

## HEALTH FORM PART A: IMMUNIZATIONS



Ringling College of Art + Design Name: \_\_\_\_\_

Student ID#: 000 \_\_\_\_\_

Health Services

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

**All SIGNED and COMPLETED forms (Parts A, B, C) are required prior to orientation.  
An official translation is required for any forms not in the English language.**

Section A: Required Immunizations				
	MONTH/DAY/YEAR	MONTH/DAY/YEAR	MONTH/DAY/YEAR	Titer Date & Result (in lieu of vaccine dates)
<b>1. MMR (Measles, Mumps, Rubella)</b> <i>Two doses after first birthday.</i>	1.	2.	<b>OR</b>	<i>*must include lab report*</i>
<b>2. Hepatitis B</b> <i>Three doses in series. (OR check decline box, sign and date below)</i>	1.	2.	<b>OR</b>	<i>*must include lab report*</i>
<input type="checkbox"/> <b>Hepatitis B Waiver:</b> I have discussed the Hepatitis B vaccine with my medical provider and <b>decline receipt</b> of this vaccine.				
<b>3. MCV4 (Menactra/Menveo)</b> <i>One dose after 16<sup>th</sup> birthday. If first dose was given prior, booster dose is needed. (OR check decline box, sign and date below You may NOT waive if living on campus.)</i>	1.	2.		
<input type="checkbox"/> <b>MCV4 Waiver:</b> I will not be living on campus. I have discussed the MCV4 with my medical provider and <b>decline receipt</b> of this vaccine.				
<b>4.</b>				
Signature of Student _____ Date _____ OR Signature of Parent/Guardian (If Student is under 18) _____ Relationship To Student _____ Date _____				
5. Tuberculosis Screening (Required for International Students)				
<b>TB Skin Test by PPD</b> <i>(Mantoux) Must be read within 48-72 hours</i>	Date Placed:	Date Read:	Induration of millimeters _____mm	Result (circle one) Negative / Positive
<b>OR Interferon-based Assay</b> <i>(QFT or Tspot)</i>	Date:	Result:	<b>→ You must submit a copy of the lab report</b>	
<b>Chest X-Ray</b> <i>(if positive PPD or lab)</i>	Date:	Result:	<b>→ You must submit a copy of the chest x-ray report</b>	

Section B: Official Stamp AND Authorized Signature		
An official stamp from a medical provider, clinic, or health department with authorized signature required below. You must attach a State Immunization Form if this section is blank.		
Official Office Stamp Here (or Name/Address)	Physician or Authorized Signature	Date

**IMPORTANT! KEEP A COPY OF THIS PAGE AND ALL LAB REPORTS FOR YOUR RECORDS.**

## HEALTH FORM PART B: TUBERCULOSIS RISK SHEET



**Ringling College**  
of Art + Design  
Health Services

Name: \_\_\_\_\_

Student ID#: 000 \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Afghanistan	Congo	Japan	Namibia	South Africa
Algeria	Côte d'Ivoire	Kazakhstan	Nepal	Sudan
Angola	Croatia	Kenya	Nicaragua	Suriname
Argentina	Dem. People's	Kiribati	Niger	Swaziland
Armenia	Republic of Korea	Kuwait	Nigeria	Syrian Arab Republic
Azerbaijan	Dem. Rep. of the Congo	Kyrgyzstan	Pakistan	Tajikistan
Bahrain	Djibouti	Lao People's Democratic Republic	Palau	Thailand
Bangladesh	Dominican Republic	Latvia	Panama	The Former Yugoslav
Belarus	Ecuador	Lesotho	Papua New Guinea	Republic of Macedonia
Belize	El Salvador	Liberia	Paraguay	Timor-Leste
Benin	Equatorial Guinea	Libyan Arab	Peru	Togo Tunisia
Bhutan	Eritrea	Jamahiriya	Philippines	Turkey
Bolivia	Estonia	Lithuania	Poland	Turkmenistan
Bosnia and Herzegovina	Ethiopia	Madagascar	Portugal	Tuvalu
Botswana	Fiji Gabon	Malawi	Qatar	Uganda
Brazil	Gambia	Malaysia	Republic of Korea Republic of	Ukraine
Brunei Darussalam	Georgia	Maldives	Moldova Romania	United Republic of
Bulgaria	Ghana	Mali	Russian Federation	Tanzania
Burkina Faso	Guam	Marshall Islands	Rwanda	Uruguay
Burundi	Guatemala	Mauritania	Saint Vincent and the	Uzbekistan
Cambodia	Guinea	Mauritius	Grenadines	Vanuatu
Cameroon	Guinea-Bissau	Micronesia	Sao Tome and Principe	Venezuela (Bolivarian
Cape Verde	Guyana	(Federated States of) Mongolia	Senegal	Republic of)
Central African Republic	Haiti	Morocco	Seychelles	Vietnam
Chad	Honduras	Mozambique	Sierra Leone	Yemen
China	India	Myanmar	Singapore	Zambia
Colombia	Indonesia		Solomon Islands	Zimbabwe
Comoros	Iraq		Somalia	

