



## ADMISSION HEALTH FORMS AND MEDICAL REQUIREMENTS

**Submit all health forms online: Medicat Student Health Portal**  
**<https://framingham.medicatconnect.com>**

### **1-TB Screening Questionnaire**

- All students must fill this out
- Students with certain risk factors will then be directed to submit a TB test performed within the past 6 months

### **2-FSU Health History**

- Complete entire form and e-sign at the bottom
- Students under 18 must have the form e-signed by a parent or guardian

### **3-Medi-Alert**

- ONLY for student with diabetes, seizure disorder, or Epi-Pen
- DO NOT FILL OUT if you do not have the above conditions

### **4-Waive or Enroll in Student Health Insurance (Available when your e-bill arrives)**

The Commonwealth of Massachusetts requires that all full-time students participate in a health insurance plan.

- enroll in the Massachusetts Student Health Insurance Plan

OR

- show evidence of a comparable or better health insurance plan (must have coverage in Massachusetts)
- You must waive or enroll when your e-bill arrives in July

**FORMS TO UPLOAD:** These printable forms are located on the Medicat Student Health Portal under "forms."

Once they are filled out by your medical provider, take a picture with your phone, and upload the completed forms to the portal

### **1- Physical exam**

- Physical exam completed within the past 18 months prior to the semester start date
- The physical exam form should be completed and signed by your medical provider
- A copy of your most recent physical exam from your medical providers office is also acceptable.

### **2-Immunization Record**

- This form should be completed and signed by your healthcare provider
- A copy of your immunization records from your medical providers office is also acceptable.
- *YOU MUST ALSO MANUALLY ENTER THE DATES OF EACH IMMUNIZATION INTO MEDICAT*

### **3-TB Health Provider Form**

- ONLY required for students who have certain risk factors, as determined by the online TB Screening Questionnaire
- If required, this form should be completed and signed by your healthcare provider

**QUESTIONS?  
CONTACT THE HEALTH AND WELLNESS CENTER**

Phone: 508.626.4900 Email: [healthcenter@framingham.edu](mailto:healthcenter@framingham.edu)

**MEDICAT STUDENT HEALTH PORTAL:**  
**[Framingham.medicatconnect.com](https://framingham.medicatconnect.com)**