WEST LIBERTY UNIVERSITY

**STUDENT HEALTH SERVICES**
Shaw Hall
208 University Drive, CUB 127
West Liberty, WV 26074

Office: 304.336.8049
Fax: 304.336.8315
westliberty.edu/health-services

Dear New Student and Family,

Enclosed is information regarding the health documents that students must take to their health care provider and upload prior to arriving at West Liberty University. Everything should be submitted at least 4 weeks prior to the start of classes.

Step 1: What you will need from your Health Care Provider:

**Physical Examination** completed on West Liberty University's physical exam form (included in this packet.) A completed physical signed by your health care provider is required of all new students (first year and transfers, and any graduate or part time student wishing to use Student Health Services.)
The physical must be within the past 12 months for non-athletes and within the past 6 months for athletes.

**Immunization Record** from your health care provider or high school. Students must show proof of Measles, Mumps, and Rubella (MMR) vaccination by uploading the record to your Student Health Portal. You will also need to refer to this Immunization Record to complete the Immunization Form on your Student Health Portal. It is always best to keep a copy of your Immunization Record.

- If you have a valid reason to waive the immunization requirements, an Immunization Waiver must be completed by your health care provider. (located on the www.westliberty.edu/health-services/ website.)

**Student-Athletes: There are additional forms for Athletics that may need completed by your health care provider. Contact Jerry Duncan, Head Athletic Trainer, at jerry.duncan@westliberty.edu.**

Step II: Registering for the WLU Student Health Portal (westliberty.studenthealthportal.com)
**You must wait until Orientation or after you register for classes to register and log in to the Student Health Portal.**

1. You will need your student ID and westliberty.edu email address to register for the health portal. You will receive your west liberty email address when you register for classes or at orientation.
2. Type in **westliberty.studenthealthportal.com** to your browser and you will be directed to the health portal.
3. Once there, register for the health portal. Answer some security questions as a first time user. An email will be sent to your westliberty.edu email address to create a password.
4. Log back in to **westliberty.studenthealthportal.com** to complete your forms and upload documents.

Step III: In the Student Health Portal (westliberty.studenthealthportal.com)

1. Complete the following forms available under "My Forms" at the top of the page:
   - Immunizations (you will need to enter dates. Refer to your Immunization Record)
   - Medical History
   - Privacy
   - Emergency Contact

   **Student-Athletes will have additional forms to complete-check your portal.

2. Scan or take a picture and upload the following. Look for the "Document Upload" tab.
   - WLU physical exam form (outlined above)
   - your Immunization Record
   - Minor Consent Form (ONLY if student will be under 18)
   - Immunization Waiver (ONLY if valid reason to waive immunization requirements as outlined above.)

Questions? Do not hesitate to contact me. I look forward to meeting you.

Sincerely,
Christy Bennington RN BSN
Nurse Director

cbennington@westliberty.edu

Please upload this signed and completed physical and complete any pending forms in your West Liberty Student Health Portal at:

https://westliberty.studenthealthportal.com

# PHYSICAL EXAMINATION FORM

- Physicals are required for **ALL FULL-TIME INCOMING STUDENTS** and any part time or graduate students wishing to use Student Health Services. The physical must occur no more than 12 months prior to the start of classes.
- **ALL** athletes must receive an **ANNUAL** physical. Physicals must occur no more than 6 months prior to the start of classes.
- Please **PRINT THIS FORM** and take it to your health care provider to complete.
- After your physical has been completed and signed by your provider, please **UPLOAD** it to your student health portal. ( https://westliberty.studenthealthportal.com )

(Failure to submit a physical could exclude you from participation in athletics, certain academic programs, and receiving treatment at Student Health Services)

Student Name (please print): _____ Student ID No: _____

Major(s): _____ Sport(s): _____

**The Section Below is To Be Completed by Your Health Care Provider**

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Respiration: _____

Eyes Glasses: ☐ Yes ☐ No Contact Lenses: ☐ Yes ☐ No

| | | | |
|---|---|---|---|
| General Health | **Normal** or **Abnormal** | Abdomen / Spleen | **Normal** or **Abnormal** |
| Hair, Scalp, Skin | **Normal** or **Abnormal** | Back/Spine | **Normal** or **Abnormal** |
| Head (Concussion History) | **Normal** or **Abnormal** | Neurological Reflexes | **Normal** or **Abnormal** |
| Hearing | **Normal** or **Abnormal** | Orthopedic Screening | **Normal** or **Abnormal** |
| Ear, Nose, Throat | **Normal** or **Abnormal** | Genitalia | **Normal** or **Abnormal** |
| Neck: Thyroid | **Normal** or **Abnormal** | Rectum | **Normal** or **Abnormal** |
| Cardiovascular Auscultation | **Normal** or **Abnormal** | Breasts | **Normal** or **Abnormal** |
| Lung Auscultation | **Normal** or **Abnormal** | Menstruation | **Normal** or **Abnormal** |

- Recommendation of participation level in the intended **MAJOR(S)** listed above: ◯ Unlimited ◯ Limited (Explain Below):
- Recommendation of participation level in the intended **SPORT(S)** listed above: ◯ Unlimited ◯ Limited (Explain Below):

- Please note allergies or sensitivities: _____
- Please list current medications: _____
- Does the student require a special diet? _____
- Is the student presently under medical therapy or psychological counseling? _____
- Explain any physical or emotional conditions, which you consider important: _____

- Impression and Recommendations:

Health Care Provider's Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____