- The countries above have a high incidence of TB. Were you born in one of these countries or do you take frequent or prolonged trips (greater than one month) to one of these countries?  
If yes, please circle the country from the list above. YES NO
- Have you ever:*
  - Had close contact with persons known or suspected to have active TB disease? YES NO
  - Been a resident and/or employee of a high-risk congregate setting (e.g. correctional facilities, long term care facilities, homeless shelters)? YES NO
  - Been a volunteer or health care worker who served clients who are at increased risk for active TB? YES NO
  - Been a member of the following groups that may have an increased incidence of latent or active TB: medically underserved, low-income, or abusing drugs or alcohol? YES NO
- Currently experiencing:*
  - Coughing lasting 3+ weeks not related to other condition (e.g. asthma, allergies)? Coughing up blood (hemoptysis)? YES NO
  - Weight loss unrelated to change in diet or exercise? YES NO
  - Night sweats that occur on a regular basis? Fever unrelated to another known condition? YES NO

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Students who answered "YES" to any questions on this page must review and discuss their risk to Tuberculosis with a health provider and obtain signature. All international students must complete #5 on Part A of the Health Form.**

**Health Provider who has Reviewed/Discussed TB risk:** Recommend TB Testing? (Circle one.) YES / NO

Provider Name (Print/Stamp): \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH FORM PART C: MEDICAL POLICIES & HEALTH INSURANCE REQUIREMENT



Ringling College of Art + Design Name: \_\_\_\_\_

Student ID#: 000 \_\_\_\_\_

Health Services

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

### MEDICAL POLICIES

- Ringling College of Art and Design provides on-campus health services through Sarasota Memorial Health Care System. A complete description of the services provided to enrolled students is available at <http://health.ringling.edu>.
- If you have a medical history or other condition you would like to discuss with our medical staff, please visit us during the first week of classes for an initial consultation with our on-campus Physician's Assistant or call (941) 309-4000 on or after Monday, August 27<sup>th</sup>. Please note that it is the responsibility of the student to share any medical conditions/allergies with appropriate personnel across campus. The Health Center does not share a student's private health information with any other department.
- Mere attendance at counseling/medical appointments either on or off campus, or other documentation of a medical condition provided to the health center, is insufficient to grant an excused class absence. For questions about course work or attendance policies, it is the student's responsibility to communicate directly with their faculty member, academic adviser, or office of disability services.
- Emergency medical withdrawals from school may be granted only in emergency situations and require documentation of diagnosis and subsequent emergency situation which substantially interfered with the student's ability to function academically for an extended period of time. This documentation must be completed by a licensed provider. Be sure to review the student handbook and academic calendar for more details.
- Any evidence in the future that this Health Form has been falsified or incomplete may be grounds for immediate suspension from the College. Ringling College shall reserve the right to reject or overturn acceptance for admission to the College if information on this form would indicate need for such action.

### HEALTH INSURANCE REQUIREMENTS

- ALL degree-seeking students are required to have health insurance. You will be automatically charged and enrolled in the Student Health Insurance Plan (SHIP). All students must complete one of the following: submit a waiver OR submit an enrollment request. Visit [www.universityhealthplans.com/ringling](http://www.universityhealthplans.com/ringling) for more information, including the waiver and enrollment links.
- **WAIVER:** Student who have comparable insurance, and wish to decline the SHIP, must complete an online waiver form. The waiver form is accessible via the above link and must be submitted prior to September 14, 2018. Please note: It may take up to five business days for the charge to be reversed once the waiver is approved.
- **ENROLLMENT:** If you would like to elect coverage in the SHIP (with coverage dates of 8/1/18-7/31/19), you will need to confirm enrollment at the link above.
- Students who do not submit a waiver or confirm enrollment by **September 14, 2018** will be auto-enrolled in the SHIP and payment will be reflected on your bill.
- Students may not withdraw from the full-academic year policy after September 14, 2018. Students are only allowed to reenroll in a subsequent year policy, if they continue to be eligible. Students previously granted a medical leave of absence will not be eligible for a subsequent year policy.
- If I elect to waive participation in the SHIP, I acknowledge that I am legally responsible for any and all medical expenses incurred for the policy period at Ringling College.
- Please contact United Health Plans directly for questions about coverage, claims and eligibility at 1-800-437-6448 or email [info@universityhealthplans.com](mailto:info@universityhealthplans.com).

**• Are you a minor (will you be under the age of 18 as of the first day of classes, 8/27/2018)?**

- No  
 Yes → Please fill out the Minor Consent Forms for Medical Services and the Peterson Counseling Center.

**I certify that I have read the College's Policies above. I understand that failure to complete this form in full and to return it by the deadline (7/20/18) may result in the College preventing me from registering for classes or assuming occupancy in the residence halls. I understand I am also responsible for having a physician review and sign Parts A & B of the health form before returning it to the College by the deadline.**

Student Name (Print): \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_