Incoming Student Immunization Form
First Year & Transfer Students – Fall 2020

THESE FORMS MUST BE FAXED OR MAILED BY

June 30, 2020

Address:
Barnard College
Primary Care Health Service
3009 Broadway, New York, NY 10027

Fax Number:
1-212-854-2702

Phone:
1-212-854-2091

For questions, please email Stephanie Paciulla: SPaciulla@barnard.edu

The vaccinations and/or proofs of immunity for MMR and the completion of the “Meningococcal Meningitis Vaccination Response Form” are required by New York State Public Health Laws 2165 and 2167. Please note that the meningitis vaccination is not required but it is strongly recommended for all students. Regardless of if you receive the vaccine or not, you MUST submit the electronic “Meningococcal Meningitis Vaccination Response Form (18 or OVER)” or the paper-based “Under 18: Meningococcal Meningitis Vaccination Response Form” (if you are 17 years old or younger).

No student will be permitted on campus, or to attend the institution, without compliance.

You must submit this exact form (the official Barnard College Incoming Student Immunization Form) with completed dates and the signature & stamp of a Physician, Physicians Assistant or Nurse Practitioner.

We CANNOT accept any pre-existing forms or previously documented immunization histories in place of the official Barnard College Incoming Student Immunization Forms.

INSTRUCTIONS:

- Print this form and bring it to your health care provider to document your immunity to measles, mumps and rubella and if necessary a tuberculosis screening. If you have received any of the recommended immunizations please have your health care provider document those dates in the “Recommended Vaccinations” section. Please note that the vaccines listed in the “Recommended Vaccinations” are not required by Barnard College.

On the following pages you will find the complete Step by Step Instructions on how to complete all of your Required Incoming Student Health Forms as well as a Check List to help you keep track of the paper and electronic forms.

Step 8 requires you to fax or mail your completed paper-based forms to the Primary Care Health Service.

Please DO NOT fax or mail any forms until AFTER you have completed steps 1 to 7!
First Year & Transfer Students - Step By Step Guide

It is very important that you complete the forms in the following order:

1. Download and print the paper-based “Incoming Student Immunization Form” from the Admissions To-Do List.
   a. Complete the TB Screening Form located in this packet. This will determine if you require a tuberculosis screening prior to entering Barnard. If the answer is “yes” to any question on this form you will need to submit a recent TB screening from within the last 6 months. If needed, your health care provider will enter your tuberculosis screening information on the “Incoming Student Immunization Form.” Be sure to include this page when you mail/fax your paper forms!
   b. Take this form to your health care provider (the only accepted signatures are that of a physician, physician assistant or nurse practitioner) and have them fill in your immunization information, tuberculosis screening (if needed) and sign/stamp the third page. Barnard does not require a physical exam.
      i. You MUST submit this EXACT form. We will not accept any pre-existing forms or previously documented immunization histories.

2. Log onto the Primary Care Health Service Open Communicator website using your Barnard ID and password: bchealth.barnard.edu. Your Barnard ID is composed of the characters in your email address before "@barnard.edu" (Ex. abc2122) and your password is the same as your myBarnard/gBear password.
   a. All electronic Incoming Student Health Forms are located in the Forms Section of the Open Communicator website.

3. Complete the electronic “Notice of Privacy Practices Form” located in the Forms Section of the Open Communicator website.

4. Complete the electronic “Financial Responsibilities of Barnard Students at the PCHS Form” located in the Forms Section of the Open Communicator website.

5. Complete the electronic “Risk Conditions for COVID-19 Form” located in the Forms Section of the Open Communicator website.

6. Using your completed paper-based “Incoming Student Immunization Form”, complete the “Electronic Incoming Student Immunization Form” located in the Forms Section of the Open Communicator website. Both the electronic and paper version of this form is required.

7. If you are 17 or YOUNGER at the time of filling out these forms:
   • Download and print the paper-based “Under 18 Required Forms Packet” located in the Admissions To-Do List and have your parent /guardian complete and sign the “Under 18: Meningococcal Meningitis Vaccination Response Form” and “Minors Consent Form”.

   If you are 18 or OVER at the time of filling out these forms:
   • Complete the electronic “Meningococcal Meningitis Vaccination Response Form (18 or OVER)” located in the Forms Section of the Open Communicator website.

8. Mail or fax the completed paper-based “Incoming Student Immunization Form” and if necessary the “Under 18 Required Forms Packet” to the Primary Care Health Service by June 30, 2020.

