



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 must be completed 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 will need to 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.
- [Medical Immunization Waiver](#) or [Religious Immunization Waiver](#)

Waivers can also be found on the Student Health Services website (www.westliberty.edu/health-services/).

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: Accessing the WLU Student Health Portal

You will need to ensure you have activated your WLU credentials. As a new student, you will learn this process at Orientation.

1. Open a web browser on your device and go to www.westliberty.edu
2. From the top menu (on your computer), or the hamburger menu on your mobile device, select **GO WLU**, then **WLU-Single Sign-On**
3. Once there, sign in using your credentials.
4. Locate the **PyraMED-Student Health Portal** icon and click/select it.
5. This will bring up the Student Health Portal. You should already be logged in. If you are not automatically logged in, use your WLU credentials to login.

Step III: In the Student Health Portal

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 ContactStudent-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)
 - [Minor Consent Form](#) (ONLY if student will be under 18)
 - Immunization Record
 - Immunization Waiver (Only if you are attempting to waive the Immunization requirement. Must have a valid reason as stated above)

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

Sincerely,
Christy Bennington RN BSN
Director of Student Health Services

cbennington@westliberty.edu



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

For general questions, call 304-336-8049

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.

(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: _____