

Department of Health Services  
Division of Student Affairs  
PO Box 1630, 577 Western Ave.  
Westfield, MA 01085  
Telephone: 413.572.5415

Dear New Student:

**Congratulations** on your acceptance to **Westfield State University!**

**WSU Health Forms must be returned by mail to the Department of Health Services, PO Box 1630, Westfield, MA 01086.** The required Health Forms can be printed at [www.westfield.ma.edu/healthservices](http://www.westfield.ma.edu/healthservices). Information about the Department and the University Student Health Insurance is available on this website and the online *WSU Student Handbook*. Please return your health forms by **June 1<sup>st</sup>** for fall semester and **December 1<sup>st</sup>** for spring semester.

Health Services website shows this acceptance letter and there are **three** Health Forms printable for submission and an information form on Meningococcal Disease:

1. **Health Form** This is a two sided form with a side for your medical provider to complete that has a **physical examination** and State mandated **immunizations**. Medical forms from your provider's office are acceptable. **The Department will accept a copy of a physical examination done within the past calendar year.**
2. **Tb Risk Assessment Form** to determine if a tuberculosis test is necessary. If you've received BCG vaccine or were born in a high-risk country, an IGRA test is recommended. If your answers are "no" to all the questions on the first page, please just return this page.
3. **Meningitis Information and Vaccine Waiver Form**. Please complete and submit this form if you do not have a history of a meningitis vaccination within the past five years.

Please note that Health Services is available to all full time day students regardless of their health insurance plan. **The Department does not offer allergy immunotherapy or prescribe ADHD medications. Please call for referrals if you need either of these services.**

All your health information is confidential and will not be released to anyone without your prior knowledge and written consent.

We look forward to meeting you and wish you a healthy and successful academic year.

Sincerely,  
*Pauline Moran, MSN, FNP-BC*  
Interim Director, Health Services