All paper forms must be sent together, at the same time, via FAX or MAIL (it is not necessary to send them both ways). We cannot accept any forms via email.
Please complete the forms in the order listed in the step by step guide.

All electronic and paper Incoming Student Health Forms are due

**June 30, 2020**

If you are **18 or OVER** at the time of filling out these forms (ALL forms listed below are required):

**Paper Forms** *(Must be mailed or faxed **No Email** to the Primary Care Health Service)*
(located in the Downloadable Forms Folder in the Forms Section of the Open Communicator Website)

- 3 Page paper-based “Incoming Student Immunization Form” including the “Tuberculosis Screening Form”
  (Signed and stamped by a Physician, Physicians Assistant or Nurse Practitioner)

**Electronic Forms**
(located in the Forms Section of the Open Communicator website)

- Electronic “Risk Conditions for COVID-19 Form” (Completed by the student)
- Electronic “Notice of Privacy Practices Form” (Completed by the student)
- Electronic “Financial Responsibilities of Barnard Students at the PCHS” (Completed by the student)
- Electronic “Incoming Student Immunization Form” (Completed by the student)
- Electronic “Meningococcal Meningitis Vaccination Response Form (18 or OVER)” (Completed by the student)

If you are **17 or YOUNGER** at the time of filling out these forms (ALL forms listed below are required):

**Paper Forms** *(Must be mailed or faxed **No Email** to the Primary Care Health Service)*
(located in the Downloadable Forms Folder in the Forms Section of the Open Communicator Website)

- 3 Page paper-based “Incoming Student Immunization Form” including the “Tuberculosis Screening Form”
  (Signed and stamped by a Physician, Physicians Assistant or Nurse Practitioner)

- Paper-based “Under 18: Meningococcal Meningitis Vaccination Response Form”
  found in the “Under 18 Required Forms Packet” (Signed by your parent/guardian)

- Paper-based “Minors Consent Form” found in the “Under 18 Required Forms Packet” (Signed by your parent/guardian)

**Electronic Forms**
(located in the Forms Section of the Open Communicator website)

- Electronic “Risk Conditions for COVID-19 Form” (Completed by the student)
- Electronic “Notice of Privacy Practices Form” (Completed by the student)
- Electronic “Financial Responsibilities of Barnard Students at the PCHS” (Completed by the student)
- Electronic “Incoming Student Immunization Form” (Completed by the student)

**After Completing All Electronic AND Paper Forms (Steps 1-7 in the Step by Step Guide):**

**FAX** or **MAIL** the paper-based “Incoming Student Immunization Form” and if you are 17 or younger, the “Under 18: Meningococcal Meningitis Vaccination Response Form” and “Minors Consent Form” to the Primary Care Health Service by **June 30, 2020**.

You DO NOT need to mail or fax any of the instruction pages.
TO BE COMPLETED & SIGNED BY YOUR HEALTH CARE PROVIDER

THESE FORMS MUST BE FAXED OR MAILED BY

June 30, 2020

Address:
Barnard College
Primary Care Health Service
3009 Broadway, New York, NY 10027

Fax Number:
1-212-854-2702

Phone:
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For questions, please email Stephanie Paciulla: SPaciulla@barnard.edu

Name: ___________________________ Birth Date: _____ / _____ / _____

REQUIRED PROOF OF MEASLES, MUMPS & RUBELLA IMMUNITY

(2 MMR doses, individual Measles, Mumps, Rubella vaccinations OR titers mandated by NY law)

Combined MMR

MMR Dose 1:
Must be given no earlier than 4 days before 1st birthday

Date: _____ / _____ / _____

MMR Dose 2:
Must be given at least 28 days after 1st dose

Date: _____ / _____ / _____

OR

Individual Vaccines

Measles Dose 1:
Must be given no earlier than 4 days before 1st birthday

Date: _____ / _____ / _____

Measles Dose 2:
Must be given at least 28 days after 1st dose

Date: _____ / _____ / _____

Mumps:
Must be given no earlier than 4 days before 1st birthday

Date: _____ / _____ / _____

Rubella:
Must be given no earlier than 4 days before 1st birthday

Date: _____ / _____ / _____

Serological Testing

Measles Titer:
Date: _____ / _____ / _____

Result: □ Immune □ Not immune

Mumps Titer:
Date: _____ / _____ / _____

Result: □ Immune □ Not immune

Rubella Titer:
Date: _____ / _____ / _____

Result: □ Immune □ Not immune

Please attach official titer lab reports.

