



## Obtaining Proof of Immunization Can Be Time Consuming – So Start Now!

Ringling College of Art and Design **requires** that all PreCollege students have proof of the following immunizations prior to attending the summer program:

- 2 Measles (Rubeola) vaccines *or* 2 MMRs are acceptable
- 1 Rubella (German Measles) vaccine
- 1 Meningococcal Meningitis vaccine or doctor's exemption\*
- Hepatitis B vaccine or signed waiver\*\*

\*Based on recommendations from the Center for Disease Control (CDC) and the American College Health Association, Ringling College of Art and Design requires that all students living in Ringling College housing be vaccinated against meningitis. Proof of receiving the vaccination within the past five years must be provided. Medical exemptions require a signed waiver form.

\*\*Based on the CDC recommendation, vaccination against Hepatitis B is *highly* recommended. If declined, a signed waiver is required.

Ringling College of Art and Design will accept the official State of Florida Immunization Form (Form 680) issued by local health departments and physicians' offices, in conjunction with completing the personal information form (Health Form A) **and obtaining a doctor's signature on Health Form B.**

**PLEASE NOTE:** This packet is strictly used for PreCollege at Ringling College of Art and Design. Incoming students to the College' degree programs will still need to submit health records via the separate online portal prior to the fall semester. Information can be found at [health.ringling.edu](http://health.ringling.edu).



## PRECOLLEGE 2017: STUDENT HEALTH FORM A

Ringling College of Art and Design does not maintain on-campus health services during PreCollege. The Office of Student Life arranges for medical attention through Sarasota urgent care facilities for any student requiring medical attention. (Students will be accompanied and transported by taxi, and taxi payment will be deducted from the Residency Deposit.) Ringling College DOES provide on-site counseling services as noted below.

The College requires the following health information for use in emergency or epidemic situations. Any evidence in the future that this self-report has been falsified or is incomplete may be grounds for immediate dismissal from the College. Ringling College shall reserve the right to reject or overturn acceptance for admission to PreCollege if information on this form would indicate need for such action.

**NOTE: ALL INFORMATION IS CONFIDENTIAL AND SHARED ON A NEED-TO-KNOW BASIS ONLY.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_Male \_\_Female

Name of parent, guardian, or relative who should be notified in case of illness or emergency:

Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

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

Email Address of Parent(s): \_\_\_\_\_

Area Code / Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Daytime Evening/Weekend Mobile

**HEALTH INSURANCE: Ringling College requires all domestic and international students to have health insurance.** (See special requirements for proof of insurance for international students.)

\_\_\_\_ I HEREBY ELECT TO PURCHASE INSURANCE THROUGH THE COLLEGE for coverage for the duration of the PreCollege program only at a cost of \$75.00.

\_\_\_\_ I HEREBY ELECT TO WAIVE participation in the Student Health Insurance Plan. I certify that I have coverage as indicated below, confirmed by submission of a **copy of both sides of the student's insurance card**. I acknowledge that I am legally responsible for any and all medical expenses incurred for the duration of PreCollege 2017 at Ringling College of Art and Design.

Name of Insurance Carrier/ Company: \_\_\_\_\_

Policyholder's Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

Policyholder's Date of Birth: \_\_\_\_\_ Policyholder's Signature: \_\_\_\_\_

q **Attached is a clearly legible copy of Medical Insurance Card showing student's coverage.**

**Self-Reported Medical History: Answer all questions. State none or N/A if not applicable.**

1. Please check any of the following conditions you have had or now have:

- |  |                                       |  |  |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Arthritis/Rheumatism              | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Measles         | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Mumps                             | <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Chicken Pox         |
| <input type="checkbox"/> Heart Trouble                     | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Clinical Depression |
| <input type="checkbox"/> Allergies (please identify) _____ |                                       |  |  |

2. Other significant medical problems or conditions that require regular visits to a physician:

3. Are you currently taking any prescription medications? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify medication, dosage and frequency and any possible side effects:

