injury			
COVID-19 infection			
Depression			
Diabetes			
Dizziness or fainting spells			

	YES	NO	MO/YEAR
Drug use			
Eating disorder			
Excessive worry or anxiety			
Eye trouble			
Frequent or severe headaches			
Frequent vomiting			
Gallbladder trouble/gallstones			
Hearing loss			
Heart trouble			
Hernia			
High blood pressure			
High cholesterol			
Hormone therapy			
Intestinal trouble			
Irregular periods			
Jaundice or hepatitis			
Kidney infection			
Kidney stone			
Knee problems			
Malaria			
Mononucleosis			

	YES	NO	MO/YEAR
Neck injury			
Pain or pressure in chest			
Paralysis			
Pilonidal cyst			
Pneumonia			
Protein or blood in urine			
Rectal disease			
Regular exercise			
Rheumatic fever			
Seasonal allergies			
Severe menstrual cramps			
Sexually transmitted infection			
Shortness of breath			
Skin disease			
Sinusitis			
Tobacco use/Vaping			
Thyroid trouble			
Ulcer			
Wear bicycle helmet			
Wear contacts/glasses			
Wear seat belt			



**MEDICAL HISTORY FORM – continued** *To be completed by student*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_\_\_ Preferred Name \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_ Student ID Number (850#) \_\_\_\_\_

Please check each item YES or NO. Every item checked YES, explain if needed in the appropriate box.

ADVERSE REACTIONS TO	YES	NO	EXPLANATION
Penicillin			
Sulfa			
Other antibiotics (name)			
Aspirin			
Codeine			
Other pain relievers			
Other drugs, medicines, chemicals (specify)			

	YES	NO	EXPLANATION
Have you had any surgeries? (Include type and year)			
Do you have any conditions or disabilities that limit your physical activities?			
Have you ever been hospitalized?			
Has your academic career been interrupted due to physical or emotional problems?			
Is there loss or seriously impaired function of any paired organs?			
Other than for routine check-ups, have you seen a physician or health care professional in the past six months?			
Any other concerns/items you would like us to know about?			

Please send any medical records that may pertain to an item that you reported on this form.

List any drugs, medicines, birth control pills, vitamins, supplements, and minerals (prescription and nonprescription) you use.

Name _____ Dosage _____ Frequency _____	Name _____ Dosage _____ Frequency _____
Name _____ Dosage _____ Frequency _____	Name _____ Dosage _____ Frequency _____
Name _____ Dosage _____ Frequency _____	Name _____ Dosage _____ Frequency _____

**IMPORTANT INFORMATION... PLEASE READ CAREFULLY, SIGN, AND DATE**

STATEMENT BY STUDENT (OR PARENT/GUARDIAN, IF STUDENT IS UNDER AGE 18):

- A. I have personally supplied and reviewed the above information and attest that it is true and complete to the best of my knowledge. I understand that the information provided is strictly confidential and will not be released to anyone without my written consent, unless otherwise permitted by law. If I should become ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to the institution to release information from my (if under 18 son's/ daughter's) medical record to a physician, hospital or other medical professional involved in providing me (if under 18 my son/daughter) emergency treatment or medical care.
- B. I hereby authorize any medical treatment for myself (if under 18 son/daughter) that may be advised or recommended by the Student Health Center.
- C. I am aware that the Student Health Center charges for some services and that I (if under 18 son/daughter) may be billed through the university student accounts cashier if the account is not paid at the time of the visit. I (if under 18 son/daughter) accept personal responsibility for settling the account with the cashier and for payment of incurred charges. I am responsible for filing charges with my insurance company and acknowledge that my responsibility to the university is unaffected by the existence of insurance coverage.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME AND SIGNATURE OF PARENT/GUARDIAN, IF STUDENT IS UNDER 18

\_\_\_\_\_  
DATE



## IMMUNIZATION REQUIREMENTS

This page provides additional details on the immunizations that are required to attend college in North Carolina. If you are having trouble locating your immunization records, the letter that accompanies this packet has suggestions of where to look or click our website [https://uncw.edu/healthservices/shc\\_newstudents.html](https://uncw.edu/healthservices/shc_newstudents.html). Note that not all your records may be in one place or from one source. As a reminder, all immunization requirements must be met within 30 days from the first date of the class or you will be withdrawn from your classes by the registrar without receiving course credit or monetary refund for classes.

