

Rensselaer Student Health Center Pre-entrance Immunization Form 2017-2018

Important! ***Please Do Not Delay – Due June 19th*** **Checklist for completing** **Student Health Center requirements*:**

- PRINT, COMPLETE and RETURN pages 1 and 2 of the form below
- Your physician's office completes and signs the Required and Strongly Recommended Immunizations sections (page 1)
 - Measles, Mumps, Rubella, Meningitis and Tetanus immunizations are required**
- Student/Parent signs and dates the consent and release statements (page 2)
- Ensure all four parts of the form are complete before mailing/faxing/emailing it to the Health Center:
 1. Required Immunizations
 2. Strongly Recommended Immunizations
 3. Physician's Signature, date, contact information
 4. Consent and Release Signatures
- Remember to complete all four on-line Portal Forms that are found on the [Student Health Center Portal](#):
 1. Patient Information-Medical History form
 2. Notice of Privacy Practices form
 3. Health Insurance Waiver-Enrollment form
 4. Tuberculosis Screening form [TB testing is offered at Health Center]
- If you are playing a varsity sport you will also need to have your physician fill out the [physical exam form](#) and submit this documentation before you will be cleared to participate. **Students who are not participating in varsity athletics do not need to have a pre-entrance physical.**

****Your pre-entrance health requirements are not complete until you submit the paper immunization form (pages 1 & 2 below), the four on-line forms, and the online alcohol and sexual misconduct education programs (new and transfer undergraduates only).***

*****Vaccines are available at the Student Health Center (fees may apply)***

Rensselaer Student Health Center Pre-entrance Immunization Form 2017-2018

Student Information Section – Completed by Student:

Last/family Name	First Name	Middle Initial	Gender	Date of Birth (mm/dd/yyyy)
Student Cell Phone #	Student Email (for contacting about this form)		RIN# (Rensselaer ID#)	

Must be completed by a healthcare professional, in its entirety, in English, prior to Registration.

1. Required Immunizations:

PLEASE SUBMIT DATES IN MM/DD/YYYY FORMAT

MMR (combined measles, mumps, rubella): - NYS Health Department Law <ul style="list-style-type: none"> TWO doses required <u>after</u> 1st birthday and at least 28 days apart and after 01/01/1968 	Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u>
MEASLES (if MMR not given) : ONE of the following is required— NYS Health Department Law <ul style="list-style-type: none"> TWO doses required <u>after</u> 1st birthday and at least 28 days apart and after 01/01/1968 OR Titer(blood test, serology) confirming immunity- ATTACH LAB RESULTS 	Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> Titer Date: <u> </u> / <u> </u> / <u> </u> Result: <u> </u> <p style="text-align: center; color: red;">MUST ATTACH LAB RESULT</p>
MUMPS (if MMR not given) : ONE of the following is required— Rensselaer Requirement <ul style="list-style-type: none"> TWO doses required <u>after</u> 1st birthday and after 01/01/1968 OR Titer(blood test, serology) confirming immunity- ATTACH LAB RESULTS 	Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> Titer Date: <u> </u> / <u> </u> / <u> </u> Result: <u> </u> <p style="text-align: center; color: red;">MUST ATTACH LAB RESULT</p>
RUBELLA (if MMR not given) : ONE of the following is required— NYS Health Department Law <ul style="list-style-type: none"> ONE dose required <u>after</u> 1st birthday and after 01/01/1968 OR Titer(blood test, serology) confirming immunity- ATTACH LAB RESULTS 	Dose #1: <u> </u> / <u> </u> / <u> </u> Titer Date: <u> </u> / <u> </u> / <u> </u> Result: <u> </u> <p style="text-align: center; color: red;">MUST ATTACH LAB RESULT</p>
MENINGITIS (MenACWY or MPSV4) Required for students 34 years old and under. <ul style="list-style-type: none"> Booster required if meningitis vaccine received prior to age 16 years 	Dose #1: <u> </u> / <u> </u> / <u> </u> Type <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> (booster if required)
TETANUS/ DIPHTHERIA (DTP, Td, DT, TDaP) -- Rensselaer Requirement <ul style="list-style-type: none"> Required booster within last 10 years 	Type <u> </u> Date <u> </u> / <u> </u> / <u> </u>

2. Strongly Recommended Immunizations: (Not required for registration; All Immunizations except Varicella and Polio are available at the Student Health Center – fees may apply)

HEPATITIS A Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> HEPATITIS B Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> Dose #3: <u> </u> / <u> </u> / <u> </u>	POLIO (OPV or IPV) Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> Dose #3: <u> </u> / <u> </u> / <u> </u> Dose #4: <u> </u> / <u> </u> / <u> </u> Dose #5: <u> </u> / <u> </u> / <u> </u>	VARICELLA (Chicken Pox) Vaccination/ Disease Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> OR Date of Disease <u> </u> / <u> </u> / <u> </u> Titer: <u> </u> / <u> </u> / <u> </u> Result: <u> </u>
GARDASIL Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u> Dose #3: <u> </u> / <u> </u> / <u> </u>	MENINGITIS SEROGROUP B Dose #1: <u> </u> / <u> </u> / <u> </u> Dose #2: <u> </u> / <u> </u> / <u> </u>	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> Return all information to: Student Health Center-RPI 110 8th Street- 3200 Academy Hall Troy, NY 12180 (518)276-6287 Fax: (518)276-8573 healthrecords@rpi.edu </div>

3. Healthcare Professional: By signing below, you attest that all information supplied on this form is true & correct to the best of your knowledge.

Health Care Provider Signature: _____ Date: _____

Health Care Provider's Name: _____

Address: _____ Phone Number: () - - Fax: () -

*Stamp may be used, but must be accompanied by signature and date



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Student Last/Family Name First Name Student RIN# Cell Phone #

4. Consent and Release:

Your medical information is confidential and will not be released without your written consent. If you are under 18 years of age, your parents may have access to some of the data in your medical and counseling records. They will be notified if you are hospitalized. If you are over 18, it is your responsibility to inform your parents regarding your medical information.

• Read and sign the following release:

In the event of serious physical or mental illness, I hereby consent to the notification of the person listed below as my emergency contact. I also consent to this information being released to an international health care provider, program director, or exchange program host, if necessary to facilitate medical treatment while I am abroad on an RPI affiliated or non-affiliated study abroad program.

Emergency Contact: _____ Phone Number(s): _____



Student's Signature _____ Date _____

• If you are under 18 years of age, the following needs to be signed by your parent/ guardian.

I give permission for my son/daughter to be treated by the Student Health Center including health and counseling services. I also authorize urgent or emergency treatment at Samaritan Hospital in Troy, NY or St. Mary's Hospital in Troy, NY. Financial coverage for medical care is subject to insurance plan limitations.



Parent's/Guardian's Signature _____ Date _____

Return all information to:
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Troy, NY 12180
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