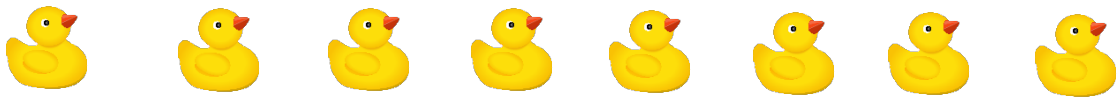
This academic year (2025) there is a change in policy. ALL returning students are now required to submit updated health background information and confirmation of student health insurance.

THIS WORKSHEET IS INTENDED TO HELP YOU GET INFORMATION TOGETHER, SO YOU HAVE ALL YOUR DUCKS IN A ROW TO FILL OUT THE ONLINE FORMS - -



HERE' S WHY YOU NEED TO USE THIS WORKSHEET:

*The online health information that we need from you is split up into three different forms.

*Some information will need to be scanned (or a picture taken) and then the file uploaded. Those files should be prepared before opening the form. Instructions about those files are on this worksheet.

*Each of the three forms requires you to enter all the information **in one session. You cannot save what you have entered and continue it later!**

PLEASE HAVE READY:

*Current Immunization Records (vaccinations)
*Name and contact information of your PRIMARY HEALTHCARE PROVIDER
*Information about any changes in your health history since your freshman year (e.g., newly diagnosed conditions, new medications, significant hospitalizations.

NOTE: You may have to get help from your parent/guardian. Some information you may have to look up.

Don't know where or how to get a copy of your immunizations/vaccinations?

Try contacting the doctor, clinic, or pharmacy where you received your immunizations. They may have records of your vaccination history. If you have received immunizations at multiple locations, you may need to contact each one individually.
You can also check with your local county or state health department's immunization program. Some public health departments maintain databases and may allow you to establish a record. They can often provide records for children and recent immunizations for adults.
Also, many states have centralized registries (IIS) that track vaccinations administered by local providers. You can contact your state's IIS or your local health department to inquire about accessing your records. Some states offer online portals for accessing and downloading records, such as MyVaxIndiana in Indiana. Some K-12 schools may keep vaccination records for students, but records may be kept for a limited time.

This worksheet will help you prepare for entering all your health information into the three forms.

WORKSHEET FORM #1: General Health Information

Any questions with an asterisk * MUST be answered

1. First Name *

2. Last Name *

3. Birthdate *

4. HCC ID number *

Form 1: Emergency Contact Information

5. Primary Contact First Name * _____

6. Primary Contact Last Name * _____

7. Primary Contact Phone Number * _____

8. How is this person related to you? * _____

9. Secondary Contact First Name * _____

10. Secondary Contact Last Name * _____

11. Secondary Contact Phone Number * _____

12. How is this secondary person related to you? * _____

Form 1: Health History

13. Since your first year at Holy Cross College, have you experienced any of the following conditions? Please check all that apply: *

- ☐ ADD/ADHD
- ☐ Arthritis
- ☐ Anemia
- ☐ Asthma
- ☐ Back Pain
- ☐ Blindness/reduced vision
- ☐ Bloody Urine
- ☐ Chronic Cough
- ☐ Deafness/hard of hearing
- ☐ Diabetes
- ☐ Earaches
- ☐ Epilepsy/seizures
- ☐ Fainting spells
- ☐ Hay Fever
- ☐ Headaches
- ☐ Heart Murmur
- ☐ Heart condition/disease
- ☐ Hepatitis
- ☐ High blood pressure
- ☐ Histoplasmosis
- ☐ Irritable bowel syndrome
- ☐ Jaundice
- ☐ Kidney condition/disease
- ☐ Menstrual issues
- ☐ Migraine Headaches
- ☐ Pleurisy
- ☐ Rectal issues
- ☐ Sinusitis
- ☐ Skin condition/disorder
- ☐ Spit blood
- ☐ Tendency to bleed
- ☐ Thyroid condition/disease
- ☐ Tonsilitis
- ☐ Ulcers
- ☐ **None of the above**

14. Any conditions not listed above? _____

15. Have you experienced any of these conditions or procedures? Please check all that apply: *

- ☐ Appendicitis
- ☐ Chicken Pox
- ☐ German measles
- ☐ Head injury
- ☐ Measles
- ☐ Meningitis
- ☐ Mononucleosis
- ☐ Mumps
- ☐ Organ transplant/removal
- ☐ Poliomyelitis
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Tuberculosis
- ☐ Whooping Cough
- ☐ **None of the above**

16. Have you experienced any of these mental health conditions? Please check all that apply: *

- ☐ Depression
- ☐ Anxiety
- ☐ Bipolar Disorder
- ☐ Psychosis
- ☐ Eating Disorder
- ☐ Inpatient mental health treatment
- ☐ Alcohol-related addiction
- ☐ Substance-related addiction
- ☐ Overdose episode
- ☐ **None of the above**

17. Any other mental health conditions not listed above? _____

18. Do you currently or regularly take any prescribed medications? *
- o Yes
- o No

if you answer YES, you will see this question:

19. Please list the prescribed medications and dosage *_____

_____

20. Are you allergic to any medications? *
- o Yes
- o No

if you answer YES, you will see this question:

21. What medications are you allergic to? * _____

22. Do you have any other known allergies *
- o Yes
- o No

if you answer YES, you will see these two questions:

23. What are you allergic to? * _____

24. Do you carry an EpiPen? *
- o Yes
- o No

Form 1: Physical Status

25. Does your physical condition and fitness level allow you to participate in intramural athletics or other demanding physical activity? *
- o Yes
- o No

if you answer NO, you will see this question:
26. Please explain how your physical condition limits you: * _____

27. What was the date of your most recent physical exam? * _____

28. What was the date of your most recent dental exam? * _____

Information About Your Primary Care Physician (PCP)

29. Physician's First Name * _____

30. Physician's Last Name * _____

31. Physician's Phone Number * _____

32. Name of Physician's Practice and Mailing Address * _____

If you have answered all the questions above, CONGRATULATIONS!
You can now go online and fill in the form!

