



Student Health & Wellness
Instructions for Completing Medical Paperwork on Medica

Welcome to Goucher! We know you have many tasks to accomplish before arriving at campus in August, so we have created a quick guide to help you submit your health forms. Please follow these instructions for completing medical paperwork required for all incoming Goucher undergraduate students (first year and transfer). There are instructions in Medica as well, but if you get stuck, feel free to reach out to the Student Health Center (healthforms@goucher.edu, 410-337-6050).

Over the next few years, Medica will be your health portal where you can communicate with your healthcare team, view lab results, make certain appointments, etc.

If you are a student-athlete, there are a few more forms, but we have tried to consolidate them as much as possible. Student-athletes on varsity athletic teams should complete the instructions on page 5, in addition to Steps 1-10 below.

1. Log into your Medica account, using your Goucher username (example: filas001) and password: <https://goucher.medicatconnect.com/>.
2. Using your dashboard, you will be able to navigate through the various tabs to submit the required paperwork. Once you are on campus, you will be able to use Medica to message your on-campus healthcare team, find appointment reminders, and view educational materials from the Student Health Center. But, for now, you will use this to complete your medical forms.



Locations and Hours Abigail (Abby) Testpatient

Home COVID-19 Appts Immunization Forms Messages Education Walkout Statements Upload

Welcome to the Patient Portal!

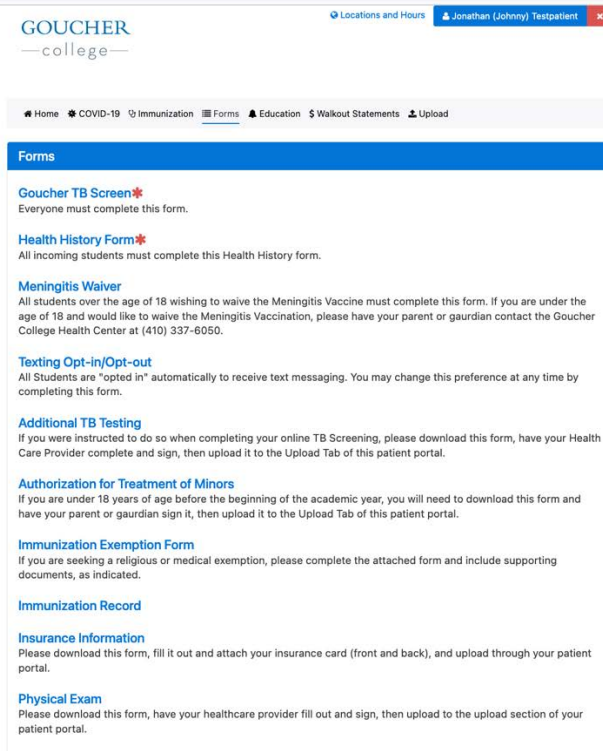
Requirements for Incoming Students

New students (first years and transfers) are required to submit medical paperwork prior to arriving on campus. Follow the steps below to complete your requirements:

- Select [Forms](#) to complete your Medical History Form.
- Select [Immunizations](#) and enter your immunization history, including your COVID-19 vaccine.
- [Upload](#) Your Physical Exam Form, your Insurance Information Form, Immunization Record and COVID-19 vaccination record.

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3. Select **Forms** to complete all the forms that you will need to complete prior to arriving on campus. Some are downloadable forms that require signature by your healthcare provider, and some are online forms that you fill out yourself.



4. Select **Health History Form** to complete your medical history form online. Please answer all questions honestly and completely to the best of your knowledge. This populates into your electronic medical record so our health staff can better treat you.

Health History Form

Class Status:

Emergency Contact Information

Name:

Relationship:

Home Address:

Work Address:

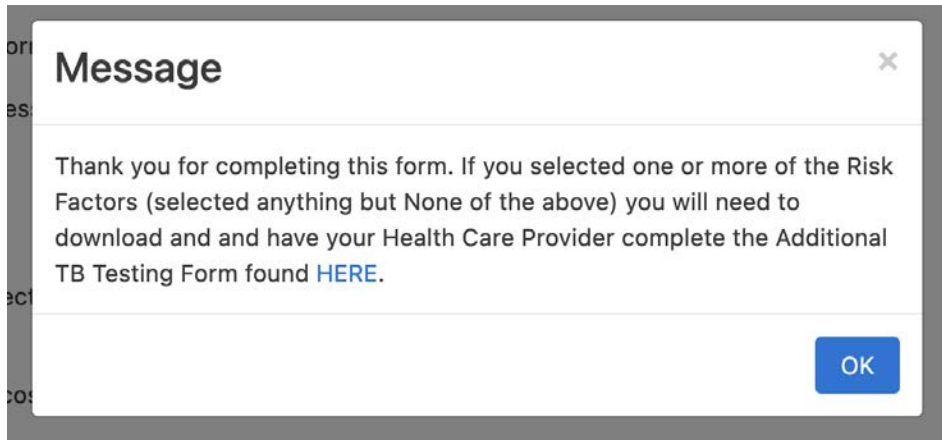
Home Phone Number:

Work Phone Number:

5. Once you submit the **Health History Form**, go back to **Forms**, and complete the **Tuberculosis (TB) Screening Questionnaire**, which is also an online form. If you screen high-risk, you will receive the following notification and will be asked to complete

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additional testing. Please download the **Additional TB Testing** form, fill it out and bring the form to your healthcare provider for testing.




