

INSTRUCTIONS FOR COMPLETING THE STUDENT HEALTH FORM REQUIREMENT

Please follow the following steps to complete your health forms.

1. Go to <https://mycaltechhealth.caltech.edu>
2. Log in using your access.caltech credentials
3. Enter your date of birth and click Proceed
4. Click on FORMS

Home for Test Patient8 Welcome, Test Patient8 | [Logout](#)

Caltech

You last logged in: 5/23/2019 4:45:28 PM [Log Out](#)

You have 8 unread secure messages [\[Go to Messages\]](#)

**Welcome to Student Health Services
OpenCommunicator**

This site is designed to help students interact more conveniently and efficiently with Student Health Services. Using the links at the left you can:

- Update your profile information
- Schedule Health Center appointments online anytime
- Receive instructions on how to book a Counseling visit
- Receive test results and exchange secure messages with the health center staff

Navigation menu (left): Home, Profile, Appointments, Handouts, Messages, Letters, **Forms**, Survey Forms, Account Summary, Immunizations, Log Out

5. You will need to complete the following REQUIRED areas:
 - a. Health History Form
 - b. Immunization Record which includes Tuberculosis (TB) Screening Form
 - c. Health Services Treatment Agreement
 - d. Notice of Privacy Practices

HEALTH HISTORY FORM

6. Click on REQUIRED – HEALTH HISTORY FORM

Welcome, Test Patient8 | [Logout](#)

Caltech

Entrance Medical Requirements for Test Patient8

Name: Patient8, Test
School:
ID Number: T008

Before you begin your studies at **The University** you must complete certain online requirements, including:

- Required - Health History Form
- Required - Immunization Record
- Required - Health Services Treatment Agreement
- Required - Notice of Privacy Practices
- Complete Upon Request - Counseling Treatment Agreement
- Complete Upon Request - Counseling Privacy Practices
- Complete Upon Request - Occupational Therapy Informed Consent

Prior to opening these pages to complete your entrance requirements:

- Gather your health records, including medication and immunization records.
- Review your records and your family health history with family members.

Form Name	Status
Required - Health History Form	Not Yet Complete: Please provide the requested information with special attention to the required fields.

7. Complete form. Please enter all significant past or current health conditions, surgery/hospitalization, current medications and allergies.

Caltech

Required - Health History Form

Student Health Services Health History Form

All students must complete this form
(ALL INFORMATION IS CONFIDENTIAL)

Personal Medical History

Personal Health History:
If you have no past or current personal medical problems, please mark the appropriate starred * box under each category. A pop up will appear and ask for an approximate date or age of onset. You will be forced to enter something. Feel free to simply enter "from birth". An exact date is NOT required.

Medical History	Medical History, cont'd	Social History
<input type="checkbox"/> **No medical problems <input type="checkbox"/> Allergic Rhinitis <input type="checkbox"/> Asthma <input type="checkbox"/> Autoimmune disorders <input type="checkbox"/> Back pain <input type="checkbox"/> Blood disorders/Anemia <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes, Type I	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Learning disability <input type="checkbox"/> Migraine headaches <input type="checkbox"/> Mobility limitations <input type="checkbox"/> Neurologic problem(s) <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Sexually transmitted infections <input type="checkbox"/> Thyroid problems	<input type="checkbox"/> Alcohol use <input type="checkbox"/> Exercise <input type="checkbox"/> Illegal drug or substance use <input type="checkbox"/> Smoking/ Tobacco use Women's Health <input type="checkbox"/> **No women's health problems

8. You can save your form and return later to complete it.

[Submit Final](#) Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

[Save Partial](#) Click here to save the intermediate content of the form
(Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

[Cancel](#) Click here to cancel entering the form
(Currently entered changes will not be saved.)

Your Health is Our Priority

9. When you are done, submit your final form.

- a. If you “submit final” before you are finished, please contact Maria Lopez at mlopez2@caltech.edu to reset your form. You will have to redo the entire form again.

<input type="button" value="Submit Final"/>	Click here to submit the final content of the form (You cannot change items after the form has been submitted.)
---------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

Click here to save the intermediate content of the form
(Currently entered values will be recorded and you will be able to resume completing the form at a later time.)

Click here to cancel entering the form
(Currently entered changes will not be saved.)

Your Health is Our Priority

10. Click “Proceed”.

IMMUNIZATION RECORD

11. Go back to FORMS and click on REQUIRED – IMMUNIZATION RECORD

Welcome, Test Patient8 | [Logout](#)

Entrance Medical Requirements for Test Patient8

Name: Patient8, Test
School:
ID Number: T008

Before you begin your studies at **The University** you must complete certain online requirements, including:

- Required - Health History Form
- Required - Immunization Record
- Required - Health Services Treatment Agreement
- Required - Notice of Privacy Practices
- Complete Upon Request - Counseling Treatment Agreement
- Complete Upon Request - Counseling Privacy Practices
- Complete Upon Request - Occupational Therapy Informed Consent

Prior to opening these pages to complete your entrance requirements:

- Gather your health records, including medication and immunization records.
- Review your records and your family health history with family members.

Form Name	Status
Required - Health History Form	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Required - Immunization Record	

12. Gather your immunization records and complete the Immunization Record per instructions. Enter dates of vaccines or blood tests showing immunity.

Welcome, Test Patient8 | [Logout](#)

Required - Immunization Record for Test Patient8

- Obtain your official immunization record.
- Enter dates for immunizations.
- Upload your immunization record or completed immunization form

1: Measles, Mumps, and Rubella (MMR) [Satisfies Immunization Requirement for Measles, Mumps, and Rubella]

Please provide the dates of your combined MMR immunizations below. Two doses are required, first dose on or after your first birthday. Or, positive titer.

