



**HERE'S WHAT  
GOING STRONG  
LOOKS LIKE.**

**WELCOME TO MEREDITH**

**MEREDITH**  
COLLEGE

**GOING  
STRONG**

# WELCOME TO MEREDITH!

We're looking forward to getting to know you and helping you learn how to use your unique strengths to achieve your goals – while having fun along the way.

Read on to see what you can expect from your Meredith education – **and how it will help you become the strongest version of yourself.**



**“IT WAS REALLY IMPORTANT TO ME TO FIND A SCHOOL THAT COULD BE A HOME AWAY FROM HOME AND PROVIDE ME MENTORS – BOTH ACADEMIC AND PERSONAL – TO GROW AS MUCH AS POSSIBLE DURING MY FOUR YEARS. MEREDITH DEFINITELY DID THAT.”**

**DELANEY RHODES, '20**

English major  
Fulbright Award Recipient



See more ways the  
Meredith experience  
stands out.

# WHY MEREDITH?

You'll have a uniquely personal college experience that leads to strong outcomes - professionally and personally. And our emphasis on identifying and using your strengths further contributes to your likelihood of having a fulfilling life.

**99%**

of alumnae say Meredith prepared them well to earn an additional degree or certification.

**97%**

of alumnae say they were professionally well prepared as a result of their Meredith experience.

**99%**

of alumnae rated the value of a Meredith College education as good, very good, or excellent



Hands-on learning is a critical component of your college experience – and it's an area where Meredith really shines. **97% of our students participate in one or more applied learning experiences such as internships, study abroad, or field experiences.**

How does that stack up with other colleges? Compared to other college students nationally ...



**21% more seniors at Meredith** frequently discussed career plans with faculty.



**31% more participate in internships** or field experiences.



**15% more** study abroad.



**24% more conduct research** with faculty.

## COLLEGE IS A SIGNIFICANT INVESTMENT IN YOURSELF – ONE THAT PAYS OFF OVER YOUR LIFETIME.

Estimated median **lifetime earnings** for bachelor's degree recipients exceeded \$1.2 million (taking into account money borrowed to cover tuition, fees and supplies), while high school graduates earn approximately \$800,000; those with professional and graduate degrees earn even more.

The **unemployment rate** for individuals with at least a bachelor's degree has consistently been about half of the unemployment rate for high school graduates.



Having a college degree is associated with a **healthier lifestyle** and increased civic engagement.

Source: *Education Pays 2019: The Benefits of Higher Education for Individuals and Society*, by the College Board



THIS IS WHAT  
STRONG  
LOOKS LIKE.

# STAYING STRONG & HEALTHY.

We understand students learn best when they are healthy. That's why we offer a supportive learning environment that includes a variety of meal plans with nutritious dining options and lots of opportunities to move and care for your body.



## CAMPUS DINING

### BELK DINING HALL

Belk Dining Hall is the main dining facility on campus with an all-you-care-to-eat buffet-style set up. There are options for every diet and appetite, including vegetarian, vegan, and gluten-free. Choose from traditional, home-style meals and grilled favorites, a full service salad bar, deli, soups, and more.

### BEEHIVE CAFÉ

If you're looking for a more casual option, the BeeHive Café is a popular choice and a great place to use your dining dollars. There's a little something for everyone – Grille Works, Sandwich Shack, Chobani Bar, Chick-fil-A sandwiches, Starbucks, pizza, and more.

### FOOD FOR THOUGHT

Cramming for an exam or need a quick break from a study session? Food for Thought, located in the library, offers plenty of convenient options, including sandwiches, chips, and healthy snack options. You also have your choice of coffee beverage options and bottled drinks.

### FITNESS CENTER

The Lowery Fitness Center offers a full range of weight machines, free weights, and cardiovascular equipment. Fitness center staff are available to introduce you to the center and use of the equipment. A variety of classes and free personal training can help you achieve your fitness goals.



## GREENWAY

Meredith's campus is bordered by a greenway that runs to the N.C. Museum of Art and connects to the larger Capital Area Greenway System. Students often walk, run, or bike on the greenway.

## GARDEN

The Dickson Foundation Community Garden gives students access to fresh produce, academic research, service, and training in sustainability, ecology, food security, and environmentally-sound food production. The garden provides a direct connection between garden activities, healthy nutrition, and academic courses.

## RELAXATION ROOM

The Relaxation Room is a quiet place in the Counseling Center and available to all students. It includes yoga and meditation DVDs and yoga mats, essential oils, coloring pages, weighted blankets, and a variety of comfortable seating options for reading, napping, or just chilling.

## HEALTH CENTER

Carroll Health Center provides confidential clinical care for minor illnesses, minor emergency care, disease prevention services, health education and promotion for students. The Health Center has a physician, nurse practitioner, and a registered nurse on staff.