Remember: once you start filling in the form, you must complete it. Health Form (1) General

(worksheet continued on next page)

WORKSHEET FORM #2 IMMUNIZATIONS

Any questions with an asterisk * MUST be answered

1. First Name *

2. Last Name *

3. Birthdate *

4. HCC ID number *

Please enter the date of immunizations or enter 'no' if you did not receive the immunization.

5. Measles, Mumps, Rubella (MMR) Dose 1 * _____

6. Measles, Mumps, Rubella (MMR) Dose 2 * _____

7. Varicella (chicken pox) Dose 1 * _____

8. Varicella (chicken pox) Dose 2 * _____

9. Tetanus, Diphtheria, Pertussis (Tdap) or Tetanus, Diphtheria (Td) * _____

10. Meningoccal ACWY Dose * _____

11. Meningoccal ACWY Dose 2 (if received) _____

12. Meningococcal ACWY Dose 3 (if received) _____

13. Polio vaccine (most recent booster) * _____

14. HPV Dose 1* _____

15. HPV Dose 2* _____

16. HPV Dose 3 (if received) _____

17. Hepatitis B vaccine is required. How did you receive it? *

- ☐ Hepatitis B Series (2 dose)
- ☐ Hepatitis B Series (3 dose)
- ☐ Combined Hepatitis A and B (3 Dose)
- ☐ Combined Hepatitis A and B (4 Dose)
- ☐ none of the above

18. Have you received at least one COVID vaccination? *

- o Yes
- o No

If you answer YES, you will see these four questions:

19. What kind of COVID-19 vaccination did you receive? (Pfizer, Moderna, Johnson & Johnson, etc.) * _____

20. date of COVID-19 Vaccine Dose 1 * _____

21. date of COVID-19 Vaccine Dose 2 *(skip if you didn't get it)* _____

22. date of COVID-19 Booster *(skip if you didn't get it)* _____

You must send Holy Cross College a copy of your immunizations:

When you have copies of your vaccinations, you need to put them all into one file.

- The file can be Word, Excel, PDF, or a picture and the file size limit is 10MB.
- The file name should have your Last Name and First Name and 'Vaccinations': Like this: *Zaydak, William – Vaccinations.PDF*

On the form, at question #23, you will be able to upload this file.

If you are an international student, Holy Cross College *requires* students coming from countries of high tuberculosis (TB) incidence to show proof of a TB test completed in the U.S. If you are unsure if this applies to you, just email Phyllis Florian pflorian@hcc-nd.edu before you submit the form.

When you have a copy of your TB test, you need to put it into one file.

- The file can be Word, Excel, PDF, or a picture and the file limit is 10 MB
- The file name should have your Last Name and First Name and 'TB Test', like this: *Zaydak, William – TB Test*

On the form, at question #24, you will be able to upload this file.

If you have answered all the questions above, CONGRATULATIONS!
You can now go online and fill in the second health form!

Remember: once you start filling in the form, you must complete it. Health Form (2) Immunizations

(worksheet continued on next page)

FORM #3 HEALTH INSURANCE

Any questions with an asterisk * MUST be answered

Holy Cross College requires all students to have adequate health insurance during their entire time at HCC. All students are *required* to *show proof* of **comprehensive** (not just catastrophic) health insurance coverage from an existing provider.

Be sure to ask your parent/guardian if you are covered under their insurance.

If you do not have comprehensive coverage, then you must purchase health insurance **before classes start.** You can purchase insurance through Gallagher Student Health or an equivalent provider.

Gallagher Student Health Insurance is endorsed by Holy Cross, St. Mary's and Notre Dame. To get information about coverage and to see the cost of options, you can access their portal at https://portal.gallagherstudent.com/

1. First Name *
2. Last Name *
3. Birthdate *
4. HCC ID number *

5. Do you have **comprehensive** student health insurance for the current academic year? *
   - o Yes
   - o No

if you answer YES:

You will be asked to attach your scan/picture at question #6 on the form.

- The picture/scan size limit is 10 MB. It can be a picture format or a PDF document.
- You can attach 2 files
- Please name the file with your last and first name and "insurance card" so it is like this: *Zaydak, William – insurance card side 1*

After you attach the scans/pictures – ***click on the SUBMIT button and you are all done!***

if you answer NO:

On the form you will be asked this yes/no question:

7. I do NOT have health insurance, and I understand that it is REQUIRED. I am hereby stating that I can and will purchase health insurance through Gallagher Student Health or some other provider BEFORE August 24, 2025
   - o Yes – I can and will purchase Gallagher Student Health Insurance or some other provider before August 24, 2025
   - o No – I can't purchase Student Health Insurance and need help.

If you answer YES: click **on the SUBMIT button and you are all done!**

If you answer "NO I can't purchase Student Health Insurance and need help" then on the form this statement and optional question will show:

8. Be sure to contact Phyllis Florian, Director of Mental Health and Wellness at Holy Cross College, and she can give you advice.
   You can also ask her a question, and she will contact you. _____

click on the SUBMIT button and you are all done!

When you have answered all the questions above, CONGRATULATIONS!
You can now go online and fill in the third health form!

Remember: once you start filling in the form, you must complete it. Health Form (3) Insurance

To get help with insurance, reach out to Phyllis Florian as quickly as possible.
You can email her at PFlorian@hcc-nd.edu.
To setup an appointment to meet with her in her office or a Teams call: book a time to talk with Phyllis