

# Butler University Health Services

## Physical Examination: MANDATORY FOR All New Students

**To be completed by a health care provider within the last 12 months.**  
**You may use this form or a similar form provided by your health care provider.**  
Please complete in English

**Date of Examination:** \_\_\_/\_\_\_/\_\_\_ **Full Name of Student:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

Height (ins): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ B/P: \_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_ Resp. Rate: \_\_\_\_\_ Temperature: \_\_\_\_\_

ROS	Normal	Abnormal
HEENT		
Neck		
Lungs		
Heart		
Abdomen		
Skin		
Genitourinary		
Musculoskeletal		
Neurological		
Other		

1. **Incomplete Immunizations** require evidence of immunity by quantitative (numeric value) titer.
  - a. See requirements on the back of this document
2. Medical conditions (.i.e., Asthma, Diabetes, Crohns)? \_\_\_\_\_
3. Mental Health Care/Management history? \_\_\_\_\_
4. Medications? \_\_\_\_\_
5. Special dietary requirements? \_\_\_\_\_
  - a. Food Allergies? \_\_\_\_\_
  - b. Food allergy testing? \_\_\_\_\_
6. Allergies? \_\_\_\_\_
  - a. Medications? \_\_\_\_\_
  - b. Environmental? \_\_\_\_\_
  - c. Need for Epi Pen? \_\_\_\_\_
7. Other special needs, pertinent information or comments?  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of MD, PA-C, NP, DO: \_\_\_\_\_

Please print or stamp MD, PA-C, NP, DO name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DUE DATES for New Students: August 1, Fall Semester, January 1, Spring Semester**

*A copy of your original immunization record is required for verification.*

### 1) Mandatory Immunizations, provide mm/dd/yr for each immunization:

#### \*Evidence of childhood primary series

\*Tdap, One routinely given between 11-12 years of age (1)

\*Hepatitis B, Series required (3)

\*Varicella (Chicken Pox) (2)

- ✓ Or a quantitative (numeric) blood test, titer. History of disease is not sufficient.

\*MMR (Measles, Mumps and Rubella) (2)

- ✓ Or a quantitative (numeric) blood test, titers

\*Meningitis, Meningococcal conjugate vaccine (Brand names: Menactra and Menveo)

- ✓ One dose after the Age of 16

\*Meningitis, Serogroup B meningococcal vaccine (Brand names: Bexsero and Trumenba)

#### Recommended for all students:

- ✓ MMR booster (3<sup>rd</sup>), attending a fully residential campus places your student at greater risk
- ✓ Hepatitis A
- ✓ HPV
- ✓ Flu, annually
- ✓ Travel Abroad program may have additional recommendations determined by your destination.

#### TB evaluation required only for International students or students that are considered high risk by the CDC:

\* IGRA/Quantiferon Gold Plus Blood test within 6 months of attendance

### 2) Mandatory Online Questionnaires:

\*Complete these questionnaires on web portal <https://myhealth.butler.edu/>.

- ✓ This is available for you to access when you have a Butler ID and Login.
  - Health History Questionnaire
  - Tuberculosis Questionnaire

### 3) Mandatory Proof of Health Insurance:

\*Go to the Health Services website to review details of the UHC Butler Sponsored Plan,

<https://www.butler.edu/health-services/student-health-insurance>

- ✓ Send a copy front and back to [healthservices@butler.edu](mailto:healthservices@butler.edu) after you complete the waiver process
- ✓ For questions call 317-940-6066
- ✓ Please review your plans for coverage in the State of Indiana, Butler University is credentialed with all major plans.

### General Information:

#### **Failure to submit required documentation (Physical Examination, Immunizations and Insurance Verification) may result in a late charge of \$25 per submission.**

- Failure to provide the documentation by the due date will result in a “hold” placed on the student’s account. This prevents the student’s ability to change, add or drop any classes and register for future classes.
- For questions or concerns, please feel free to call (317) 940-9385 or email to [healthservices@butler.edu](mailto:healthservices@butler.edu)
- Fax or Email/Scan your physical exam and immunization records :
  - Fax: 317-940-6403 Email/Scan: [healthservices@butler.edu](mailto:healthservices@butler.edu)
- A physical exam or appointment for immunizations can be scheduled when you arrive on campus, schedule online <https://myhealth.butler.edu/> or call 317-940-9385

Butler University Health Services,  
Health and Recreation Services (HRC), 530 W. 49<sup>th</sup> Street, Suite 110, Indianapolis, Indiana, 46208  
Telephone: (317)-940-9385 Fax (317)-940-6403  
BU Be Well

**Butler University requirements based on Indiana and Marion County Health Department guidelines, recommendations from the American College Health Association and the Center for Disease Control**

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