# WE'VE GOT YOUR BACK.

College can be one of the most exciting times in your life. It's also a time of profound change, which means having a strong support system is essential to not just surviving your first year, but thriving. At Meredith, your support system is broad and deep.

## ACADEMIC

Our faculty are committed to helping you reach your academic and professional goals. They'll guide you toward internships, research opportunities, and other applied learning experiences. Skilled academic advising will help ensure you graduate on time while leaving room to explore your interests. And a range of academic support such as free tutoring and academic coaching help you manage the level of academic rigor you'll find in college-level courses.

## LIFE

Developmentally, the college years are a time of dramatic growth and self-discovery. Our counseling center provides a safe place to talk with professionals about a variety of personal issues: stress and time management, relationships, anxiety and depression, and more. If you are a student with a disability, a dedicated disability services counselor will be important to your success. We value diversity and self-advocacy, and work hard to create accessible, inclusive, and sustainable environments on campus for all.

## WORK

As early as your first year, you can collaborate with experts in the Office of Career Planning and prepare for life beyond graduation. Mentorship programs, mock interviews, and career fairs are just a few of the resources we offer. And through Meredith Mentors, you can connect digitally with alumnae/i who are already working in your fields of interest, across the country and around the world.

## PLAY

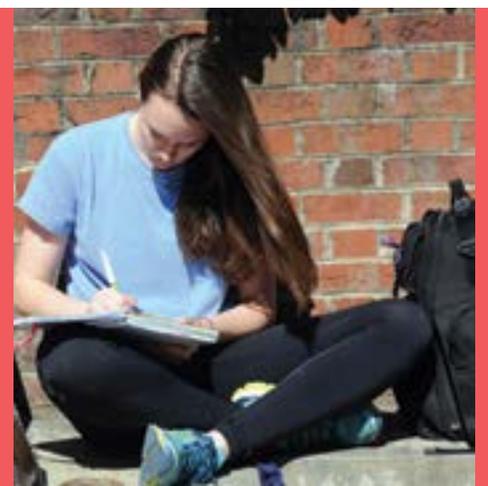
Clubs, organizations, athletic teams, undergraduate research opportunities, campus events, and more all provide opportunities to get involved,, explore your passions, meet new people, and build your network of support. And you have the opportunity to be paired with a more experienced Meredith student who can answer your questions about life on campus.

## FINANCIAL

Our Office of Financial Assistance staff will help you and your family develop a plan to pay for college – and that support doesn't stop once you're enrolled. We understand that circumstances can change, so we're here to support you throughout your four years.



**For Families: see a complete list of student support services.**



# HOME IS WHERE THE HEART IS.

## RESIDENTIAL STUDENTS

Living on campus during your college years is a once-in-a-lifetime opportunity to build strong connections to campus life and make friends. You'll also have easy access to a range of amenities, from free laundry facilities to a state-of-the-art fitness center.

Six residence halls are available for on-campus housing. Attractive and comfortable, most rooms are arranged in suites of two with adjoining baths. Each room has a standard twin-sized bed, dresser, desk, and closet for each resident.

The Oaks Apartments for upper-level students are completely furnished with living, dining, and bedroom furniture and full-size appliances including washers and dryers. All bedrooms in the apartments are designed for single occupancy.



Take a virtual tour of campus.

## COMMUTER STUDENTS

Commuter students comprise a valued part of the Meredith community. Specialized programs, transportation assistance, and other resources keep our commuter students informed and connected to campus life.

- **First-Year Commuter Orientation** – connect with other commuter students, learn about special commuter programs, and get practical information about your parking pass, meal plan options, and more.
- **Commuter Events** – participate in events that celebrate our commuter students.
- **Association of Meredith Commuters** – an organization that fosters participation and helps ensure commuter students stay connected to campus.
- **Transportation** – Meredith is part of Raleigh's GoPass program that allows all students to ride CAT buses fare free.

# GET OFF TO A STRONG START.



## OFFICIALLY RESERVE YOUR SPACE IN THE CLASS!

We're delighted to welcome you to the Meredith community. Submit your non-refundable \$300 enrollment deposit on or before May 1, National Reply Day and when you are certain that you will attend Meredith. [meredith.edu/admitted-students](http://meredith.edu/admitted-students)

## STARTSTRONG

All new first-year students are required to attend summer pre-orientation (exceptions allowed for international students living abroad). Participation creates a strong foundation for successfully transitioning from high school to Meredith and graduating on time. You'll identify your top strengths – your first action as part of StrongPoints®, Meredith's advising and personal coaching initiative. You'll also speak with an enrollment counselor to help create your fall course schedule and begin establishing new connections with your classmates. **Watch your mail and email in early spring and months following for registration information.**

## NEW STUDENT ORIENTATION

Make friends and become acquainted with campus life. You will get to know your student adviser and your

academic adviser – both will be your guides as you attend activities designed to prepare you for success at Meredith. Students living on campus will move into the residence halls the day before New Student Orientation begins. **Watch your Meredith email in mid-summer for detailed orientation information.**

## SUMMER SYMPOSIUM FOR MULTICULTURAL STUDENTS

Held in conjunction with selected StartStrong sessions, Summer Symposium is a two-day, overnight experience designed to promote self-awareness, appreciation of cultural differences, and foster a sense of community among incoming first-year students.

