

# MEDICAL CLEARANCE FORM

## Wellesley College

All students **MUST** upload this form via Patient Gateway (along with any supporting documents)



Refer to Instruction Sheet for additional information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

**1. MEDICAL HISTORY and EXAMINATION:** A physical exam within a year of matriculation (after 8/1/2022) is required of **ALL** incoming students. Check the appropriate box and upload relevant documentation

- ☐ I have completed the online Medical History Questions sent to me through the Patient Gateway
- ☐ I have had a physical exam within the past year (after 8/1/2022) and I have uploaded documentation (see *Instructions Sheet for acceptable documentation*) **OR**
- ☐ I am unable to have a physical exam done at home and will require one at Health Services

**2. IMMUNIZATION HISTORY:** Required

- ☐ I have uploaded a copy of my complete immunization record and any relevant blood tests/titer results. I have uploaded waiver forms as appropriate.

**3. TUBERCULOSIS SCREENING:** Complete the following questions, check appropriate box, and upload relevant documentation. If you answer **YES** to any questions, further TB testing is required

|                                                                                                          |        |               |
|----------------------------------------------------------------------------------------------------------|--------|---------------|
| Have you ever had a positive TB skin test?                                                               | Yes No | Date:         |
| Have you had close contact with anyone sick w/ TB (ie. working in health care, jails, homeless shelters) | Yes No | Date:         |
| Were you born in a high-risk country?                                                                    | Yes No | Date/Country: |
| Have you traveled to or lived in a high-risk country for >1 month?                                       | Yes No | Date/Country: |
| Have you moved to the US w/in the past 5 years from a high-risk country?                                 | Yes No | Date/Country: |

\*List of high-risk countries can be found at [wellesley.edu/healthservice/incomingstudents](http://wellesley.edu/healthservice/incomingstudents)

- ☐ I have answered no to the TB screening questions **OR**
- ☐ I have answered yes to one or more questions and have uploaded a copy of my TB testing results

**4. INSURANCE INFORMATION:** Check appropriate box and upload relevant documentation

- ☐ I will have school insurance **OR**
- ☐ I have uploaded a copy of my insurance card/insurance information

**5. SUPPLEMENTAL FORMS:**

- ☐ I have uploaded the Minor Consent Form (if applicable)
- ☐ I have uploaded the Student Athlete Medical History form (if applicable) note that a physical within the last 6 months is required for incoming student athletes