



## University Health Services

A Division of Student Affairs

Ground Floor- Erickson Hall, 1000 Hilltop Circle, Baltimore, MD 21250 Phone (410) 455-2542, Fax (410)455-1125

### **1. All New Students (Freshmen, Transfer, & Graduate Students): Complete and submit Your Mandatory Health and Immunization Form: February 14, 2020.**

The enclosed Mandatory Health Form needs to be completed by you, **signed by your medical provider**, and returned to University Health Services by **February 14, 2020**. A physical exam is **not** required unless you will participate in an intercollegiate sport. Please clearly complete all necessary information, with full dates, providers' signatures or stamps, and **return to UHS in the enclosed envelope**. In order to comply with state law and for the health and safety of our campus community, failure to submit your forms, incomplete information or unreadable information will keep you from registering in classes or moving into campus housing. Child vaccination records and proof of vaccination may be attached to these forms as long as records contain a provider signature and/or stamp.

In order to complete your form, you will need to provide information verifying compliance with University vaccination and testing requirements. Required and recommended vaccinations are listed below.

**Meningococcal Vaccine or Waiver (Required for resident students, recommended for all students):** Maryland law requires that all graduate and undergraduate students enrolled living in on-campus residence halls and apartments receive a meningococcal vaccine or submit a waiver prior to move-in. Resident students must submit this information to UHS as part of their Mandatory Health and Immunization Form. If you are a resident student, you will not be able to check-in and get your room key until you have completed this requirement. To ensure a smooth move-in, please submit your health forms no later than February 14, 2020. While Maryland law does not require all students to be vaccinated against meningitis, the American College Health Association recommends that all college students receive the quadrivalent meningococcal vaccine regardless of whether they live on or off campus. The Meningitis B vaccine is also recommended but is different from the quadrivalent vaccine.

**MMR Vaccine:** All students are required to document evidence of vaccinations for measles, mumps, and rubella (MMR). The MMR vaccine must have been given to you after your first birthday and a second vaccine must have been given to you after 1980. (You are exempt from this requirement if born before 1957.)

**Tuberculosis Test (International Students Only):** All international students are required to have a screening test for tuberculosis (TB) done in the United States within the last 6 months. The blood tests, T-spot or Quantiferon, are the preferred tests for TB.

**Recommended Vaccinations:** In addition to the required vaccinations listed above, UHS staff strongly encourage you to consider the following vaccination recommendations:

**Hepatitis B:** strongly recommended for college students by the American College Health Association, the Centers for Disease Control, and the National Collegiate Athletic Association.

**Gardasil:** is recommended for people ages 9 – 26; it helps protect against 9 types of HPV virus.

**Tdap:** (tetanus, diphtheria, and pertussis/whooping cough) booster immunization if the last dose of Td was received more than 10 years ago.

**2. Consent & Respect: Online Course for Sexual Assault Prevention – Due February 14, 2020.**

Sexual violence is an issue that affects an entire college campus. The UMBC community is committed to working together to address this issue, and it takes each of us to help create culture change on our campus. As part of our campus wide efforts to help prevent sexual violence on campus, the University requires that all incoming first-year undergraduate, first-year graduate, and transfer students complete Consent and Respect, an online sexual misconduct prevention course. Consent and Respect's primary focus is to help educate students about relationships and decision-making, including: ethics of relationships, alcohol's effect on relationships, the ability to ask for and give consent, important definitions, and myths associated with sexual assault. On-campus resources for help and support are included. If you do not complete the course, you will be blocked from registering for the upcoming term and beyond. To access the course:

<https://my.umbc.edu/go/consentandrespect>

**3. Alcohol Wise: Online Course for Alcohol Misuse Prevention - Due February 14, 2020.** The prevention course, Alcohol Wise, is designed to educate students about the dangers of misusing alcohol. Alcohol Wise goes on to mention UMBC campus alcohol policies, bystander strategies, and how to call for help. This course is based on evidence-based prevention strategies that have been proven effective. **ALL first time first year and transfer students are to complete this course. To access course:**

