

REQUIRED Health Form

University at Albany Student Health Services



UNIVERSITY AT ALBANY
State University of New York

Student Health Services requires the following information be submitted for each student in order to attend class at the University at Albany. Please complete this form and return with supporting documentation to Student Health Services 6 weeks before the semester starts.

Student: _____ Birthdate: _____
Last First M.I. Month Day Year

Cell or Preferred Phone Number: () _____ UAlbany ID # _____

Address: _____
Street City State Zip Country

Emergency Contact: _____ Cell or Preferred Phone Number: () _____

Are you entering the University as: ☐ International Student

PERMISSION FOR TREATMENT FOR STUDENTS UNDER 18 YEARS OF AGE. To avoid delay in treatment when medical problems arise, we request that the following statement be signed by a parent or legal guardian: I hereby grant permission to the practitioners and nurses at the University at Albany Student Health Service to evaluate, treat, or secure a referral to an outside agency for my child/ward in case of illness/injury. I also hereby grant permission to immunize my child/ward in cases where immunization is necessary as part of a treatment plan or when needed for prevention of illness.

Parent/Guardian Signature _____ Relationship _____ Date _____

Measles Mumps Rubella (MMR) Immunization Documentation

In order to attend college in New York State you are required to provide proof of immunity to measles, mumps and rubella. We accept any any one of the following as documentation:

- a) A copy of your immunizations (including dates) on physician's letterhead, which includes printed name, address and telephone number; OR
- b) A copy of your immunizations on an official government/school letterhead; OR
- c) Have a blood test to confirm immunity. Please note: a copy of the lab report must be submitted.

Please visit our website for specific information regarding this requirement at: www.albany.edu/health_center/immunizationreqs.shtml.

Meningitis

In order to attend college in New York State you are required to verify you have received information about meningococcal disease and made an informed decision about immunization. Please visit our website for specific information regarding this requirement at:

www.albany.edu/health_center/meningitis.shtml. If you have received the vaccination within the past 5 years please submit proof of vaccination.

Tuberculosis Screening: Please check the appropriate answer or response.

1) In the last five years have you had a positive PPD, QuantiFERON or T-Spot? Yes ☐ No ☐

If yes, please explain and provide copy of test result, and if applicable Chest X-ray report and start/end date of Tuberculosis treatment: _____

2) Do you have a persistent cough with blood (3 weeks or more), fever, night sweats or weight loss? Yes ☐ No ☐

3) In the last 5 years, have you ever been a resident or employee of any of the following for greater than 4 weeks? Yes ☐ No ☐

Prison/Jail, nursing home with direct resident contact, health care facility with direct patient contact, homeless shelter with direct resident contact,

Yes to any of the above, please provide dates: _____

Yes ☐ No ☐

4) In the last 5 years, have you lived or traveled outside of the United States for over 4 weeks ?

If yes, please list country(ies) and dates of travel or length of stay: _____

Student Signature _____ Date _____

This form, along with your supporting documentation, must be returned to:

University at Albany, Student Health Services
1400 Washington Ave, Albany, NY 12222

(518) 956-8400. Or fax to: (518) 442-5444 email: healthforms@albany.edu

Any additional medical summaries (or other pertinent information) that incoming students, parents or medical practitioners view as appropriate for inclusion in the student's UAlbany Student Health Services medical record should be sent directly to Student Health Services.