Date for Dose 1:

Date for Dose 2:

2: Mumps Immunity [Satisfies Immunization Requirement for Mumps]

Please specify the date and result of any blood test for Mumps immunity.

Test Date:

13. Download and complete the tuberculosis (TB) screening form as per instructions on website page.

Test Date:

Result Positive Negative

9: Tetanus, Diphtheria, and Pertussis (Tdap) Immunization [Required for all students]

Please enter the date the dose was given. To meet the requirement, one dose given after age 7.

Date for Dose 1:

10: Diphtheria and Tetanus (Td) Immunization [Td booster required 10 years after Tdap]

Please provide the date of the most recent Td dose if it has been 10 years or more since Tdap immunization. Td booster is recommended every 10 years.


Date for Dose 1:

11: Meningococcal Conjugate ACWY [Required if under age 22]

Please indicate the date on which the dose was given. To meet the requirement dose needs to be given on or after age 16 for all students under age 22.

Date for Dose 1:

12: TB screening [Required for all students]

 **Please download the Tuberculosis (TB) Questionnaire, complete it and then upload. Please do not enter any dates below.**

Date for Dose 1:

Please upload your scanned immunization and or your TB Screening records. We accept the following file types: PNG, JPG, JPEG, GIF, PDF.

14. Upload your immunization records and tuberculosis screening form. **Please translate the form and results into English if in another language.**

Note: Up to 3 forms can be uploaded

Please upload your scanned immunization records. We accept the following file types: PNG, JPG, JPEG, GIF.

15. You can save your form and return later to complete it.

Submit Final	Click here to submit the final content of the form (You cannot change items after the form has been submitted.)
Save Partial	Click here to save the intermediate content of the form (Currently entered values will be recorded and you will be able to resume completing the form at a later time.)
Cancel	Click here to cancel entering the form (Currently entered changes will not be saved.)

Your Health is Our Priority

16. When you have completed the form and uploaded all required documentation click “Submit Final”.
 - a. If you “Submit Final” before you are finished, please contact Maria Lopez at mlopez2@caltech.edu to reset your form. You will have to redo the entire form again.

Submit Final	Click here to submit the final content of the form (You cannot change items after the form has been submitted.)
Save Partial	Click here to save the intermediate content of the form (Currently entered values will be recorded and you will be able to resume completing the form at a later time.)
Cancel	Click here to cancel entering the form (Currently entered changes will not be saved.)

Your Health is Our Priority

17. Click “Proceed”.

HEALTH SERVICES TREATMENT AGREEMENT

18. Go back to FORMS and click on REQUIRED – HEALTH SERVICES TREATMENT AGREEMENT

Welcome, Test Patient8 | [Logout](#)

Entrance Medical Requirements for Test Patient8

Name: Patient8, Test
School:
ID Number: T008

Before you begin your studies at **The University** you must complete certain online requirements, including:

- Required - Health History Form
- Required - Immunization Record
- Required - Health Services Treatment Agreement
- Required - Notice of Privacy Practices
- Complete Upon Request - Counseling Treatment Agreement
- Complete Upon Request - Counseling Privacy Practices
- Complete Upon Request - Occupational Therapy Informed Consent

Prior to opening these pages to complete your entrance requirements:

1. **Gather your health records, including medication and immunization records.**
2. **Review your records and your family health history with family members.**

Form Name	Status
Required - Health History Form	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Required - Immunization Record	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Required - Health Services Treatment Agreement	Not Yet Complete: Please provide the requested information with special attention to the required fields.

19. Read through the Health Services Treatment Agreement.

20. Acknowledge and submit your agreement.

Acknowledgement

I have read this agreement and consent to its terms.**

Submit Final

Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

Cancel

Click here to cancel entering the form
(Currently entered changes will not be saved.)

21. Click "Proceed".

NOTICE OF PRIVACY PRACTICES

22. Go back to FORMS and click on REQUIRED – NOTICE OF PRIVACY PRACTICES

Welcome, Test Patient8 | [Logout](#)

Entrance Medical Requirements for Test Patient8

Name: Patient8, Test
School:
ID Number: T008

Before you begin your studies at **The University** you must complete certain online requirements, including:

- Required - Health History Form
- Required - Immunization Record
- Required - Health Services Treatment Agreement
- Required - Notice of Privacy Practices
- Complete Upon Request - Counseling Treatment Agreement
- Complete Upon Request - Counseling Privacy Practices
- Complete Upon Request - Occupational Therapy Informed Consent

Prior to opening these pages to complete your entrance requirements:

- Gather your health records, including medication and immunization records.**
- Review your records and your family health history with family members.**

Form Name	Status
Required - Health History Form	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Required - Immunization Record	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Required - Health Services Treatment Agreement	Not Yet Complete: Please provide the requested information with special attention to the required fields.
Required - Notice of Privacy Practices	Not Yet Complete: Please provide the requested information with special attention to the required fields.

23. Read through the Notice of Privacy Practices.

24. Acknowledge and submit your agreement.

Acknowledgement

I have read this agreement and consent to its terms.**

[Submit Final](#) **Click here to submit the final content of the form**
(You cannot change items after the form has been submitted.)

[Cancel](#) **Click here to cancel entering the form**
(Currently entered changes will not be saved.)

25. You are done. Thank you for completing these required forms.