**Watch your email for additional information or call the Office of the Dean of Students at (919) 760-8631.**

## VISIT CAMPUS

Nothing will give you a greater understanding of what it's like to be a part of the Meredith community. Meet students, faculty, tour our beautiful campus, and speak with your admission counselor about your dreams and goals for college. We'll help you make an informed decision. **Sign up for your visit at [meredith.edu/visit](http://meredith.edu/visit) or email [admissions@meredith.edu](mailto:admissions@meredith.edu).**

**Learn more: [meredith.edu/admitted-students](http://meredith.edu/admitted-students)**

## ENROLLMENT DEPOSIT FORM – Officially reserve your space in the class.

Your \$300 non-refundable deposit is due as follows:

- On or before December 1
- Deposits can be made online by credit card or ACH transfer. You may also send a check or money order by postal mail.

To pay online: See instructions at [meredith.edu/admitted-students](http://meredith.edu/admitted-students).

To pay by check or money order:

- Provide all information requested on this form.
- Attach a check or money order payable to Meredith College.
- Mail the form and attached check or money order to:

Meredith College  
Office of Admissions  
3800 Hillsborough Street  
Raleigh NC 27607-5298

The non-refundable deposit is applied to the first semester cost of attendance.

Please complete the following:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Email \_\_\_\_\_ Telephone # \_\_\_\_\_

Residence Status:    Residence Hall    Commuting

**For Early Decision candidates only:**

I accept the offer of Early Decision admission and plan to enroll at Meredith College in August 2021. (In compliance with the Early Decision Plan agreement, I have now withdrawn my applications for admission (if any) at other colleges.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion  
return form to:  
Meredith College Office  
of Admissions 3800  
Hillsborough Street  
Raleigh, NC 27607-5298  
or email to admissions@  
meredith.edu

## PHOTOGRAPHY RELEASE FORM

*Photographers and videographers will be photographing and filming Meredith College students', guests', and visitors' activities **throughout students' undergraduate and graduate years.** The photos and videos may be used in various Meredith publications and presentations, including brochures, advertisements, magazines, newspapers, and online features, to promote Meredith and its programs and events.*

By signing below, I hereby voluntarily and irrevocably grant to Meredith College, its officers, employees, trustees, faculty, licensees, successors and assigns (collectively "Meredith") the right to (1) take or use any and all photographic images, video or audio recordings and/or multi-media that may contain my name, image, likeness, voice, and statements (collectively, "Photos"); and (2) use, re-use, copy, modify, adapt, distribute, publish, display, perform, exhibit, create derivative works from and otherwise exploit such Photos in perpetuity, in any media, by any means, methods and technologies now or hereafter known, including by posting on the Internet, for Meredith's educational, marketing, promotional, and other business purposes.

I understand and agree that the Photos may be used with or without identifying me, or any other form of attribution and that I will receive no payment or other consideration for posing or allowing Meredith to use the Photos.

I hereby voluntarily waive any and all rights to inspect or approve use, distribution, transfer, display or other exploitation of the Photos, and to any royalties, proceeds or other benefits derived from the Photos.

I hereby voluntarily release and discharge Meredith from, and shall neither sue nor bring any other proceeding against Meredith for, any claim or cause of action, for defamation, violation of any moral rights, invasion of right to privacy, publicity or personality or any similar matter, or based on or relating to any use, publication, distribution or other exploitation of the Photos.

This release is effective on the date written below and will remain in effect indefinitely unless otherwise agreed in writing by Meredith or me. This release is also voluntary, and my failure to sign and deliver it to Meredith will not impact my enrollment status..

