Incoming Student Immunization Form
Transfer Students – Spring 2022

THESE FORMS MUST BE FAXED OR MAILED BY

January 7, 2022

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!
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 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. 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” to the Primary Care Health Service by January 7, 2022.

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.
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

January 7, 2022

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)

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”
   to the Primary Care Health Service by January 7, 2022.

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

January 7, 2022

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: _____ / ____ / _____
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

OR

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

Result: □ Immune □ Not immune

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

Result: □ Immune □ Not immune

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

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: _____ / ____ / ____
**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:

- 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: 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

If you have ever had close contact with anyone who was sick with TB you must submit:

- Official documentation of the initial positive tuberculosis test.
- Official report of a negative chest x-ray.
- If applicable, documentation of INH treatment dates.

**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.**
- 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.

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

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

Hepatitis B:
Dose 1: _____/_____/_____
Dose 2: _____/_____/_____

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.

- 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.

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

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.

HEPATITIS B:
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

PNEUMOCOCCUS:
Dose 1: _____/_____/_____
Dose 2: _____/_____/_____

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

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.

TETANUS-DIPHTHERIA-PERTUSIS:
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

TPP Date:
_____/_____/_____

TPP was licensed in the United States in 2005.

The U.S. brand names are Adacel and Boostrix.

Last TPP Date:
_____/_____/_____

□ Immune □ Not immune

If indicated by positive tuberculin skin/blood test

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

- Result: □ Positive □ Negative

- Please attach official lab report.

Varicella:
Dose 1: _____/_____/_____
Dose 2: _____/_____/_____

Date PPD Administered:
_____/_____/_____ OR

Date PPD Read:
_____/_____/_____ OR

Result: □ Positive □ Negative

AND _____mm induration

Please attach official x-ray report.

Date PPD Administered:
_____/_____/_____ OR

Date PPD Read:
_____/_____/_____ OR

Result: □ Positive □ Negative

AND _____mm induration

Please attach official x-ray report.

HEALTH CARE PROVIDER’S INFORMATION:

Provider’s Name & Title: ________________________________

Signature: __________________________________________

Address: ____________________________________________

Telephone: __________________________________________

Provider Stamp

Please Note: The health care provider cannot be a relative of the student or a physician, physician assistant or nurse practitioner.

Mail or Fax: Page 3 of 3