Important!
Please Do Not Delay – Due Jan 3rd
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 uploading to the on-line Health Portal:
  1. Required Immunizations
  2. Strongly Recommended Immunizations
  3. Physician’s Signature, date, contact information
  4. Consent and Release Signatures
- Remember to complete all applicable 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. Dental Insurance Waiver-Enrollment form [GRADUATE students ONLY]
  5. Tuberculosis Screening form [QuantiFERON Gold blood test should be completed before arrival if applicable]
  6. Local Contact Information form (campus address and your cell phone)
- 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 upload the completed pre-entrance immunization form (pages 1 & 2 below), submit the applicable on-line forms, and complete 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 Spring 2022

Student Information Section – Completed by Student:

<table>
<thead>
<tr>
<th>Last/family Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Gender</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Cell Phone #</td>
<td>Student Email (for contacting about this form)</td>
<td>RIN# (Rensselaer ID#)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
   - **TWO** doses required after 1st birthday and at least 28 days apart and after 01/01/1968
   
   **MEASLES (if MMR not given):** **ONE** of the following is required— NYS Health Department Law
   - **TWO** doses required after 1st birthday and at least 28 days apart and after 01/01/1968
   - **OR** Titer(blood test, serology) confirming immunity- ATTACH LAB RESULTS

   **MUMPS (if MMR not given):** **ONE** of the following is required— Rensselaer Requirement
   - **TWO** doses required after 1st birthday and after 01/01/1968
   - **OR** Titer(blood test, serology) confirming immunity- ATTACH LAB RESULTS

   **RUBELLA (if MMR not given):** **ONE** of the following is required— NYS Health Department Law
   - **ONE** dose required after 1st birthday and after 01/01/1968
   - **OR** Titer(blood test, serology) confirming immunity- ATTACH LAB RESULTS

   **MENINGITIS (MenACWY or MPSV4) Required for students 34 years old and under.**
   - Booster required if meningitis vaccine received prior to age 16 years

   **TETANUS/ DIPHTHERIA (DTP, Td, DT, TdA) -- Rensselaer Requirement**
   - Required booster within last 10 years

   **SARS-CoV-2 (COVID-19) VACCINATION -- Rensselaer Requirement**
   - Can be administered outside of the United States

2. **Strongly Recommended Immunizations:** (Not required for registration; some of these immunizations may be available at the Student Health Center – fees may apply)

   **HEPATITIS**
   - **A**
     - Dose #1: __/____
     - Dose #2: __/____
   - **B**
     - Dose #1: __/____
     - Dose #2: __/____
     - Dose #3: __/____
   - **HPV (human papillomavirus)**
     - Dose #1: __/____
     - Dose #2: __/____
     - Dose #3: __/____
   - **POLIO (OPV or IPV)**
     - Dose #1: __/____
     - Dose #2: __/____
     - Dose #3: __/____
     - Dose #4: __/____
     - Dose #5: __/____
   - **VARICELLA (Chicken Pox) Vaccination/ Disease**
     - Dose #1: __/____
     - Dose #2: __/____
   - **MENINGITIS SEROGROUP B**
     - Dose #1: __/____
     - Dose #2: __/____
   - **COVID-19 (SARS-CoV-2)**
     - Dose #1: __/____
     - Dose #2: __/____

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*
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 _____________________

Fully completed forms should be uploaded to the student’s on-line Health Portal account (see https://studenthealth.rpi.edu/ for details).

Do not mail, fax, or email forms unless requested to by health center staff.