

New and returning student athletes must submit proof of a sports physical and athlete health history each year.

Students can review and submit their annual requirements by [logging into the Student Health Services Portal](#) and following the directions below.

Once all requirements have been submitted, Health Services will review the student’s submission and will notify the student if they are cleared or if further information is needed.

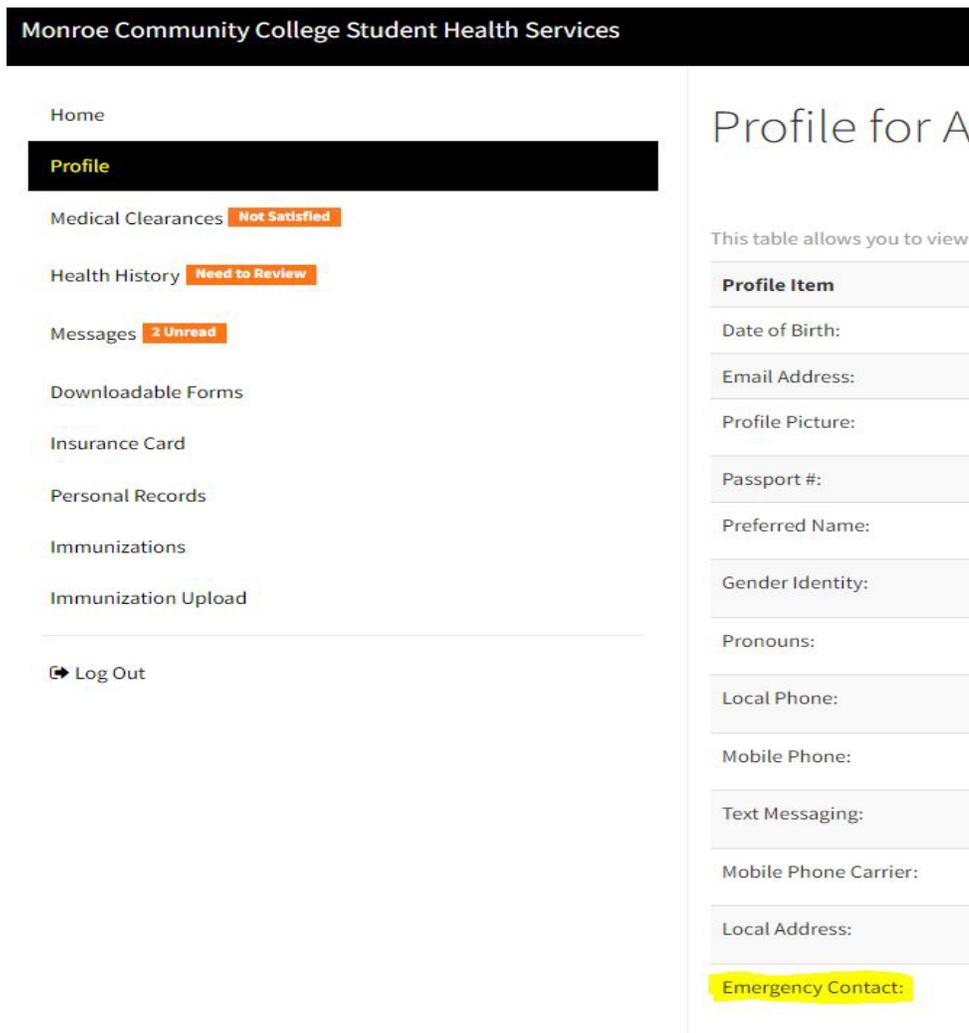
Student athletes are not eligible for athletic participation at MCC until they receive notification from Health Services they are cleared.

Please reference the following steps when completing your athletic packet submission. if you have any questions during this process please call (585) 292-2018 or [email Health Services](#). The Health Services office is open Monday through Friday from 8:45am to 4:45pm.