**If you are (i) under 18, (ii) under 19 and a resident of Alabama or Nebraska, (iii) under 21 and a resident of Mississippi, or (iv) under the age of majority in your country of residence, a parent or legal guardian must also read and sign this release.**

By signing below, I represent that I have read and understand the contents of this Release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## STUDENT MEDICAL FORM (pages 11-15)

**NOTE: The deadline for submission of the Student Medical Form is JANUARY 15. In accordance with N.C. law, students will be withdrawn from the College 30 days after classes begin if immunization requirements have not been met and the Student Medical Form has not been returned to the Office of Admissions. Please submit pages 9-15 together after all forms are complete.**

### INSTRUCTIONS FOR COMPLETING MEDICAL FORM

#### READ CAREFULLY

- Complete pages 10 -15 of the form. Page 15 should be completed by your healthcare provider.**
  - Records must be documented in black ink and all corrections must be signed.
  - All immunization dates must include month, day and year of administration.
- Ask your physician or your county health department to bring your immunizations and tuberculin skin test up to date if necessary. Please refer to [www.immunize.nc.gov/schools](http://www.immunize.nc.gov/schools) for more information regarding state requirements.**

**Keep in mind that:**

  - All **required** immunizations listed are mandatory for enrolling at Meredith;
  - A **tuberculin skin test** within 1 year prior to your enrollment at Meredith is also required. Please have your tuberculin skin test read before submitting this form.
  - Immunizations that are required pursuant to NC state law:
    - All students: Three doses of Tetanus/Diphtheria toxoid; one of which must be Tetanus/Diphtheria/Pertussis.
    - Students born in 1957 or later: 2 Measles (Rubeola), 2 Mumps, 1 Rubella.
    - Students born before 1957: 2 Measles (Rubeola) and 2 Mumps or proof of immunity by titer with lab report. Rubella is NOT required for students 50 years of age or older.
    - Students under the age of 18: Polio series.
    - Students born after 7/1/1994: 3 Hepatitis B doses.
    - Effective for the 2021-22 academic year, two doses of meningococcal conjugate vaccines are required.
    - If immunizations are unavailable, you may submit a titer for proof of immunity, attach with the lab report.
  - Immunizations records can be obtained from:
    - Your pediatrician's or family physician's office
    - Your high school transcript
    - The local department of health
    - Records from previous college/university
    - For more information on how to obtain vaccine records please visit:  
CDC: <http://www.cdc.gov/vaccines/recs/immuniz-records.htm>
- Ask your physician to review the information you provided and to complete and sign the remainder of the form. Make sure that she/he:**
  - Reviews the immunization history and updates all necessary immunizations.
  - Signs the applicable section of page 14 certifying that your medical history, immunizations, TB skin test, and physical examination are complete.
  - Students who plan to play intercollegiate sports must have their physical dated after **SEPTEMBER 30**.
- Complete pages 12-15 of this form. Page 15 must be completed or you may request and forward copies of your physical exam, immunizations, and tuberculin skin test from the former institution (updates may be required). Meredith requires health insurance as a condition of enrollment if opting out of the Meredith sponsored plan.**
- Meredith requires health insurance as a condition of enrollment. All full-time undergraduate students must complete the insurance waiver online if securing their own insurance and opting out of the Meredith sponsored plan.**
- Check your medical form for completion, sign page 14 and mail all pages together to the address above by JANUARY 15.**

Questions regarding this form should be directed to Health Services at (919) 760-8535, or [healthcenter@meredith.edu](mailto:healthcenter@meredith.edu).

## STUDENT MEDICAL FORM (CONTINUED) Report of Medical History

**IMPORTANT:** Pages 12-15 must be completed, returned to the College and found complete by Health Services before you can register for classes. Information supplied will be used as an aid in providing necessary care while you are a student. The information is strictly for the use of Health Services and will not be released to anyone without your knowledge and written consent.

\_\_\_\_\_  
Last Name (print)                                      First Name                                      Middle Name                                      Last four digits of Social Security Number

\_\_\_\_\_  
Permanent Address                                      City                                      State                                      ZIP

\_\_\_\_\_  
Area Code/Telephone                                      Date of Birth (mo/day/yr)                                      Age

\_\_\_\_\_  
Cell phone (student)                                      Student's email (please print)

Marital Status:    S    M    Other                                      Class You are Entering:    FR    SO    JR    SR

Previously Enrolled Here:    Yes    No                                      Semester Entering:    Fall    Spring   Year 20

\_\_\_\_\_  
Hospital/Health Insurance (Name and Address of Company)                                      Subscriber/Policy Number

\_\_\_\_\_  
Name of Policy Holder                                      Employer

\_\_\_\_\_  
Name of Person to Contact in Case of an Emergency                                      Relationship

\_\_\_\_\_  
Address                                      (Home) Area Code/Telephone                                      (Work) Area Code/Telephone

\_\_\_\_\_  
(Cell) Area Code/Telephone                                      Emergency Contact Email

### Family & Personal Health History

The following health history is confidential, does not affect your admission status and, except in an emergency situation or by court order, will not be released without your written permission. Please attach additional sheets for any items that require more explanation.