### Diphtheria-Tetanus-Pertussis (DTP childhood series) and Tdap (Tetanus-Diphtheria-Pertussis)

- All students entering college on or after July 1, 2008, must have had three (3) doses of tetanus/diphtheria toxoid
- One dose must be a Tdap
- One dose recommended within the last 10 years

### Polio series

- Three (3) doses to enter college unless you attained your 18<sup>th</sup> birthday prior to August 15<sup>th</sup>

### Measles, Mumps, Rubella (MMR) – Live Virus\*

- 2 MMR vaccines 28 days apart beginning on or after the 1<sup>st</sup> birthday OR
- 2 measles, 2 mumps and 1 rubella single dose OR
- Documentation of (+) positive titer
- Individuals born before 1957 are not required to have MMR except in case of outbreak

### Hepatitis B series

- Three (3) doses required if born *after* July 1, 1994
- Laboratory blood titers **are not** accepted
- Note that HIB is not the same as HEPB

### Varicella – Live Virus\*

- One (1) dose required if born after April 1, 2001, OR
- Documented Disease by a provider OR
- Documentation of (+) positive titer

### COVID-19 Vaccine

- While the COVID vaccine is not required to attend UNCW, if you have received a COVID vaccine and/or booster please submit proof of these with your other vaccination records

### TB Skin Test

- Required of International Students from high-risk countries. More information at [https://uncw.edu/healthservices/documents/highrisk\\_countries\\_tb\\_skin\\_test.pdf](https://uncw.edu/healthservices/documents/highrisk_countries_tb_skin_test.pdf)

\* Live Viruses must be given on the same day or 28 days apart, for example, MMR and varicella.

Learn why the American College Health Association recommends these additional vaccines

**Meningococcal** - <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

**Meningococcal B** - <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>

**HPV** - <https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html>

**Yearly Flu Vaccine** - <https://www.cdc.gov/flu/prevent/flushot.htm>

**Physical** – Not required for admission into university unless required by your academic program


**IMMUNIZATION RECORD** (please print)

Last Name      First Name      M      Preferred Name      DOB (MM/DD/YYYY)      Student ID Number (850#)

**REQUIRED IMMUNIZATIONS**

	DATE: MM/DD/YYYY	DATE: MM/DD/YYYY	DATE: MM/DD/YYYY
<b>Diphtheria, Tetanus, and Pertussis</b> Total of three doses required. One MUST be a Tdap. There may be multiple dates per box.	DTaP	Tdap	TD
<b>Polio</b>			
<b>MMR (Measles, Mumps, Rubella) OR</b>			
<b>Measles</b>			
<b>Mumps</b>			
<b>Rubella</b>			
<b>Hepatitis B</b>			
<b>Varicella</b>			OR Verified date of disease

**STATUS OF COVID-19 VACCINE**

COVID-19	Name	Vaccine	Vaccine	Booster	Booster
	<input type="checkbox"/> Declined at this time	Moderna			
	Pfizer				
	J&J Janssen				
	Other				

**RECOMMENDED IMMUNIZATIONS**

	DATE: MM/DD/YYYY	DATE: MM/DD/YYYY	DATE: MM/DD/YYYY	DATE: MM/DD/YYYY
<b>Meningococcal (ACWY)</b>				
<b>Meningococcal B</b>				
<b>Human Papillomavirus (HPV)</b>	<b>Cervarix</b>			
	<b>Gardasil</b>			
	<b>Gardasil-9</b>			
<b>Tuberculin Skin Test (TST)</b> *Required for International Students	Date	IGRA (QuantiFERON or T-SPOT) test	Date	
	Induration		mm	Result

**A health care provider MUST SIGN this form, to verify dates.**

NAME (please print)

SIGNATURE OF HEALTH CARE PROVIDER

DATE

ADDRESS (Business Address or Stamp)

AREA CODE/PHONE NUMBER