Once you [Login to the Student Health Services Portal](#) please follow the steps below:

Go to the Profile Tab

1. Enter your emergency contact information



Monroe Community College Student Health Services

- Home
- Profile**
- Medical Clearances Not Satisfied
- Health History Need to Review
- Messages 2 Unread
- Downloadable Forms
- Insurance Card
- Personal Records
- Immunizations
- Immunization Upload
- Log Out

Profile for A-

This table allows you to view a

Profile Item
Date of Birth:
Email Address:
Profile Picture:
Passport #:
Preferred Name:
Gender Identity:
Pronouns:
Local Phone:
Mobile Phone:
Text Messaging:
Mobile Phone Carrier:
Local Address:
Emergency Contact:

Go to the Medical Clearances Tab

1. The items listed are each part of what is required for your athletic clearance
2. Next to each entry, click update and enter the dates and name of the immunization when asked.

Monroe Community College Student Health Services

Home

Profile

Medical Clearances Not Satisfied

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Overall Clearance Status: Not Satisfied

Athletic Health History: None

Date Physical Exam Completed: None [View Details](#)

HRP Physical_Reassessment: 12/01/2022

Medical Programs Physical/Packet Reassessment : None

Items required for clearance:

Clearance	Update
Confidentiality and Privacy	Update
COVID-19 Vaccine	Update
Hepatitis B	Update
HRP Physical_Reassessment	Update
Influenza	Update
Insurance Information Page in EMF Forms	Update
Measles	Update
Meningococcal ACWY or B	Update
Mumps	Update
Rubella	Update

Measles (rubeola)

IMPORTANT: You must use the Immunization Record "Update" button to submit your proof.

Doses of Measles or MMR Vaccine

Date 1	Vaccine1
<input type="text" value="01/04/2002"/>	<input type="text" value="MMR (Measles-Mumps-Rubella)"/>
Date 2	Vaccine2
<input type="text" value="05/08/2006"/>	<input type="text" value="MMR (Measles-Mumps-Rubella)"/>

Measles Antibody Titer (blood test)

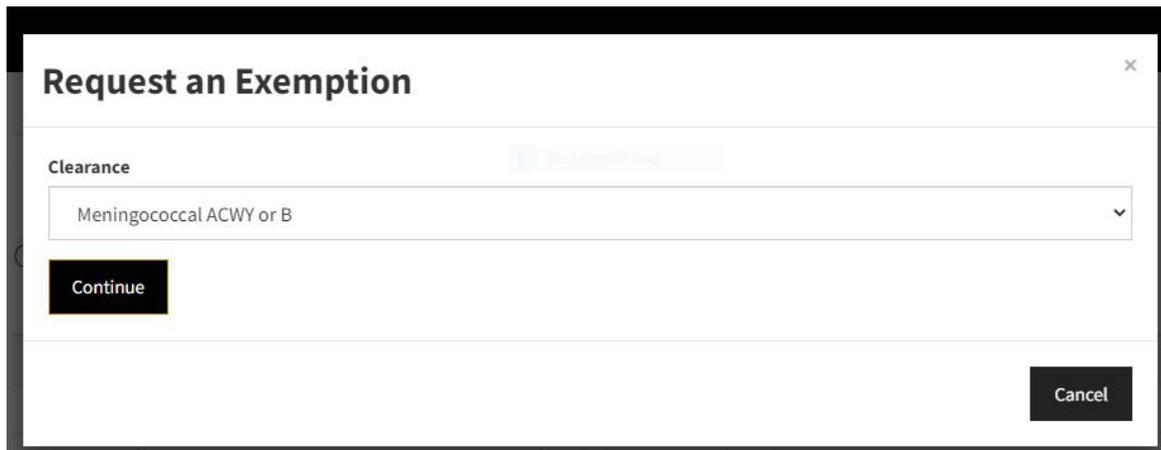
Date	Result
<input type="text" value="MM/DD/YYYY"/>	<input checked="" type="radio"/> Positive <input type="radio"/> Negative