Has any person, related by blood, had any of the following:

	Yes	No	Relationship		Yes	No	Relationship		Yes	No	Relationship
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Cholesterol or blood fat disorder	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Blood or clotting disorder	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Alcohol/drug problems	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cancer type: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Psychiatric illness	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Heart attack before age 55	<input type="radio"/>	<input type="radio"/>	<input type="text"/>					Suicide	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## STUDENT MEDICAL FORM (CONTINUED)

### Family & Personal Health History continued

**Upon completion of pages 12-15 return all pages to:**  
**Meredith College**  
**Office of Admissions**  
**3800 Hillsborough Street**  
**Raleigh, NC 27607-5298**  
**email to admissions@meredith.edu**

Have you ever had or do you have now: (please check at right of each item and if yes, indicate year of first occurrence)

	Yes	No	Year		Yes	No	Year		Yes	No	Year		Yes	No	Year
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Hay fever	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Jaundice or hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Protein or blood in urine	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Rheumatic fever	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Head or neck radiation treatments	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Rectal disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Hearing loss	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Heart trouble	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Severe or recurrent abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Sinusitis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Pain or pressure in chest	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Concussion	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Hernia	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Severe menstrual cramps	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Shortness of breath	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Frequent or severe headache	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Easy fatigability	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Irregular periods	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Anemia or Sickle Cell Anemia	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Blood transfusion	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Pneumonia	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Severe head injury	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Eye trouble besides need for glasses	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Smoke 1+ pack cigarettes/week	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Paralysis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Bone, joint or other deformity	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Epilepsy/Seizures	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Back injury	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Anorexia/Bulimia	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Tumor or Cancer (specify)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Disabling depression	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Broken bones	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Allergy injection therapy	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Malaria	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Excessive worry/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Kidney infection	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Chickenpox (Disease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Thyroid trouble	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Frequent vomiting	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Bladder infection	<input type="radio"/>	<input type="radio"/>	<input type="text"/>				
Serious skin disease	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Gall bladder trouble or gallstones	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Kidney stone	<input type="radio"/>	<input type="radio"/>	<input type="text"/>				
Alcohol/drug abuse Sexually transmitted disease Mononucleosis	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Ulcer (duodenal or stomach) Intestinal trouble Pilonidal cyst Self-induced vomiting	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	Shoulder dislocation Knee problems Recurrent back pain Neck injury	<input type="radio"/>	<input type="radio"/>	<input type="text"/>				

Student Name \_\_\_\_\_  
 Last Name First Name Middle Name

Please describe any conditions or disabilities that would exclude participation in physical activities: \_\_\_\_\_

Please list all medications including those used for contraception, vitamins and minerals (prescription and nonprescription) you use and indicate how often you use them.

_____	_____	_____	_____	_____	_____
Brand Name	Use	Dosage	Brand Name	Use	Dosage
_____	_____	_____	_____	_____	_____
Brand Name	Use	Dosage	Brand Name	Use	Dosage

## STUDENT MEDICAL FORM (CONTINUED)

### Report of Health Evaluation

Check each item “Yes” or “No.” Every item checked “Yes” must be fully explained in the space on the right (or on an attached sheet). Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash hives, etc.) to any of the following? If yes, please explain fully the type of reaction, your age when the reaction occurred, and if the experience has occurred more than once.

Adverse Reaction to:	Yes	No	Please explain
Penicillin	<input type="radio"/>	<input type="radio"/>	
Sulfa	<input type="radio"/>	<input type="radio"/>	
Other antibiotics (name)	<input type="radio"/>	<input type="radio"/>	
Aspirin	<input type="radio"/>	<input type="radio"/>	
Codeine or other pain relievers	<input type="radio"/>	<input type="radio"/>	
Other drugs, medicines, chemicals (specify)	<input type="radio"/>	<input type="radio"/>	
Insect bites	<input type="radio"/>	<input type="radio"/>	
Food allergies (name)	<input type="radio"/>	<input type="radio"/>	

	Yes	No	Please explain
Have you tested positive for COVID in the past six months?	<input type="radio"/>	<input type="radio"/>	
Have you had a COVID vaccine?	<input type="radio"/>	<input type="radio"/>	
Have you ever been a patient in any type of hospital? (Specify when, where and why.)	<input type="radio"/>	<input type="radio"/>	
Has your academic career been interrupted because of physical or emotional problems? (Please explain.)	<input type="radio"/>	<input type="radio"/>	
Is there loss or seriously impaired function of any paired organs? (Please describe.)	<input type="radio"/>	<input type="radio"/>	
Other than for a routine check-up, have you seen a physician or health-care professional in the past six months? (Please describe.)	<input type="radio"/>	<input type="radio"/>	
Have you ever had any serious illness or injuries other than those already noted? (Specify when, where and give details.)	<input type="radio"/>	<input type="radio"/>	

### Important Information — Please read and complete

STATEMENT BY STUDENT: I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I hereby authorize medical treatment which may be advised or recommended by the medical personnel of the Student Health Services of Meredith College. If serious illness of any kind requires hospitalization, emergency treatment or major surgery, I understand that my parents or guardian will be contacted by telephone if at all possible. If they cannot be reached, emergency treatment may be given as necessary for my well-being.