Once you've completed your forms, you will be able to view your results:

Health History Form Completed on 6/8/2023 [View](#)

Tuberculosis (TB) Screening Questionnaire Completed on 5/11/2023 [View](#)


- Next, navigate to the **Immunization Record** form. This form must be downloaded and completed by your healthcare provider to show that you have received your required vaccinations. Alternatively, you can upload your official immunization record (make sure it includes your name and date of birth) in lieu of this form, provided it shows you have received all the required vaccinations. Please see the [Student Immunization Policy](#) for the list of required immunizations.
- The **Physical Exam** is another form that must be downloaded and completed by your healthcare provider. If you do not have a healthcare provider, our Student Health Center or most urgent care centers can do a physical.
- Lastly, within the Forms section, you will need to download, fill out, and upload your **Insurance Information** form. This requires you to attach a copy of your insurance card, front and back, to the form as well. If you change insurance during your time at Goucher, please fill out a new form each time and notify the staff. Please see step 10 for instructions on how to upload your completed forms.
- Next, you will navigate to the **Immunization** section at the top of the page. Fill in all the immunizations you have received under the Required tab. If you have received any of the recommended immunizations, please list them under the appropriate section so we have a better picture of your health history. Once you have entered all immunizations you received, please click Submit.

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 Not Compliant

All Required	▼
Recommended	▼
Alternates	Incomplete ▼

Enter one or all immunizations and then click the Submit button once.

 Submit

If you received a WHO-approved COVID-19 vaccination that is not listed on our portal, please upload proof of having received that on the **Upload** tab using the form called COVID-19 Vaccination.

Choose document you are uploading:

Please upload a copy of your COVID vaccination card

Documents already on file


- To upload your completed forms, select the **Upload** tab at the top of the page. You can follow the instructions listed on the top of that page and select which type of document you want to upload from the drop-down list, find your document to upload from your computer or phone, then select Upload:

Types of Documents that may be uploaded:
Acknowledgement Of Risk And Consent To Treat
Additional Documentation For Sports Medicine
[Authorization For Treatment Of Minors](#)
Bivalent Covid-19 Booster
Chest X-Ray Results
COVID Vaccine Booster
COVID-19 Vaccination
Flu Vaccine Requirement 2022
Immunization Exemption Form
[Immunization Record](#)
Insurance Information & Card
[Physical Exam](#)
Sickle Cell Information Acknowledgement
Sickle Cell Screening, Negative Result
Sickle Cell Screening, Positive Result
[TB Skin Test Results](#)
[TB Test Cell Immunity Measure \(IGRA\)](#)

Choose document you are uploading:

Please upload completed physical form that has been signed by your physician.

immunizationrecord23.pdf ✕

 Upload

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Once you submit, you will see the documents you have already uploaded and have access to those during your time at Goucher.

Documents already on file
Physical Exam received on 6/5/2023 View File

Sports Medicine Paperwork

If you are a student-athlete on a varsity athletic team here at Goucher (NCAA or IHSA), there are additional forms you will need to fill out prior to starting with your team. If you have any pre-existing conditions or recent surgeries, illnesses, or injuries, you may be asked to provide additional documentation. Please contact a member of the Sports Medicine Staff for more information (sportsmedicine@goucher.edu).

1. In the **Forms** tab, you will scroll down to the section titled **Sports Medicine Forms for Athletes** and complete the following:
 - a. **Medical History Questionnaire**
 - b. **Sickle Cell Trait Information** – beginning in Fall 2022, the NCAA requires all member institutions to verify the sickle cell trait status of all of their student-athletes. Most people born in the United States had their testing done at birth. However, if you don't have those results or weren't born in an area that does testing at birth, your doctor can order a simple blood test to check your sickle cell trait status. Please note, this is different than sickle cell disease. More information can be found on the [NCAA website](#).

You will then need to upload the results of your sickle cell testing using the instructions listed in Step 10 above.

- c. **Concussion Fact Sheet Acknowledgement** – the NCAA requires all member institutions to educate their student-athletes on the signs and symptoms of a concussion and what to do if they suspect they have a concussion. Please review the [NCAA fact sheet](#) and sign the acknowledgement.
- d. **Acknowledgement of Risk & Consent to Treat** – please review and sign this form.