Cancel Done

To Decline the Meningococcal ACWY or B immunization

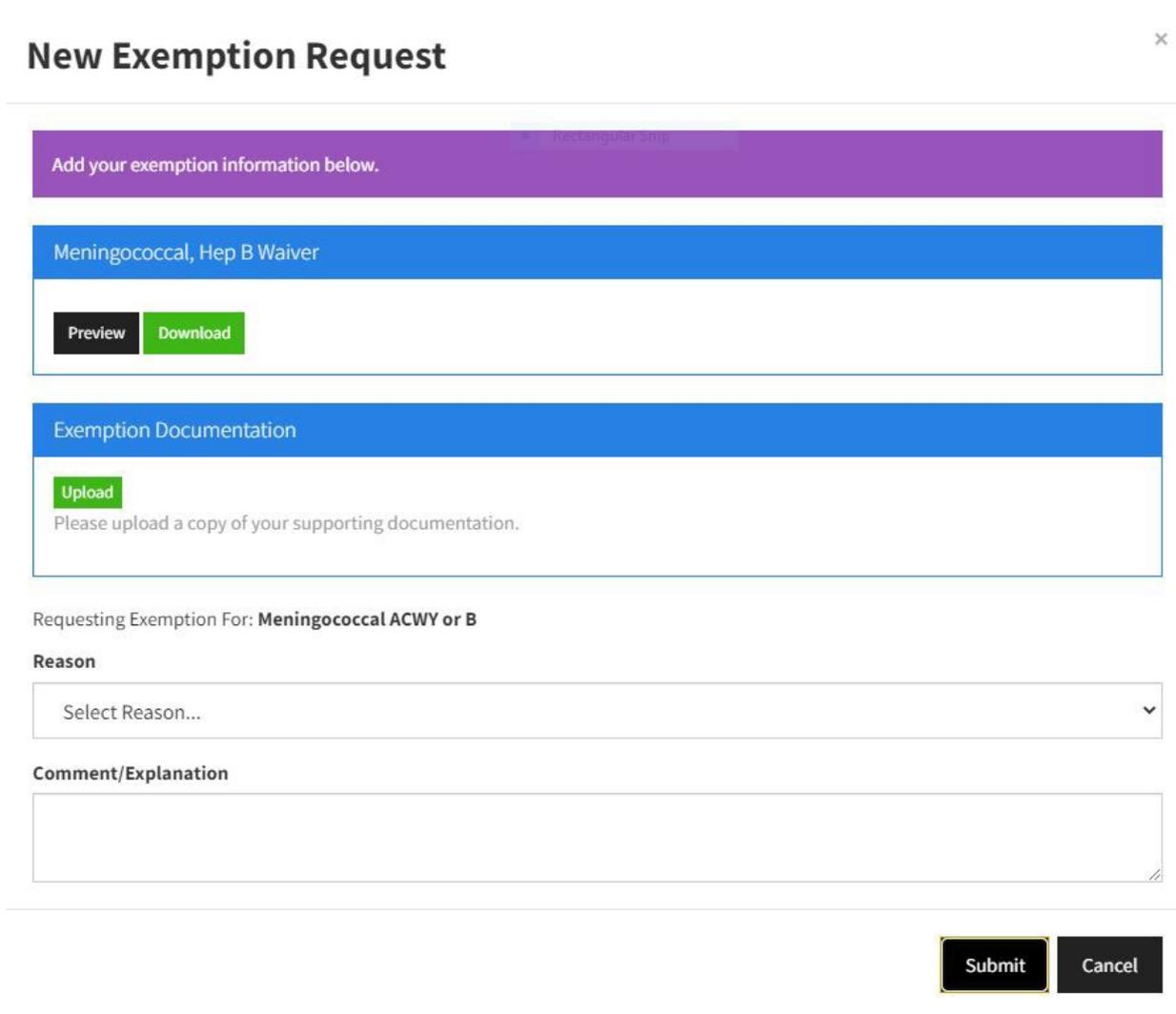
You can decline the Meningococcal ACWY or B immunization requirement by completing the following steps:

1. Scroll down the page to “Clearance Exemptions” and click “Request an Exemption



The screenshot shows a modal window titled "Request an Exemption". At the top left is the title "Request an Exemption" with a close button (X) on the right. Below the title is a "Clearance" section with a "Request an Exemption" link. A dropdown menu is open, showing "Meningococcal ACWY or B". Below the dropdown is a black "Continue" button. At the bottom right of the modal is a black "Cancel" button.

