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www.mtmercy.edu



Mount Mercy Student or Staff:

In our efforts to improve the amenities that Mt. Mercy provides we are going to be offering additional health services this year to students and staff members.

In a joint venture with MercyCare Community Physicians, Cedar Rapids, IA and the Mt. Mercy Health Services clinic on campus you will have access to several new medical features.

1. Walk-in services, daily, where evaluations and point-of-care testing such as strep tests, mono, UA and flu testing can be performed.
2. Availability to 24/7 video visit access for urgent care complaints with a Mercy provider

In order to access these services, we ask that you complete the attached registration form and return it this week to the Student Services office. You can also scan the forms and email them back to health services.

This information will be used to create a "MyChart" account for you which will be necessary to access the new services. This application, which will be located on your phone, will be used to make appointments for video visits as well as to access other available health services.

We hope you choose to utilize these services and sincerely believe they will enhance your campus experience.

If you have any questions or concerns please feel free to reach out and contact me.

Sincerely,

Kara Goslin, PA-C
Mt. Mercy University Health Services
319-286-4439

Send completed forms to: kgoslin@mtmercy.edu

Paper Registration Form for My Chart Account/EPIC

Mercy Medical Center/ Mt. Mercy Health Services

Name: _____

DOB: _____

Sex: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

We will activate MyChart for you using your email address. Please double check the email is correct.

Marital Status: _____ Language Preference: _____

Hearing/Vision Needs: _____

Religious Preference: _____ Religious Affiliation: _____

Ethnicity: _____ Race: _____

Primary Care Provider: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Emergency Contacts

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Place Patient Label Here (if possible)

Guarantor Information (if guarantor is not patient)

Guarantor Name: _____ DOB: _____
(Who do you expect to pay the medical bill?)

Relationship to Patient: _____ Employment: _____

Guarantor Address: _____

Insurance (take photo copy of insurance cards, front and back): _____

Subscriber Name: _____ Subscriber DOB: _____
(Who is in charge of the insurance in your family?)

Relationship to Patient: _____ Employment: _____

Subscriber Address: _____

Insurance (take photo copy of insurance cards, front and back): _____

Subscriber Name: _____ Subscriber DOB: _____

Relationship to Patient: _____ Employment: _____

Subscriber Address: _____

Mount Mercy Health Services

Immunization Requirements

Student Name _____

Date of Birth _____

Proof of COVID Vaccination (if immunized, take photo copy or scan card)

Copy of immunization record (take photo copy or scan immunization record)

Provide the University with certification from a health care provider of an official signed record showing proof that they have either received immunization against measles, mumps and rubella with vaccines that meet the standards for such biological products that have been approved by the United States Public Health Service and the State of Iowa Department of Health; or evidence of immunity by history of disease or serological evidence.

To meet the requirement, ONE of the following must be provided:

1. Proof of two measles and/or combination measles, mumps, rubella (MMR) vaccination dates. The first measles vaccination must be administered after one year of age; the second measles vaccination must be administered at least 28 days after the first vaccination,
2. Proof of immunity to measles by positive rubeola (measles) titer or history of measles disease, OR
3. Proof of religious or medical exemption by submitting the Iowa Department of Public Health Exemption Form.

Religious: <https://bit.ly/3hSmTVS>

Medical: <https://bit.ly/2RJ6tEt>

Tuberculosis Screening (**Required for all International students** within the 6 months prior to entering Mount Mercy University). **If positive TB test, chest x-ray required. If abnormal, include letter of treatment from physician.**

Meningitis requirements

Iowa law requires us to educate about Meningococcal Disease (Meningitis) and the meningitis vaccine. Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis is highly contagious and can be fatal or result in serious long term effects such as blindness, coma, amputations, and permanent brain damage. While not common, the risk for this disease is greatest in people under the age of 20 who are living in close quarters and who may share eating utensils, personal hygiene items, or through close personal contact (e.g., kissing). There are vaccines available that can help prevent bacterial meningitis.

Meningitis vaccines cannot prevent all types of the disease. The CDC recommends a Meningitis vaccine booster for students who received their first vaccine before the age of 16. It is currently recommended at age 11- 12, so if it was received then, a booster should be given before the start of college. A second meningitis vaccine, the serogroup B meningococcal vaccine, was recently approved in June 2015 by the Advisory Committee on Immunization Practices. It is recommended routinely for people 10 years or older who are at increased risk for serogroup B meningococcal infections and may also be given to anyone 16 through 23 years old to provide short term protection against most strains of serogroup B meningococcal disease. This is a 2-dose series, given at least 1 month apart. Meningitis vaccines are a requirement at MMU, and are strongly recommend for anyone who wants to reduce risk—especially students living in residence halls, and for other adolescents who want to decrease their risk of contracting bacterial meningitis. Information is collected on freshmen in residence halls regarding the meningitis vaccine.

Yes, I have read the above information on Meningitis (Meningococcal disease and vaccines).

Yes, I have been vaccinated for Meningococcal Meningitis.

No, I have not been vaccinated for Meningococcal Meningitis and need more information or to provide an exemption form.