Signature of Student

Date

Signature of Parent or Guardian *(if under 18 years of age)*

## STUDENT MEDICAL FORM *✓ Checklist*

- Ensure all required immunizations are listed (according to NC State law)
- Make sure the physician completes and signs the physical exam form, page 15
- Make sure your Tuberculin (PPD) test is current (within 12 months)
- Complete the insurance waiver process online. See page 16
- Make a copy of pages 12-15 for your records

### STUDENT MEDICAL FORM (CONTINUED)

#### Report of Health Evaluation

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_

#### Immunizations—ALL students must complete *(\*If Titers are necessary, please attach lab report)*

Vaccine	Series Date	Series Date	Series Date	*Titer Date
DTP (Date of series required)	#1 <input type="text"/>	#2 <input type="text"/>	#3 <input type="text"/>	<input type="text"/>
Tdap (Booster within ten years required)	<input type="text"/>			<input type="text"/>
Polio (required if under 18 years of age)	#1 <input type="text"/>	#2 <input type="text"/>	#3 <input type="text"/>	<input type="text"/>
Hepatitis B (required if born after 7/1/94)	#1 <input type="text"/>	#2 <input type="text"/>	#3 <input type="text"/>	<input type="text"/>
Measles (Rubeola) on or after 1st birthday	#1 <input type="text"/>	Booster required: #2 <input type="text"/>		<input type="text"/>
Mumps	#1 <input type="text"/>	Booster required: #2 <input type="text"/>		<input type="text"/>
Rubella (German measles)	#1 <input type="text"/>			<input type="text"/>
Meningococcal ACWY (required if born after 1/1/2003)	#1 <input type="text"/>	#2 <input type="text"/>		<input type="text"/>
Varicella/Chicken Pox (required)	#1 <input type="text"/>	#2 <input type="text"/>		<input type="text"/>
Gardasil - HPV (recommended)	#1 <input type="text"/>	#2 <input type="text"/>	#3 <input type="text"/>	<input type="text"/>
Meningococcal B (see page 13) recommended	<input type="text"/>			<input type="text"/>

**The North Carolina Immunization Law** requires that students entering college present to the school authorities immunization certification.

Please note that if this requirement is not met, dismissal from school 30 days after registration is mandatory under the law.

**Please Do Your Part** to make sure you have the minimum immunizations required before sending in your form. Refer to [www.immunize.nc.gov/schools](http://www.immunize.nc.gov/schools).

<b>X</b> _____	Date <input type="text"/>
Signed by Physician or Health Department Stamp (Mandatory)	Day/Month/Year

#### Physical Examination (All students under age 23, including transfers):

TO THE EXAMINING PHYSICIAN: Please review the student's medical history, immunization history, proof of PPD, and then complete the examination and general comments portion of this form.

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temp. \_\_\_\_\_  
 Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected \_\_\_\_\_ Hearing (Gross) R \_\_\_\_\_ L \_\_\_\_\_

Are there abnormalities of the following systems?

System	Yes	No	System	Yes	No
1. Head, Ears, Nose, Throat	<input type="radio"/>	<input type="radio"/>	9. Musculoskeletal	<input type="radio"/>	<input type="radio"/>
2. Eyes—Fundus	<input type="radio"/>	<input type="radio"/>	10. Metabolic/Endocrine	<input type="radio"/>	<input type="radio"/>
3. Respiratory	<input type="radio"/>	<input type="radio"/>	11. Neurological	<input type="radio"/>	<input type="radio"/>
4. Lymphatic	<input type="radio"/>	<input type="radio"/>	12. Skin	<input type="radio"/>	<input type="radio"/>
5. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Psychiatric	<input type="radio"/>	<input type="radio"/>
6. Gastrointestinal	<input type="radio"/>	<input type="radio"/>	Describe fully.		
7. Hernia	<input type="radio"/>	<input type="radio"/>			
8. Genitourinary	<input type="radio"/>	<input type="radio"/>			

Tuberculin (PPD) Test Date given **Required**

**(required within 12 months)** Date read

Results  mm induration

---

Chest x-ray, if positive PPD Date

**Results - Attach copy of the report**

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Treatment, if applicable Date