2. Select Meningococcal ACWY or B and click continue
3. Click Preview and follow the provided link to read materials on Meningitis disease
4. Download the waiver



The screenshot shows a "New Exemption Request" form. At the top left is the title "New Exemption Request" with a close button (X) on the right. Below the title is a purple banner with the text "Add your exemption information below." Below the banner is a blue header "Meningococcal, Hep B Waiver". Below the header are two buttons: "Preview" and "Download". Below that is another blue header "Exemption Documentation". Below the header is a green "Upload" button and the text "Please upload a copy of your supporting documentation." Below that is the text "Requesting Exemption For: Meningococcal ACWY or B". Below that is a "Reason" section with a dropdown menu showing "Select Reason...". Below that is a "Comment/Explanation" section with a text area. At the bottom right are two buttons: "Submit" and "Cancel".

5. Select the box declining the immunization, enter your M number, sign and date

Meningitis

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours, or the equivalent per semester, submit proof of immunization or decline the immunization. Your eligibility for classes at Monroe Community College is not impacted by electing to decline this immunization.

The Advisory Committee on Immunization Practices recommends that all first-year college students up to 21 years of age have at least 1 dose of Meningococcal ACWY (Brand names: Menactra, Menveo, MenQuadFi, or Menomune) not more than 5 years before enrollment, preferably on or after the 16th birthday.

Young adults 16-23 years of age may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba or Bexsero).

Please review the [Meningococcal Disease Fact Sheet](#) prior to completing this form.

Decided that I (or my child) will not obtain immunization against meningococcal disease.

Checking this box serves as my signature to this document and attestation that I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I also understand this does not prevent me (or my child) from receiving the vaccine in the future, from my private health care provider, local health department or the Monroe County Health Department's Immunization Clinic at 111 Westfall Rd, Rochester, NY 14620. Phone 585-753-5150.

Student Name _____ M00# _____

Date: _____

6. Once complete, click on Request an Exemption again, select Meningococcal ACWY or B
7. Under Exemption Documentation, upload the completed document
8. Select Reason "Meningococcal Waiver" and click submit

New Exemption Request

Add your exemption information below.

Meningococcal, Hep B Waiver

Preview Download

Exemption Documentation

Upload

Please upload a copy of your supporting documentation.

Meningitis Waiver...

Remove Edit/Comment

Requesting Exemption For: Meningococcal ACWY or B

Reason

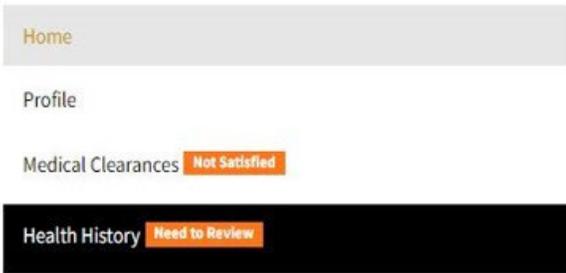
Meningococcal Waiver

Comment/Explanation

Submit Cancel

Student Athlete Health History

1. Click the Health History tab



2. Click the appropriate button to either add, or indicate no allergies, medications or medical conditions.
3. Once all items are completed click “Done” at the bottom or top of the screen.

Health History for A-First-Mat Test-Student

Please enter all known allergies, medications, and personal health history below. Click the **Done** button at the top or bottom of the screen when all items have been completed.

Done **Cancel**

Allergies

The Item You Are Allergic To	Type of Reaction	Approx Date of Onset
No Current Entries		
Add	No Known Allergies	

Medications

Name of Medication	Dosage and Directions
No Current Entries	
Add	No Current Medications

Medical Conditions

No Current Entries	
Add	No Known Medical Conditions

Sports Physical Exam

1. Click the update button next to Athlete Annual Physical

Items required for clearance:

Clearance		Status
Athlete Annual Physical	Update	⊗ Not Compliant
Athlete Health History	Update	⊗ Not Compliant
Athlete Waiver and Consent	Update	⊗ Not Compliant

2. Download the form
3. Take the form to your physical appointment with your physician to be completed, signed and dated.
Please Note: *If you are submitting a physical that is not completed on the form provided, it must indicate you are cleared for athletic participation. Additionally, Health Services is **unable to accept physicals that are not signed or dated by the completing provider***
4. Upload the form by returning to the portal and clicking the update button next to Athlete Annual Physical
5. Enter **the date your physical exam was completed**
6. Click Save

Athlete Physical

Athlete Physical **Upload Needed**

Please download and print this document. After the document is completed, return here to upload it.