RECOMMENDED VACCINATIONS (CONT. ON PAGE 3)

HPV:
Dose 1: _____ / _____ / _____
Dose 2: _____ / _____ / _____
Dose 3: _____ / _____ / _____

MENINGOCOCCAL:
Dose 1: _____ / _____ / _____
Booster: _____ / _____ / _____

IMPORTANT:
You MUST submit the electronic "Meningococcal Meningitis Vaccination Response Form (18 or OVER)" or the paper-based "Under 18: Meningococcal Meningitis Vaccination Response Form" (if you are 17 years old or younger), regardless of if you receive the vaccine.

MENINGOCOCCAL B:
Brand: _______________________
Dose 1: _____ / _____ / _____
Dose 2: _____ / _____ / _____
Dose 3: _____ / _____ / _____
Past Tuberculosis Testing:

1. Have you ever had a positive tuberculin skin test or blood test?
   □ Yes  □ No

2. If you have had a positive tuberculin skin test or blood test, did you have a negative chest x-ray?
   □ Yes  □ No

3. If you have had a positive skin/blood test and a negative chest x-ray, have you been treated with INH?
   □ Yes  □ No  □ Not Applicable
   If yes, how long was your INH treatment? ________________

Please checkmark any country listed below if you have spent more than one (1) month in the country.

**Africa**
- Algeria
- Angola
- Benin
- Botswana
- Burkina Faso
- Burundi
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Congo
- Congo, Democratic People's Republic of
- Cote d'Ivoire
- Djibouti
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Libya
- Madagascar
- Malawi
- Mali
- Mauritania
- Morocco
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- Sao Tome and Principe
- Senegal
- Sierra Leone
- Somalia
- South Africa
- South Sudan
- Sudan
- Swaziland
- Tanzania
- Togo
- Uganda
- Zambia
- Zimbabwe

**Asia**
- Bangladesh
- Bhutan
- Burma (Myanmar)
- Brunei Darussalam
- Cambodia
- China (excludes SARs and Taiwan)
- East Timor
- Fiji
- Honk Kong (SAR of China)
- India
- Indonesia
- Kiribati
- Korea, Democratic People's Republic of
- Korea, Republic of (South)
- Laos
- Macau (SAR of China)
- Malaysia
- Maldives
- Marshall Islands
- Micronesia, Federated States of
- Mongolia
- Nauru
- Nepal
- Northern Mariana Islands
- Pakistan
- Palau
- Papua New Guinea
- Philippines
- Singapore
- Solomon Islands
- Sri Lanka
- Thailand
- Tuvalu

**Europe, Russia, & Eurasia**
- Armenia
- Azerbaijan
- Belarus
- Bosnia and Herzegovina
- Georgia
- Greenland
- Kyrgyzstan
- Latvia
- Lithuania
- Moldova
- Romania
- Russian Federation
- Tajikistan
- Turkmenistan
- Ukraine
- Uzbekistan

**Central America, South America & the Caribbean**
- Bolivia
- Brazil
- Dominican Republic
- Ecuador
- Guatemala
- Guyana
- Haiti
- Honduras
- Nicaragua
- Panama
- Paraguay
- Peru

**Middle East**
- Afghanistan
- Iraq
- Qatar
- Yemen

If the answer is "YES" to ONE or MORE of the following questions, and you DO NOT have a history of a documented positive tuberculin skin or blood test, you must submit:

- A PPD/Mantoux skin test from within the last 6 months.
- Or the results of a T-Spot or Quantiferon Gold blood test from within the last 6 months.
- Even if you have had BCG, if the answer is "YES" to ONE or MORE of the questions below and you DO NOT have official documentation of a positive tuberculin skin or blood test and a negative chest x-ray, you must submit the results of a PPD/Mantoux skin test from within the last 6 months or the results of a T-Spot/Quantiferon Gold blood test from within the last 6 months. If your skin/blood test is positive you must submit a chest x-ray.

You do NOT need to get an additional tuberculin skin/blood test or chest x-ray, unless you do not have official documentation of the initial skin or blood test & a negative chest x-ray.

**Tuberculosis Exposure Risk Factors:**

1. Have you ever had close contact with anyone who was sick with TB?
   □ Yes  □ No

2. Were you born in one of the countries listed?
   □ Yes  □ No

3. Including childhood, have you ever traveled or lived in ANY of the countries listed for at least 1 month?
   □ Yes  □ No
**HEPATITIS A:**
Dose 1: __/__/___
Dose 2: __/__/___
Titer Date: __/__/___
☐ Immune ☐ Not immune

**HEPATITIS B:**
Dose 1: __/__/___
Dose 2: __/__/___
Dose 3: __/__/___
Titer Date: __/__/___
☐ Immune ☐ Not immune

**TUBERCULOSIS SCREENING:**
You MUST complete the “Tuberculosis Screening Form” located in this packet PRIOR to completing this section.