#### General Comments (diagnosis, recommendation, etc.)

Physical Activity?  Unlimited  Limited

Explain: \_\_\_\_\_

Is this student now under treatment for any medical and/or emotional condition?  Yes  No

Explain: \_\_\_\_\_

Print Name of Physician, Physician Assistant or Nurse Practitioner	Date	<b>SIGNATURE OF PHYSICIAN, PA OR NP</b>

Office address \_\_\_\_\_

Area Code/Office Telephone \_\_\_\_\_

## HEALTH INSURANCE WAIVER

Meredith College values the health and welfare of its students. To serve the health needs of our student community, **Meredith requires health insurance as a condition of enrollment** for all full-time undergraduate (12 credit hours or more), licensure only, pre-health, international, Sansepolcro students, and dietetic interns to assure that students have access to health care services beyond what is available on campus.

### STUDENTS WHO HAVE HEALTH INSURANCE:

- If you have health insurance and wish to opt out of the plan that Meredith College offers, complete the waiver at [meredith.edu/health-services/student-health-insurance](http://meredith.edu/health-services/student-health-insurance). You will receive an email confirmation in 1-3 business days.
- The waiver will be available starting mid-summer and must be completed by the deadline. Your student account will automatically be charged for the insurance plan Meredith is offering. See [meredith.edu/health-services/student-health-insurance](http://meredith.edu/health-services/student-health-insurance) for more details.

### STUDENTS WHO DO NOT HAVE HEALTH INSURANCE:

- Purchase a health insurance policy and complete the waiver at [meredith.edu/health](http://meredith.edu/health). You can find your own policy through the health care exchange ([healthcare.gov](http://healthcare.gov)) or enroll in Meredith's sponsored plan at [meredith.edu/health-services/student-health-insurance](http://meredith.edu/health-services/student-health-insurance). The waiver will be available starting mid-summer. The waiver form needs to be completed by the deadline, which shall be updated online, or your account will be charged for the insurance plan Meredith is offering; **OR**
- Should the waiver or purchase of the Meredith sponsored policy not be completed, the fee shall be charged to your student account.

**Students should check with their insurance provider to confirm that coverage is appropriate for Raleigh, North Carolina and is comparable to our current plan.**

### SOME FACTORS TO CONSIDER IN EVALUATING YOUR CURRENT HEALTH INSURANCE PLAN:

1. Does your health insurance plan provide medical benefits in Raleigh, North Carolina?
2. Does your current plan provide benefits from **AUGUST 1, 2022 - JULY 31, 2023?**

### SUMMARY OF MEREDITH'S CURRENT 2021-22 PLAN

**Insurance Carrier:** BlueCross BlueShield of North Carolina

**Benefit Period:** This plan provides benefits to students from **AUGUST 1, 2021 through JULY 31, 2022.**

**Cost of Plan:** \$283/month - the charges for the current benefit period **AUGUST 1, 2021– JULY 31, 2022** are \$1,415 for fall and \$1,981 for spring/summer.

To view the current benefit summary for Meredith's plan for the 2021-22 academic year, please go to [meredith.edu/health-services/student-health-insurance](http://meredith.edu/health-services/student-health-insurance).