<https://my.umbc.edu/go/alcoholwise>

**4. Other Drugs: Online Course for Other Drug Prevention - Due February 14, 2020.** The Other Drugs prevention course is design used evidence-based strategies to educate students about the dangers of misusing drugs, including opioids. This course will provide students with information about the negative impacts of other drug use on one's mental health, physical health, and academic success. **ALL first time first year, transfer, and first year graduate students are to complete this course. To access course:**

<https://my.umbc.edu/go/otherdrugsprevention>

**You must access and complete each course through your UMBC email account or myUMBC by February 14, 2020.**

**5. All Undergraduate Students (Freshmen & Transfer Students):** All undergraduate students taking 6 or more credits must supply their health insurance information on the University Health Services (UHS) website link ([www.umbc.edu/uhs](http://www.umbc.edu/uhs)), **by February 14, 2020.** For additional information about the insurance requirement, please contact the insurance and billing department of University Health Services at 410.455.3221.

**6. Additional Information for All New Students and Parents:** UHS charges normal and customary fees, fees used by many doctors' offices in a similar area, for services. UHS is a participating provider with most major insurance carriers. If your insurance records are on file, UHS will submit medical claims to your insurance carrier. Your co-pay, unpaid balances or denied claims will be billed to your university account or can be paid by your campus card. While we accept most insurances, you should check with your insurance carrier before arriving on campus to understand how your insurance company will handle billing from University Health Services.

Parents, please note that if your child is 18 or older, due to privacy regulations, we cannot release any patient medical information to anyone other than the patient, except when written permission is granted by the patient, for specific incidents only.

If you are currently receiving mental health services and you would like assistance arranging for ongoing mental health care, contact the Counseling Center at 410-455-2472 prior to the start of school.



**MANDATORY UMBC HEALTH FORM**

*PLEASE COMPLETE THIS FORM AND SEND TO UHS BY US MAIL OR FAX*

In an effort to maintain a healthy campus environment, all UMBC students are **REQUIRED** to complete this document and return it to University Health Services (UHS) at least 4 weeks before classes begin. Students who do not meet this requirement will be blocked from subsequent class registration until this form is completed and returned to UHS. Residential students will not be able to move into University Housing until this form is completed and returned to UHS. Documentation must include specific dates of immunizations (month, day, year) of immunizations and screening tests. **A health care provider's signature/stamp is required in Part III.**

**PART I – PERSONAL INFORMATION**

Name: \_\_\_\_\_  
                                First Name                                Middle Name                                Last Name

Address: \_\_\_\_\_  
                                Street  City                                State                                Zip Code                                Country

Date of Birth: \_\_\_\_\_ Campus ID # \_\_\_\_\_

Citizenship: US Citizen  ; Permanent Resident ; International Student  Visa Type \_\_\_\_\_

**PART II – DOCUMENTATION OF IMMUNIZATIONS AND TUBERCULOSIS SCREENING**

A copy of school immunization records may be attached to this form.

- If you have been or are currently in the US military, you may attach a copy of your ID card or your discharge papers.
- If a health problem prevents you from receiving immunizations, please have your primary health care provider document this in Part III.
- Students born before 1957 are not required to provide proof of the Measles/Mumps/Rubella (MMR) immunization.
- A copy of blood titers proving MMR immunity will be acceptable if they have been done in the US within the last 12 months.

**All information must be in English.**

**REQUIRED**

**A. MMR (MEASLES, MUMPS, RUBELLA)**

(Two doses required at least 28 days apart for students born after 1956).

1. Dose given at age 12 months or later \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. Dose given at least 28 days after first dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**B. MENINGOCOCCAL QUADRIVALENT**

(A, C, Y, W-135 strains) One dose of MCV4 which has been given on or after 16 years of age.

1. Dose \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**REQUIRED FOR STUDENTS LIVING IN UNIVERSITY HOUSING ONLY:** Maryland law requires that every student living in UMBC housing to be immunized against meningococcal meningitis or sign a waiver stating that they understand the benefits of the vaccine and elect not to have it. Students who have not been vaccinated and have not signed a waiver will not be allowed to move into UMBC housing. Both the Maryland Department of Health and Mental Hygiene and the American College Health Association recommend meningitis vaccination of college students, especially those living in university housing. Students living in UMBC housing that have not had the vaccine **ARE REQUIRED** to check the following box, then sign and date this section of the form. You will not receive your room key if you have not done so.