- If you have ever had a documented positive tuberculin skin/blood test you must submit official documentation of:
  - The initial positive tuberculin test.
  - Report of a negative chest x-ray and if applicable, INH treatment plan.
- If you do not have official documentation of the initial skin/blood test AND a negative chest x-ray, you will need to get another skin or blood test and if necessary, chest x-ray.

- If you do not have a documented history of a positive tuberculosis skin/blood test or negative chest x-ray you must submit:
  - A PPD skin test from within the last 6 months or a Quantiferon Gold/T-Spot blood test from within the last 6 months.
  - If the blood or skin test is positive, you must submit proof of a negative chest x-ray.
  - If you have had BCG, if the answer is “YES” to ANY of the questions and you DO NOT HAVE documented history of a positive tuberculin skin/blood test AND a negative chest x-ray you must submit a PPD skin test from within the last 6 months or a Quantiferon Gold/T-Spot blood test from within the last 6 months, and if necessary a chest x-ray.

****PLEASE ATTACH ALL OFFICIAL DOCUMENTATION & REPORTS TO THIS FORM****

**HEALTH CARE PROVIDER’S INFORMATION:**
(please note that the only acceptable signatures are that of a physician, physician assistant or nurse practitioner.)

Provider’s Name & Title: ____________________________
Signature: ______________________________________
Address: ______________________________________
Telephone: _____________________________________

Date PPD Administered: __/__/____
Date PPD Read: __/__/____
Result: □ Positive □ Negative AND ______ mm induration

Please attach official lab report.

If indicated by positive tuberculin skin/blood test

Date of Chest X-Ray: __/__/____
Result: □ Normal □ Abnormal
INH Start Date: __/__/____ Duration: _________

Please attach official x-ray report.

**POLIO:**
Primary series in childhood meets requirement; three primary series schedules are acceptable.

Completed Basic Series: ☐ Yes ☐ No

Last Polio Date: __/__/____
☐ IPV ☐ OPV

**TETANUS-DIPHTHERIA-PERTUSSIS:**
Primary series with DTaP or DTP and booster with Td in the last 10 years meets requirement.

Completed Basic Series of 4 Doses
W/ DTaP or DTP: ☐ Yes ☐ No

Tdap Date (must be after 2005): __/__/____
Tdap was licensed in the United States in 2005. The U.S. brand names are Adacel and Boostrix.

Last Td (Tetanus and Diphtheria) Date: __/__/____
☐ Immune ☐ Not immune

**HEPATITIS B:**
Dose 1: __/__/___
Dose 2: __/__/___

**VARICELLA:**
Dose 1: __/__/___
Dose 2: __/__/___

**TETANUS-DIPHTHERIA-PERTUSSIS:**
Primary series with DTaP or DTP and booster with Td in the last 10 years meets requirement.

Completed Basic Series of 4 Doses
W/ DTaP or DTP: ☐ Yes ☐ No

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**TUBERCULOSIS SCREENING:**
You MUST complete the “Tuberculosis Screening Form” located in this packet PRIOR to completing this section.

- If you have ever had a documented positive tuberculin skin/blood test you must submit official documentation of:
  - The initial positive tuberculin test.
  - Report of a negative chest x-ray and if applicable, INH treatment plan.
- If you do not have official documentation of the initial skin/blood test AND a negative chest x-ray, you will need to get another skin or blood test and if necessary, chest x-ray.

****PLEASE ATTACH ALL OFFICIAL DOCUMENTATION & REPORTS TO THIS FORM****

- If the answer is “YES” to ANY of the questions on the “Tuberculosis Screening Form” and you DO NOT have a history of a documented positive tuberculin skin/blood test you must submit:
  - A PPD skin test from within the last 6 months or a Quantiferon Gold/T-Spot blood test from within the last 6 months.
  - If the blood or skin test is positive, you must submit proof of a negative chest x-ray.
  - Even if you have had BCG, if the answer is “YES” to ANY of the questions and you DO NOT HAVE documented history of a positive tuberculosis skin/blood test AND a negative chest x-ray you must submit a PPD skin test from within the last 6 months or a Quantiferon Gold/T-Spot blood test from within the last 6 months, and if necessary a chest x-ray.

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Dose 1: __/__/___
Dose 2: __/__/___

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