

EMMANUEL COLLEGE IMMUNIZATION & HEALTH FORM

Student Information

	Date of Birth	Expected Graduation Year

Last Name	First Name	Middle Initial

Home Address		

City	State	Zip Code

Home Phone Number	Cell Phone Number	

Parent Information

Father's Last Name	First Name	

Home Address		

City	State	Zip Code

Cell Phone Number	Work Phone Number	

Mother's Last Name	First Name	

Home Address		

City	State	Zip Code

Cell Phone Number	Work Phone Number	

Health Insurance Requirements

The Commonwealth of Massachusetts requires all students enrolled at least 3/4 time to be enrolled in a health insurance plan. To ensure that Emmanuel College students are meeting this requirement, **all students are automatically enrolled in the College's health plan and are charged the annual health insurance premium.** If you already have coverage and would like to waive the enrollment, you must submit a 2019-2020 health insurance waiver. Students will be able to access the link to the health insurance waiver on their **New Student Enrollment Portal.**

University Health Plans (UHP) is the College's broker/plan manager and handles the enrollment and waiver process. Please call UHP at 800-437-6448 or go to www.universityhealthplans.com if you have any questions about the enrollment and waiver process.

Permission for Medical & Emergency Treatment

This information must be completed and signed by a parent or legal guardian for students under 18 years of age.

Medical and Psychological Treatment, including medication: This is to certify that permission is granted to Emmanuel College Student Health Services and Counseling Center to provide psychological treatment and medical treatment, including medication, for illness, injury or required immunizations for the above named student

Signature of parent or legal guardian

Emergency Treatment: Permission is granted for emergency treatment (including, psychological, psychiatric, surgery and anesthesia) for above named student, when parent or guardian is unable to be contacted.

Signature of parent or legal guardian

When finished,
please return to:
Student Health Services
Emmanuel College
400 The Fenway
Boston, MA 02115

E-mail:
healthservices@emmanuel.edu
Fax: 617 975-9329

DEADLINE:
JANUARY 6, 2020

NOTE:
The Emmanuel College
Immunization & Health Form is
a separate requirement from
documentation of student
health insurance coverage.

To enroll or waive the College's
health insurance coverage,
please visit:
universityhealthplans.com

STUDENT NAME: _____

Please list all current medications including dosages:

Please list and describe any medication allergies you have:

Please list all past and current medical and/or mental health diagnoses:

Please list all hospitalizations (including medical, surgical or psychiatric admissions):

Health Care Provider Information

Health Care Provider's Signature	Health Care Provider's Name (please print)	Date
Address		
City	State	Zip Code
Phone Number	Fax Number	

Health Services shares information on the Emmanuel College Immunization & Health Form with the Counseling Center and immunization records with the College Administration on a need-to-know basis.

Immunization Requirements

Failure to provide a record of your immunization will result in registration restrictions and withholding of grades.

Massachusetts State Law requires that all students attending college in the Commonwealth be immunized against the Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria & Acellular Pertussis (Tdap), and Hepatitis B. Meningitis and Human Papillomavirus (HPV) are strongly recommended but not required.

Proof of the following must be on file at Student Health Services: If you do not have access to these records, you must be re-immunized.

Measles, Mumps, Rubella, (MMR)	First dose _____ Date	Second Dose _____ Date	OR	<input type="radio"/> Laboratory evidence of immunity to measles, mumps and rubella attached
Hepatitis B	First Dose _____ Date	Second Dose _____ Date	Third Dose _____ Date	OR <input type="radio"/> Laboratory evidence of immunity attached <input type="radio"/> Check if Heplisav-B
Meningitis <i>MenACWY within the past five years and after age 16.</i>	_____ Date			OR <input type="radio"/> Waiver signed and attached (waiver available on website)
Tdap <i>Must be within past 10 Years</i>	Tetanus, Diphtheria & Acellular Pertussis (Tdap) _____ Date			
Tuberculosis Risk Assessment	Low Risk OR High Risk			Please complete Tuberculosis Risk Questionnaire
Varicella	First dose _____ Date	Second Dose _____ Date	OR	<input type="radio"/> Laboratory evidence of immunity to Varicella <input type="radio"/> History of Varicella Disease _____ Date
Human Papillomavirus (HPV)	First Dose _____ Date	Second Dose _____ Date	Third Dose _____ Date	

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Boston, MA 02115

E-mail: healthservices@emmanuel.edu
Fax: 617 975-9329

DEADLINE:
JANUARY 6, 2020

NOTE:
The Emmanuel College Immunization & Health Form is a separate requirement from documentation of student health insurance coverage.

To enroll or waive the College's health insurance coverage, please visit:
universityhealthplans.com

PLEASE FEEL FREE TO CONTACT STUDENT HEALTH SERVICES BY PHONE AT 617-264-7678 WITH ANY QUESTIONS OR CONCERNS.

STUDENT NAME: _____

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Tuberculosis Risk Questionnaire for College and University Student

To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis (TB)? Yes No

Were you born in one of the countries listed below? Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health-care worker in a medical facility or other patient care setting? Yes No

Have you ever traveled or lived abroad for more than 6 months in one or more of the countries listed below *(Please circle below)* Yes No

DEADLINE:
JANUARY 6, 2020

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COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

Angola	Indonesia	Papua New Guinea
Bangladesh	Kenya	Philippines
Brazil	Korea, DPR	Russian Federation
Cambodia	Lesotho	Sierra Leone
Central African Rep.	Liberia	South Africa
China	Mozambique	Tanzania, UR
Congo	Myanmar	Thailand
Congo, DR	Namibia	Vietnam
Ethiopia	Nigeria	Zambia
India	Pakistan	Zimbabwe

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**World Health Organization, 2015
American College Health Association guidelines, April 2014*

If the answer to any of the above questions is YES, the Massachusetts Department of Public Health strongly recommends that you have a turberculin skin test to check for latent turberculosis infection. If the answer to all of the above questions is NO, a turberculin skin test should not be done.

Please note: If you have had a positive tuberculin skin test in the past, you do not need another test.