

# 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: [SPaciulla@barnard.edu](mailto: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, 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](http://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 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 **January 4, 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.**

## 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**

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 and on the PCHS 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 Admissions Enrolling Student Checklist and on the PCHS 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 **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**

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

**January 4, 2021**

**Fax Number:**

1-212-854-2702

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For questions, please email Stephanie Paciulla: [SPaciulla@barnard.edu](mailto:SPaciulla@barnard.edu)

**Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REQUIRED PROOF OF MEASLES, MUMPS & RUBELLA IMMUNITY & FLU SHOT**

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

**Combined MMR**

**Individual Vaccines**

**Serological Testing**

**MMR Dose 1:**

Must be given no earlier than 4 days before 1<sup>st</sup> birthday

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**MMR Dose 2:**

Must be given at least 28 days after 1<sup>st</sup> dose

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**OR**

**Measles Dose 1:**

Must be given no earlier than 4 days before 1<sup>st</sup> birthday

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**Measles Dose 2:**

Must be given at least 28 days after 1<sup>st</sup> dose

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**Mumps:**

Must be given no earlier than 4 days before 1<sup>st</sup> birthday

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**Rubella:**

Must be given no earlier than 4 days before 1<sup>st</sup> birthday

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**OR**

**Measles Titer:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**Result:**  Immune  Not immune

**Mumps Titer:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**Result:**  Immune  Not immune

**Rubella Titer:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year  
 Exact Date Required

**Result:**  Immune  Not immune

**Please attach official titer lab reports.**

**2020 - 2021 Seasonal Flu Shot:**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Date Year Exact Date Required

**Manufacturer:** \_\_\_\_\_

**Inoculator:** \_\_\_\_\_

**Lot #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

# Tuberculosis Screening Form

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**.
  - 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:**

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.

<p><b>Africa</b></p> <p>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</p>	<p><b>Asia</b></p> <p>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 (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</p>	<p><b>Europe, Russia, &amp; Eurasia</b></p> <p>Armenia Azerbaijan Belarus Bosnia and Herzegovina Georgia Greenland Kazakhstan Kyrgyzstan Latvia Lithuania Moldova Romania Russian Federation Tajikistan Turkmenistan Ukraine Uzbekistan</p>
	<p><b>Middle East</b></p> <p>Afghanistan Iraq Qatar Yemen</p>	<p><b>Central America, South America &amp; the Caribbean</b></p> <p>Bolivia Brazil Dominican Republic Ecuador Guatemala Guyana Haiti Honduras Nicaragua Panama Paraguay Peru</p>

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HEPATITIS A:**

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Immune  Not immune

**HEPATITIS B:**

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 3: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Immune  Not immune

**VARICELLA:**

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

Titer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Immune  Not immune

OR

History of Disease: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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:

\_\_\_\_/\_\_\_\_/\_\_\_\_

**PNEUMOCOCCUS:**

Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

**POLIO:**

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

Completed Basic Series:  Yes  No

Last Polio Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

IPV  OPV

**OTHER VACCINES:**

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

**Please list vaccine names/dates or attach a copy of an official immunization record.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

Date PPD Administered:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date PPD Read:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Result:  Positive  Negative AND \_\_\_\_\_ mm induration

Date of Quantiferon Gold or T-Spot Test:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Result:  Positive  Negative

**Please attach official lab report.**

OR

**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.**

**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: \_\_\_\_\_  
 Please circle: MD/DO PA NP

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please Note: The health care provider cannot be a relative of the student

Provider Stamp