**I have read about, understand the benefits of receiving the meningitis vaccine, and elect not to have the vaccine at this time. I have read about the signs and symptoms of meningococcal meningitis and will seek immediate medical attention if I have any of these problems.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Meningitis B single strain vaccine is **recommended** but not required by Maryland state law.

Dose #1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                          Dose #2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**C. REQUIRED FOR INTERNATIONAL STUDENTS ONLY:** These tests must be performed in the United States and within 6 months of entering UMBC.

Tuberculosis Test (T-spot or QuantiFeron Gold)\_\_\_\_/\_\_\_\_/\_\_\_\_(Month/Day/Year) Result if indicated

Chest X-Ray\_\_\_\_/\_\_\_\_/\_\_\_\_(Month/Day/Year) Result \_\_\_\_\_

I have had the BCG vaccine (not required at UMBC)\_\_\_\_\_yes\_\_\_\_\_no

I have had treatment for Tuberculosis\_\_\_\_\_yes\_\_\_\_\_no (Documentation from medical provider required)

**Recommended**

**D. TETANUS, DIPHTHERIA, PERTUSSIS**

Date of most recent booster dose:\_\_\_\_/\_\_\_\_/\_\_\_\_ Type of booster: Td\_\_\_\_Tdap \_\_\_\_

**E. HUMAN PAPILLOMAVIRUS VACCINE (HPV)**

(Three doses of vaccine for females and males 11-26 years of age at 0, 1-2, and 6 month intervals.)

Immunization (indicate which preparation)

Dose #1\_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2\_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3\_\_\_\_/\_\_\_\_/\_\_\_\_

**F. HEPATITIS A**

Dose #1\_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2\_\_\_\_/\_\_\_\_/\_\_\_\_

**G. HEPATITIS B**

Dose #1\_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2\_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #3\_\_\_\_/\_\_\_\_/\_\_\_\_

**H. VARICELLA**

(Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, or two dose of the vaccine meets the requirement.)

1. History of Disease Yes\_\_\_\_No \_\_\_\_ or Birth in U.S. before 1980 Yes\_\_\_\_ No \_\_\_\_

2. Varicella antibody\_\_\_\_/\_\_\_\_/\_\_\_\_ Result: Reactive\_\_\_\_Non-reactive \_\_\_\_

3. Immunization: Dose #1\_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2\_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III - HEALTH CARE PROVIDER Signature/Stamp**

Name \_\_\_\_\_  
Print Signature

Address \_\_\_\_\_

Phone ( \_\_\_\_\_ ) Date\_\_\_\_/\_\_\_\_/\_\_\_\_

**PART IV - SPECIAL MEDICAL PROBLEMS**

If you have a special medical problem or concern, please feel free to contact UHS and/or have your Health Care provider send us any records that you believe would be helpful for us to have on file.

**PART V - HEALTH INSURANCE**

All new undergraduate students taking 6 or more credits must supply their health insurance information on the University Health Services (UHS) website link [www.umbc.edu/uhs](http://www.umbc.edu/uhs), by February 14, 2020 Students who do not complete the waiver to show proof of health insurance by this deadline will be automatically enrolled and billed for the Student Health Insurance Plan offered by University Health Services/Aetna Student Health. For additional information about the insurance requirement, please contact the insurance and billing department of University Health Services at 410.455.3221.

**HEALTH INSURANCE & INTERNATIONAL STUDENTS:**

Students who have F-1 or J-1 Visas are REQUIRED to have health insurance that meets US State Department requirements. For those F1 and J1 visa holders; your UMBC Student Account will be billed automatically for health insurance during the first month of classes. If you already have health insurance and it meets the minimum requirements, you can go to <http://www.umbc.edu/uhs/insurance.html> to follow guidelines to waive this fee. You must apply for waiver by March 1, 2020. You will not be granted a waiver after that time.

**PART VI - PARENT/LEGAL GUARDIAN** (for students less than 18 years old)

Permission to Provide Treatment

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter and agree to present information concerning his/her medical condition to responsible University officials when deemed desirable. I understand that no major procedure will be performed, except in extreme emergency, without my being contacted and fully informed.

Printed Name \_\_\_\_\_ Signature\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student \_\_\_\_\_ Student's Signature \_\_\_\_\_