



Dear Student:

Welcome to Medaille College! As you begin making plans for your studies in the United States, I would like to introduce you to the health and wellness services offered to all International Students.

The college has very specific health requirements that need to be met before coming to Medaille. Students must submit the International Student Health Form in order to attend class and live in the residence halls according to New York State Law.

Please complete all the items on the following "Checklist" before attending Medaille College.

- () Complete the immunization form enclosed and submit it to the Student Health Center. The form must be completed in English and signed by you and your health care provider. This is a college health requirement.
 - o Proof of two vaccinations for measles, mumps, and rubella or serology proving immunity is required.
 - o Proof of meningitis vaccination or informed consent waiver is required.
 - o Proof of tuberculosis disease screening, status, and treatment, if warranted, is required.

- () All International Students must purchase an International Student Health Insurance plan. Please review the information on the Health Insurance for International Students page of the website for more information:
<http://www.medaille.edu/current-students/wellness-center/health-services/health-insurance>

- () Log onto the Student Health Center website at www.medaille.edu/healthservices

To learn about health services available to International Students, immunization requirements, and other information about the Student Health Center services.

If you address these very important health issues before leaving your country, you will find your adjustment to life on an American college campus easier and your overall experience in the United States more rewarding.

Sincerely,

Marsha A. Glose, RN-BC, BSN, MSed.
Director of Health Services

International Student Health Form
Medaille College Student Health Services

18 Agassiz Circle, Buffalo, New York 14214
Phone: 716-880-2112 Fax: 716-880-3399
Email: mglose@medaille.edu
Web medaille.edu/healthservices

Medaille College requires that each student submit the International Student Health Form completed in English to the Medaille College Health Office before admission to the College.

Last Name: _____ First Name: _____ M.I.: _____

Birthdate: _____ / _____ / _____ Gender: _____
Month Day Year Male or Female

Permanent Address: _____
Number and Street

City or Town Country Postal Code Citizenship

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Relationship to Student: _____

Emergency Contact Phone Number: _____

Consent of parent or guardian for treatment of those under 18 years of age

To be completed if the student is under 18 years of age at the time of arrival on campus even if student will turn 18 during the academic year.

To obtain care that may be necessary for our students and to protect the physicians and institutions involved, it is necessary that you sign the consent for treatment statement. While every reasonable effort is made to contact families in the event of serious illness or injury, this is not always possible within a short period of time; therefore, the consent form is necessary to provide appropriate care.

Signature of Parent/Guardian indicates that Medaille College Student Health Services has permission to treat your child. This includes care and treatment by medical providers at any outside health care facility if deemed necessary by Medaille College Student Health Services.

Parent/Guardian Signature Date

HEALTH HISTORY

Drug Allergies: _____

Current Medications & Doses: _____

Medical/Psychological Conditions: _____

IMMUNIZATION HISTORY

Student's name (please print): _____
Last First MI

Birthdate: _____
Month Day Year

REQUIRED FOR ALL STUDENTS

This information must be completed and signed by your health care provider and submitted to the Medaille College Health Office before entering the College.

MMR (Measles, Mumps, Rubella)

Proof required if born on or after January 1, 1957.

Vaccination	Vaccine Date (Month/Day/Year)	Or Physician Diagnosed Disease (Date of Onset)	Or Serology Results/Date
2 MMR'S (combo measles, mumps & rubella vaccine) 1 st dose after 1 st birthday; 2nd dose at least 28 days later. (OR list individual vaccines below)	#1		
	#2		
2 MEASLES 1 st dose after 1 st birthday; 2 nd dose at least 28 days later	#1		Attach lab results &/or note if immune
	#2		
1 MUMPS after 1 st birthday			Attach lab results &/or note if immune
1 RUBELLA after 1 st birthday		History of Rubella disease not acceptable	Attach lab results &/or note if immune

MENINGITIS INFORMATION RESPONSE FORM

You are not required to receive this vaccine, but we strongly urge you to read the full information regarding meningitis found here : <http://www.health.ny.gov/publications/2168.pdf> and consider immunization before you attend the College.

New York State Public Health Law requires you to select one of the statements below and provide your signature:

- I have received the immunization for meningitis within the past 5 years. Date received: _____
- I acknowledge the risks associated with meningitis and refuse immunization.

 Signature of student if 18 years of age or older; Date
 Signature of parent/guardian if student is under 18 years of age

PROVIDER INFORMATION REQUIRED

 Signature of health care provider

 Date

 Stamp of health care provider

 Phone number of practice

MANDATORY TUBERCULOSIS SCREENING FORM

Student's name (please print): _____
Last First MI

Country of Birth: _____ Year arrived in US: _____

SECTION A: TUBERCULOSIS (TB) EXPOSURE RISK QUESTIONNAIRE

- 1. Have you or a close contact ever been sick with tuberculosis? YES NO
- 2. Have you ever had a positive mantoux test? [A mantoux (PPD) is a skin test for tuberculosis] YES NO
- 3. Have you ever been vaccinated with BCG? YES NO
- 4. Were you born in, or have you lived, worked or visited for more than one month in any of the following:
Asia, Africa, South America, Central America or Eastern Europe? YES NO
- 5. Have you had HIV/AIDS, diabetes, leukemia, lymphoma, head, neck, or lung cancer, chronic renal failure, illicit drug use, intestinal bypass, gastrectomy, chronic malabsorption syndrome, low body weight, prolonged corticosteroid therapy, an organ transplant, or a chronic immune disorder? YES NO
- 6. Do you have a persistent cough? (3 weeks or more), fever, night sweats, fatigue, loss of appetite, or weight loss? YES NO
- 7. Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility? YES NO

SECTION B: ATTENTION HEALTH CARE PROVIDER:

If student answers YES to any of the above questions, proof of the interferon gamma release assay (IGRA) or PPD is REQUIRED. If IGRA or PPD results are positive or student has a history of a positive PPD, a chest x-ray is REQUIRED. IGRA or PPD and/or chest x-ray must be done within six months prior to attendance. History of BCG vaccination does not prevent testing of a member of a high risk group.

PPD: Date placed _____ Date read _____ mm induration _____
(record actual mm of induration, transverse diameter:

Interpretation: Positive _____ (chest x-ray required) Negative _____ if no induration, write "0"
(based on mm of induration as well as risk factors)*

OR

IGRA: Date obtained _____ Negative _____ Positive _____

Chest X-ray: (Required if PPD or IGRA is positive) Date of chest x-ray _____ Normal _____ Abnormal _____

Treatment Plan (include plan for TB prophylaxis treatment) _____

***Interpretation Guidelines for PPD**

>5mm is positive:

- Recent close contact of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray consistent with past TB disease
- Organ transplant recipients
- Immunosuppressed persons taking >15mg/d of prednisone for >1 month; taking a TNF-a antagonist
- Persons with HIV/AIDS

>10 mm is positive:

- Persons who were born or lived in a high prevalence country
- History of illicit drug use
- Mycobacteriology laboratory personnel
- History of residence, working, or volunteering in high-risk congregate settings
- Persons with the following clinical conditions: silicosis, diabetes, chronic renal failure leukemia, lymphoma, head, neck, or lung cancer, low body weight, gastrectomy or intestinal bypass, chronic malabsorption syndromes

>15 mm is positive:

- Persons with no known risk factors for TB disease

PROVIDER INFORMATION REQUIRED

Signature of health care provider

Date

Stamp of health care provider

Phone number of practice