

Incoming Student Immunization Form

Visiting & Transfer Students – Spring 2021

THESE FORMS MUST BE FAXED OR MAILED BY

Address:

Barnard College

Primary Care Health Service

3009 Broadway, New York, NY 10027

January 4, 2021

Fax Number:

1-212-854-2702

Phone:

1-212-854-2091

For questions, please email Stephanie Paciulla: <u>SPaciulla@barnard.edu</u>

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" (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, proof of influenza vaccination 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!



Visiting & 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 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 "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.

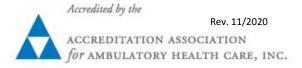
- 2. Log onto the Primary Care Health Service Open Communicator website using your Barnard ID and password: bchealth.barnard.edu. Your Barnard ID is composed of the characters in your email address before "@barnard.edu" (Ex. abc2122) and your password is the same as your myBarnard/gBear password.
 - **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 Enrolling Student
 Checkist 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 January 4, 2021.

All paper forms must be sent together, at the same time, via <u>FAX</u> or <u>MAIL</u> (it is not necessary to send them both ways). We cannot accept any forms via email.

Instructions: Page 2 of 3



Spring 2021 - 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 January 4, 2021

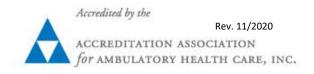
you are 18 Or	OVER at the time of filling out these forms (ALL forms listed below are required):
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3 Page paper-ba	sed "Incoming Student Immunization Form" including the "Tuberculosis Screening Form"
(Signed and star	nped by a Physician, Physicians Assistant or Nurse Practitioner)
ectronic Form	
cated in the Forms S	Section of the Open Communicator website)
Electronic "Risk	Conditions for COVID-19 Form" (Completed by the student)
Electronic "Noti	ce of Privacy Practices Form" (Completed by the student)
Electronic "Fina	ncial Responsibilities of Barnard Students at the PCHS" (Completed by the student)
Electronic "Inco	ming Student Immunization Form" (Completed by the student)
Electronic "Men	ingococcal Meningitis Vaccination Response Form (18 or OVER)" (Completed by the student)
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After Completing All Electronic AND Paper Forms (Steps 1-7 in the Step by Step Guide):

Electronic "Incoming Student Immunization Form" (Completed by the student)

<u>FAX</u> or <u>MAIL</u> 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 January 4, 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

Address:	January 4, 2021	<u>Fax Number:</u>
Barnard College		1-212-854-2702
Primary Care Health Service		<u>Phone:</u>
3009 Broadway, New York, NY 10027		1-212-854-2091
For questions, ple	ease email Stephanie Paciulla: SPaciulla	@barnard.edu
Name:	Birth Dat	e: / /
REQUIRED PROOF OF MEAS		
(2 MMR doses, individual Measles, Mumps	s, Rubella vaccinations OR titers mandated b	y NY law, flu shot mandated by Barnard)
Combined MMR	Individual Vaccines	Serological Testing
MMR Dose 1:	Measles Dose 1:	Measles Titer:
Must be given no earlier than 4 days	Must be given no earlier than 4 days before 1st birthday	Date: / /
before 1 st birthday	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Date://
Date: / /	Date:///	Exact Date Required
Month Date Year Exact Date Required	Exact Date Required	Result: □ Immune □ Not immune
MMR Dose 2:	Measles Dose 2: Must be given at least 28 days after 1st	
Must be given at least 28 days after 1st	dose	<u>Mumps Titer:</u>
dose	Date://	Date:///
Date: / /	Month Date Year Exact Date Required	Month Date Year Exact Date Required
Date:/	Mumps:	·
Exact Date Required	Must be given no earlier than 4 days	Result: □ Immune □ Not immune
	before 1st birthday	_ , ,, _,,
2020 - 2021 Seasonal Flu Shot:	Date://	Rubella Titer:
Date: / /	Exact Date Required	Date: / /
Month Date Year Exact Date Required	Rubella:	Month Date Year
Manufacturer:	Must be given no earlier than 4 days before 1st birthday	Result: Immune Not immune
Inoculator:		Result: immune in Not immune
Lot #:	Date://	Please attach official titer lab reports
Exp. Date://	Exact Date Required	
RECOMMENT	DED VACCINATIONS (CONT.	ON PAGE 3)
11201111111		

HPV:	MENINGOCOCCAL:	MENINGOCOCCAL B:	
Dose 1:/	Dose 1:/	Brand:	
Dose 2:/	Booster:/	Dose 1:/	
Dose 3:/	IMPORTANT: You MUST submit the electronic "Meningococcal	Dose 2:/	
	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	Dose 3:/	

younger), regardless of if you receive the vaccine.