Download

[Preview](#) [Download](#)

Upload

[Upload](#)

 Sports Physical E...
[Remove](#)

Date Physical Exam Completed:

Status: Upload Required

[Cancel](#) [Save](#)

Athlete Waiver and Consent

1. Click on the update button next to Athlete Waiver and Consent

Items required for clearance:

Clearance		Status
Athlete Annual Physical	<input type="button" value="Update"/>	Not Compliant
Athlete Health History	<input type="button" value="Update"/>	Not Compliant
Athlete Waiver and Consent	<input type="button" value="Update"/>	Not Compliant

2. Complete signature, parent signature required for students under 18 years of age, date and age entries where prompted.

3. Click Submit Final

Monroe Community College Athletic Waiver and Consent

Medical Information Release Waiver

- While participating in Monroe Community College intercollegiate athletics, I give my consent for the team physician with appropriate health care.
- I permit any health care provider I might see due to an injury or illness to share any and all related information with appropriate. This information will remain confidential and is only to be used in order that they are properly informed at Monroe Community College.
- Authorization of this form shall be considered valid for the duration of my intercollegiate career at Monroe Community College.

**** Electronic signature (parent signature if under 18):**

**** Date:**

**** Age:**

Informed Consent

- I understand that injuries can and do occur in athletic practice and competition. Such injuries can result in, but are not limited to, death or permanent or temporary physical impairment. All such injuries cannot be prevented.
- Improper or unauthorized alteration of any protective equipment is in violation of NJCAA rules and can contribute to an injury. Compliance with appropriate rules and regulations of the NJCAA or other governing bodies. Monroe Community College is not responsible for any injuries sustained by the athlete.
- By signing this form, I understand the risks that are involved in participating in sport at Monroe Community College.

**** Electronic signature (parent signature if under 18):**

**** Date:**

Go to the Insurance Card Tab

Monroe Community College Student Health Services

Home

Profile

Medical Clearances **Not Satisfied**

Health History **Need to Review**

Messages **2 Unread**

Downloadable Forms

Insurance Card

Personal Records

Immunizations

Immunization Upload

Insurance Cards

Please scan and upload images of the front and back of your insurance card.

Add New Card

Deleted

1. Click on Add New Card
2. Enter the Member or Subscriber Name, and Member or Subscriber ID
3. Upload a picture of the front and back of your insurance card where prompted
4. Click save

Add Insurance Card

Member Name **Upload Front Image** Click to upload a file

Member ID **Upload Back Image**

Group Number

Plan Provider

Plan Type

Copay

Full Address

Web Address

Save **Cancel**

Go to the Immunization Upload Tab

1. Click on Add Immunization Record
2. Upload your immunization record that includes your name and date of birth
3. Once uploaded, click save

The screenshot shows the Monroe Community College Student Health Services website. On the left is a navigation menu with items: Home, Profile, Medical Clearances (with a 'Not Satisfied' status), Health History (with a 'Need to Review' status), Messages (with '2 Unread'), Downloadable Forms, Insurance Card, Personal Records, and Immunizations. The 'Immunization Upload' option is highlighted in a black bar with yellow text. The main content area is titled 'Immunization Upload for A-First-Mat Test-Student'. Below the title, it says 'Please upload your scanned immunization records. We accept the following file types: PNG, JPG, JPEG, GIF.' There is a yellow button labeled 'Add immunization record...', a black 'Save' button, and a black 'Cancel' button.

Completing the Process

After you complete each entry you will see the following on the Medical Clearances Page

- Status: Not Compliant
- Details: Not Satisfied

This means we have received your documentation, but our office has not yet reviewed and approved the documentation you submitted. You will receive an email to notify you whether or not you have met the requirements and are cleared for athletic participation.

If your screen says:

- Details: No Data

You did not provide your immunization or other records successfully. Please click on the Update button to try again.