

STUDENT ATHLETE HEALTH REQUIREMENTS CHECKLIST

IMPORTANT! Be sure to submit your completed health information by July 15^{th (fall enrollment)}/January 15^{th (spring enrollment)}. Students who fail to submit required documentation are prohibited from attending classes, living on campus and/or practicing/playing a D-II sport!

✓ Log into your Assumption College Student Portal (you should receive your log-on information at orientations or over the summer/winter breaks). Once on your Student Portal page, please click on the link to the Student Wellness Portal. You will be automatically directed to the Wellness Portal without having to log-in again. If you are not directly logged into the Wellness Portal, on the Wellness Portal site, use your Assumption College username and password to log in:



Once logged into the Student Wellness Portal, you will need to do the following:

✓ Input the dates of your immunizations using the "immunization" section. You MUST input your immunization dates in this section <u>as well as</u> upload a copy of your immunization record, signed by your medical provider or a printout from that office, in the "upload" section.

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ne information listed below is	the immunization information that Stud	dent Wellness Services has on file for you.	
ou must also upload any de ou can take a picture or so		hat verify your immunization dates and/or t	est reults in the "upload" section
<u>You will not be cor</u>	nsidered compliant with the imm	<u>munization requirements until you ha</u>	ve completed this step.
			Overall Status: Not Complia
Print History			Overall Status: Not Complia
		Incomplete ∀	Enter one or all
Required			
Required		Incomplete ¥ ¥	Enter one or all immunizations and then click
Required			Enter one or all immunizations and then click the Submit button once.
Required Recommended			Enter one or all immunizations and then click the Submit button once.
Print History Required Recommended Alternates		` *	Enter one or all immunizations and then click the Submit button once.

✓ Input your health insurance plan information using the "insurance" section. You MUST input your health insurance information in this section <u>as well as</u> upload a copy of your insurance card (front and back) in the "upload" section.

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<mark>**lm</mark>	portant: The	insurance info	rmation you prov	vide on this for Assumption 0		<u>NOT</u> waive the he	alth insurand	ce plan offered b	y
You Assumption		rmation from the Fir	nance/Student Accou	nts Office with inst	ructions on I	ow to enroll or waive th	e health insuran	ice plan that is offered	d by
			ou are automatically (ealth-insurance or ca			lan. For more informati 37-7412	on on this proces	ss please go to:	
card in the	• "upload" se	ction .	our insurance infor			o upload a copy of t	ne <u>front and b</u>	<u>back of your insur</u>	ance
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Complete and submit all required forms AS WELL AS ANY FORMS UNDER THE "ATHLETICS" SECTION ON THIS PAGE. **Please note that if you answer "YES" to any question in the TB

risk questionnaire, you <u>MUST</u> have a tuberculosis test. Results should be entered in the "immunization" section and uploaded.

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Requir	ed Health Information
	ption College Health Information Form *
	omplete the information to the best of your ability. nt for Treatment *
	n must be signed by the student, or by their parent/guardian if the student is under 18.
	< Questionnaire *
Please ar	nswer all of the questions. If you answer "Yes" to ANY question, a tuberculin skin test (PPD) or a quantiferon/ TB Go
blood tes	st will be required. Enter your results in the "Tuberculosis" section at the bottom of the "immunization" section.
Athleti	cs Forms
	nt for Disclosure of Protected Healt Info
Student-	Athletes must complete and submit this form to Student Health Services.
Downl	oad Forms
Dowing	
Immun	vization printable form
	nization printable form s form and bring to your medical provider's office if they cannot provide you with a printout.
Print this	s form and bring to your medical provider's office if they cannot provide you with a printout. nization Waiver Form
Print this Immun The State	s form and bring to your medical provider's office if they cannot provide you with a printout.

Upload your documentation (scan or take a photo) using the "upload" section

- ALL STUDENTS MUST upload a copy (back and front) of your health insurance card
- ALL STUDENTS MUST upload a copy of your immunization record from your medical provider



Documents available to be uploaded:

ALL students must *enroll* or *waive* the <u>Student Health Insurance Plan</u> provided by

Assumption College. This is handled through the Finance Office/Student Accounts. Please contact them with any questions regarding the student health insurance plan. Phone: 508-767-7412 Web: http://www.assumption.edu/finance/student-health-insurance