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!
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 Enrolling Student Checklist.
   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 paper-based “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. Completed the electronic “Financial Responsibilities of Barnard Students at the PCHS” located in the Forms Section of the Open Communicator website.

5. Completed 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 Enrolling Student Checklist 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, 2021.**

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.**
First Year & Transfer Student Health Forms - Checklist

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, 2021

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 Admissions Enrolling Student Checklist)

- 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 Admissions Enrolling Student Checklist)

- 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, 2021.

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, 2021

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

Name: ____________________________ Birth Date: _____ / _____ / _____

REQUIRED PROOF OF MEASLES, MUMPS & RUBElla IMMUNITY & COVID-19 VACCINATION
(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: _____ / _____ / _______ Month Date Year

OR

MMR Dose 2: Must be given at least 28 days after 1st dose
Date: _____ / _____ / _______ Month Date Year

Individual Vaccines

Measles Dose 1: Must be given no earlier than 4 days before 1st birthday
Date: _____ / _____ / _______ Month Date Year

Measles Dose 2: Must be given at least 28 days after 1st dose
Date: _____ / _____ / _______ Month Date Year

Mumps: Must be given no earlier than 4 days before 1st birthday
Date: _____ / _____ / _______ Month Date Year

Rubella: Must be given no earlier than 4 days before 1st birthday
Date: _____ / _____ / _______ Month Date Year

Serological Testing

Measles Titer:
Date: _____ / _____ / _______ Month Date Year

Mumps Titer:
Date: _____ / _____ / _______ Month Date Year

Rubella Titer:
Date: _____ / _____ / _______ Month Date Year

OR

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: _____ / _____ / _______

RECOMMENDED VACCINATIONS (CONT. ON PAGE 3)

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

MENINGOCOCCAL:

Dose 1: _____ / _____ / _______
Booster: _____ / _____ / _______

HIV:
Dose 1: _____ / _____ / _______
Dose 2: _____ / _____ / _______
Dose 3: _____ / _____ / _______

MENINGOCOCCAL B:

Brand: ______________________
Dose 1: _____ / _____ / _______
Dose 2: _____ / _____ / _______
Dose 3: _____ / _____ / _______
Required: 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 □ Not Applicable

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?

If you have ever had a documented positive tuberculin skin or blood test you must submit the following:
- Official documentation of the initial positive tuberculin test.
- Official report of a negative chest x-ray.
- If applicable, documentation of INH treatment dates.

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.

Required: 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

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
- D 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
- Vietnam

Europe, Russia, & Eurasia
- Armenia
- Azerbaijan
- Belarus
- Bosnia and Herzegovina
- Georgia
- Greenland
- Kazakhstan
- 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
Name: ____________________________
Birth Date: _____ / _____ / _____

HEPATITIS A:
Dose 1: _____ / _____ / _____
Dose 2: _____ / _____ / _____

OR
Titer Date: _____ / _____ / _____
□ Immune □ Not immune

HEPATITIS B:
Dose 1: _____ / _____ / _____
Dose 2: _____ / _____ / _____

OR
Titer Date: _____ / _____ / _____
□ Immune □ Not immune

VARICELLA:
Dose 1: _____ / _____ / _____
Dose 2: _____ / _____ / _____

OR
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.

****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 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 official lab report.

If indicated by positive tuberculin skin/blood test
Date of Chest X-Ray: _____ / _____ / _____
Result: □ Normal □ Abnormal

Please attach official x-ray report.

OTHER VACCINES:
Ex. BCG, Typhoid (Oral or Injectable), Rabies (IM, ID or Immunoglobulin), Yellow Fever, Japanese Encephalitis, etc.

Please attach a copy of an official immunization record showing the vaccine dates.

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: ____________________________

Please circle:
MD/DO  PA  NP

Date PPD Administered: _____ / _____ / _____
Date PPD Read: _____ / _____ / _____
Result: □ Positive □ Negative

AND _____ mm induration

Date of Quantiferon Gold or T-Spot Test: _____ / _____ / _____

Date of INH Start Date: _____ / _____ / _____
Duration: _________

Mail or Fax: Page 3 of 3