# IMPORTANT CONTACT INFORMATION

## ACADEMIC ADVISING

advising@meredith.edu  
(919) 760-8341

## ACCOUNTING

accounting@meredith.edu  
(919) 760-8363

## ADMISSIONS

admissions@meredith.edu  
(919) 760-8581

## CAMPUS CHAPLAIN

pardues@meredith.edu  
(919) 760-8347

## CAMPUS POLICE

awhite@meredith.edu  
(919) 760-8888

## CAREER PLANNING

career@meredith.edu  
(919) 760-8341

## COLLEGE PROGRAMS

jacksonj@meredith.edu  
(919) 760-8556

## COMMUTER LIFE

sloaneto@meredith.edu  
(919) 760-8583

## COUNSELING CENTER

counseling@meredith.edu  
(919) 760-8427

## DEAN OF STUDENTS

gleasona@meredith.edu  
(919) 760-8521

## DINING SERVICES

campusdining@meredith.edu  
(919) 760-8656

## DISABILITY SERVICES

disabilityservices@meredith.edu  
(919) 760-8427

## DIVERSITY PROGRAMS

sloaneto@meredith.edu  
(919) 760-8631

## FINANCIAL ASSISTANCE

finaid@meredith.edu  
(919) 760-8565

## HEALTH CENTER

healthcenter@meredith.edu  
(919) 760-8535

## INTERNATIONAL PROGRAMS /STUDY ABROAD

studyabroad@meredith.edu  
(919) 760-2307

## ORIENTATION

fye@meredith.edu  
(919) 760-8521

## PARKING

creechc@meredith.edu  
(919) 760-8888

## PROVOST'S OFFICE

provost@meredith.edu  
(919) 760-8514

## REGISTRAR'S OFFICE

registrar@meredith.edu  
(919) 760-8593

## RESIDENCE LIFE

reslife@meredith.edu  
(919) 760-8633

## RETENTION AND STUDENT SUCCESS

retention@meredith.edu  
(919) 760-8318

## STRONGPOINTS®

strongpoints@meredith.edu  
(919) 760-8341

## STUDENT LEADERSHIP

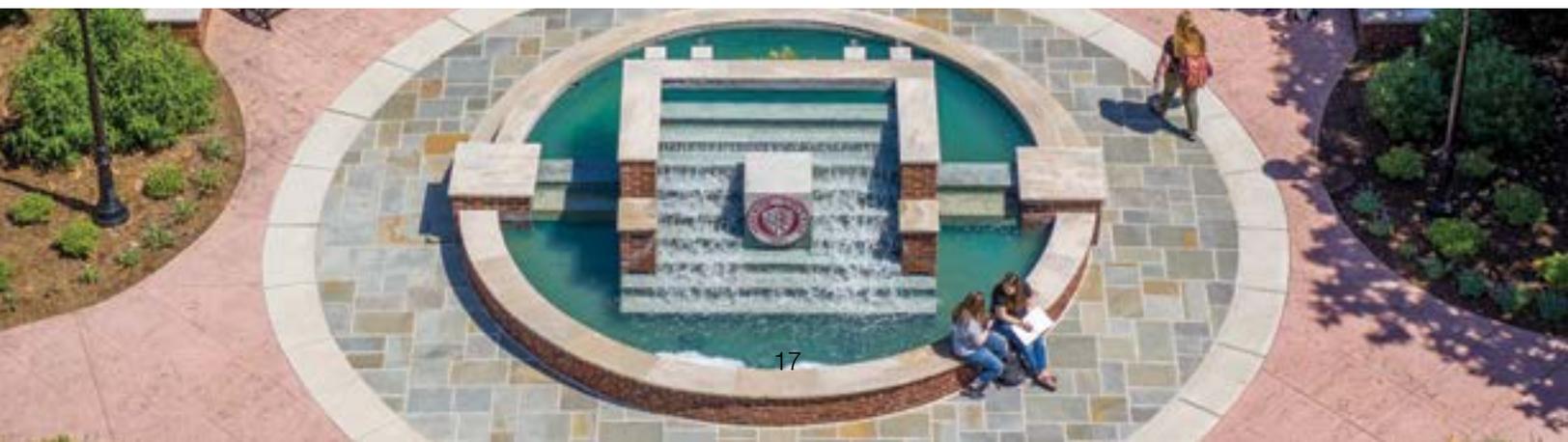
studentactivities@meredith.edu  
(919) 760-8338

## CAMPUS STORES

(Books, Apparel, Merchandise)  
meredith.edu/online-stores  
campusstore@meredith.edu  
(919) 760-8545

## TECHNOLOGY SERVICES

techserv@meredith.edu  
(919) 760-2323



# GOING STRONG MEANS...

# FINDING

your people on campus, in one of the more than 100 diverse clubs and organizations that run the breadth of interests, affinities, and causes.

## SUDDENLY

becoming hyper-aware of whether your class year is Odd or Even (who knew it mattered, but it really does!).

## TRYING

to identify the professors and staff who appear in Alice in Wonderland, performed once every four years since 1924.

## DISCOVERING

three gorgeous North Carolina seasons: beautiful falls, short winters with a touch of snow, and mild springs.

## WALKING, RUNNING, OR BIKING

the extensive greenway system that runs through Meredith's campus.

## STRIKING

up a conversation with a stranger because she's wearing a black onyx ring.

## KNOWING

you can travel two hours in either direction and be at the beach or mountains.

## ENJOYING

the best of both worlds: a vibrant city AND a lush, green campus.

# INTERNING

at a world-famous company 10 minutes from campus in Research Triangle Park or downtown Raleigh.

## CHEERING

on one of your (new) favorite college or professional teams - Raleigh has been named the #3 Sportiest City in the U.S. by Men'sHealth magazine.

## MINGLING

with more than 100,000 college students in the Triangle area.

## SAMPLING

Raleigh's thriving food, music, and arts scene.

# BECOMING STRONGER THAN YOU EVER THOUGHT POSSIBLE.



Get a taste of life at Meredith.

OFFICE OF ADMISSIONS | 3800 Hillsborough Street, Raleigh, NC 27607-5298

(919) 760-8581 or 1-800-MEREDITH | FAX (919) 760-2348 | admissions@meredith.edu | meredith.edu

Meredith College admits qualified women students without regard to race, creed, national or ethnic origin, sexual orientation, age, or disability.