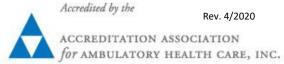
Mail or Fax: Page 1 of 3

lame:		Tuberculosis Screening Form			
the answer is "YES" to ONE or MORE of the following questions, and you DO NOT have a history of a documented positive iberculin 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. A chest x-ray is required if the tuberculin skin test or blood test is positive. 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.					
Required: Past Tuberculosis Testing:		Please checkmark any country listed below if you have spent more than one (1) month in the country.			
1.	Have you ever had a positive tuberculin skin test or blood test?	Africa	Asia	Europe,	
2.	blood test, did you have a negative chest x-ray?	Algeria Angola Benin Botswana Burkina Faso	Bangladesh Bhutan Burma (Myanmar) Brunei Darussalam Cambodia	Russia, & Eurasia	
3.	☐ Yes ☐ No ☐ Not Applicable 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?	Burundi Cameroon Cape Verde Central African Republic Chad Congo Congo, Democratic People's Republic of Cote d'Ivoire Djibouti Equatorial Guinea	China (excludes SARs and Taiwan) East Timor Fiji Honk Kong (SAR of China) India Indonesia Kiribati Korea, Democratic People's Republic	Azerbaijan Belarus Bosnia and Herzegovina Georgia Greenland Kazakhstan Kyrgyzstan Latvia Lithuania Moldova	
-	nave ever had a documented positive tuberculin skin d 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.	Eritrea Ethiopia Gabon Gambia Ghana Guinea Guinea-Bissau Kenya	D Korea, Republic of (South) Laos Macau (SAR of China) Malaysia Maldives Marshall Islands Micronesia,	Romania Russian Federation Tajikistan Turkmenistan Ukraine Uzbekistan	
test or o	NOT need to get an additional tuberculin skin/blood chest x-ray, unless you do not have official entation of the initial skin or blood test & a negative	Lesotho Liberia Libya Madagascar Malawi Mali	Federated States of Mongolia Nauru Nepal Northern Mariana	America, South	
	ed: Tuberculosis Exposure Risk Factors:	Mauritania Morocco Mozambique	Pakistan Palau Papua New Guinea	America & the	
1.	who was sick with TB?	Namibia Niger Nigeria Rwanda	Philippines Singapore Solomon Islands Sri Lanka	Caribbean Bolivia Brazil	
2.	☐Yes ☐No Were you born in one of the countries listed? ☐Yes ☐No	Sao Tome and Principe Senegal Sierra Leone Somalia	Thailand Tuvalu Vietnam	Dominican Republic Ecuador Guatemala Guyana	
3.	Including childhood, have you ever traveled or lived in ANY of the countries listed for at least 1 month?	South Africa South Sudan Sudan Swaziland Tanzania Togo Uganda Zambia	Middle East Afghanistan Iraq Qatar Yemen	Haiti Honduras Nicaragua Panama Paraguay Peru	

Zimbabwe



Telephone: _



Name:	Bi	rth Date: /	/	
HEPATITIS A:	HEPATITIS B:	VARICELLA:		
Dose 1:/	Dose 1:/	Dose 1:/	′	
Dose 2:/	Dose 2:/	Dose 2:/		
OR Titer Date:/	OR Titer Date://	O Titer Date:/ Immune Not imm O History of Disease:	nune PR	
TETANUS-DIPHTHERIA-PERTUSIS:	PNEUMOCOCCUS:	OTHER VACCINES:		
Primary series with DTaP or DTP and booster with Td in the last 10 years meets requirement.	Dose 1:/	Ex. BCG, Typhoid (Oral o (IM, ID or Immunoglobu	•	
Completed Basic Series of 4 Doses	Dose 2:/	Japanese Encephalitis, e		
w/ DTaP or DTP: ☐Yes ☐No	POLIO:		Please list vaccine names/dates or attach a copy of an official immunization record.	
Tdap Date (must be after 2005):/	Primary series in childhood meets requirer three primary series schedules are accepta	•		
Tdap was licensed in the United States in 2005. The U.S. brand names are Adacel and Boostrix.	Completed Basic Series: ☐ Yes	□No		
Last Td (Tetanus and Diphtheria) Date:	Last Polio Date://_			
/	□IPV □OPV			
UBERCULOSIS SCREENING:		Date PPD Administered:	Date of Quantiferon Gol	
ou MUST complete the "Tuberculosis Screening Form" located in If you have ever had a documented positive tuberculin skin/blo documentation of: The initial positive tuberculin test. Report of a negative chest x-ray and if applicable, INH treatm If you do not have official documentation of the initial skin/ will need to get another skin or blood test and if necessary,	nent plan. /blood test AND a negative chest x-ray, you , chest x-ray.	Date PPD Read: OR / / Result: Positive Negative AND mm induration	or T-Spot Test:// Result: □ Positive □ Negative Please attach official	
****PLEASE ATTACH ALL OFFICIAL DOCUMENTATION If the answer is "YES" to ANY of the questions on the "Tubercu	ulosis Screening Form" and you		lab report.	
DO NOT have a history of a documented positive tuberculin ski A PPD skin test from within the last 6 months or a Quantifero	· ·	If indicated by positive tuberculin skin/blood test		
within the last 6 months . of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood or skin test is positive, you must submit proof of the blood o	Date of Chest X-Ray:/			
 Even if you have had BCG, if the answer is "YES" to ANY of th documented history of a positive tuberculin skin/blood test A BPD skin test from within the last 6 months or a Quantiferon. 	Result: Normal Abnormal	5		
PPD skin test from within the last 6 months or a Quantiferon months, and if necessary a chest x-ray.	9010/1-5pot biood test from within the last o	INH Start Date:/ Please attach official x-ray rep	Duration: <mark>port.</mark>	
HEALTH CARE PROVIDER'S INFOR	PMATION: Please	i Note: The health care provider cannot b		
(Please note that the only acceptable s				
Provider's Name & Title:		Provider Stamp		
Signature:				
Address:				