4. Please check any of the following conditions that are recognized by Section 504 of the Rehabilitation Act and the American Disabilities Act:

- a)  Physical Disability (which would impact mobility, require special care or assistance, or which may limit participation in College events or field trips, etc.)
- b)  Deafness/Hearing Impairment
- c)  Vision Impairment (other than wearing glasses or contact lenses)
- d)  Learning Disability
- e)  Attention Deficit Disorder (ADD/ADHD)
- f)  Autism/Asperger Syndrome
- g)  Dyslexia
- h)  Speech Disorder
- i)  Physical Disability or Chronic Illness. Please specify \_\_\_\_\_
- j)  Psychological/Psychiatric Disability

Please describe the condition(s) noted above:

Are you currently taking any medications on a regular basis for the above disability?

5. Have you ever undergone treatment for any emotional or mental condition, difficulties in adjustment, or been under the care or treatment of a clinical social worker, psychologist, psychiatrist or other mental health professional? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide circumstances, dates and, if applicable, medications:

**Ringling College Peterson Center Counseling Center**

Ringling College does not provide mental health therapy for PreCollege students. The College does, however, have an emergency on-campus mental health crisis manager who may be called upon to provide evaluation and/or mental health crisis management services if there is acute concern about a student. Where such services are provided, Ringling College mental health professionals, non-clinical staff, or other designees inside or outside of the counseling center may contact and/or consult with other College staff, off-campus providers, family members, emergency contacts, or others to support safety and coordinate care without additional authorization. To this end, the student's confidentiality *may not* be guaranteed in the same way as if you received mental health therapy/counseling services from a non-college provider; and any promotional or educational materials designed for Ringling's enrolled degree-program college population must be read understanding these superseding limits described herein. Where evaluation suggests the need for more intensive support than is readily accessible, other actions may be taken to support student safety, including, but not limited to, the student's removal from the program. Your participation in the program and consultation with any of the Ringling College counseling and professional staff is an indication of your acceptance of these terms. Your signature below indicates you have read, understood and consent to these terms including limits to confidentiality.

**PARENTS:** Furthermore, I explicitly authorize staff of the Ringling College Student Life and/or Counseling to meet privately with my student for assessment/intervention of mental health and/or substance abuse related disorders where it is determined by a member of the Ringling College faculty or staff to be helpful to the individual or the College community. I agree that Counseling staff may choose to disclose or not disclose to me (parent/guardian) any or all information regarding such meetings, and any records of same, where such information does not involve imminent risk or harm to the student or others.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**IF YOU HAVE A RECOGNIZED DISABILITY OF ANY KIND and are requesting reasonable academic accommodations, please provide complete written documentation and note this below.** In addition, please contact Virginia DeMers, Director of the Academic Research Center, at 941-359-7627 or by email at [vdemers@c.ringling.edu](mailto:vdemers@c.ringling.edu) to discuss *reasonable academic accommodation* options for any medical, mobility, hearing, learning, attention, psychological or other disability. Students with mobility issues will need to address those well ahead of time; the College does not provide transportation services on campus. PreCollege Perspective classes and activities are held across the entire campus.

- I am requesting academic accommodations for the disability noted on line 4 on previous page.  
Documentation must be attached, and parent/guardian should contact Virginia Demers ([vdemers@c.ringling.edu](mailto:vdemers@c.ringling.edu) or 941-359-7627) about reasonable accommodation options.
  
- I do not require academic accommodations for the disability noted above.

**STUDENT VERIFICATION:**

I certify that, to the best of my knowledge, the answers to all questions are correct and that I have read the statement of policy of the College at the top of the front page. I understand that failure to complete this form in full and to return it by the deadline noted in my acceptance letter from the College 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 Health Form "B," and that it too must be returned to the College by the established deadline.

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

\_\_\_\_\_  
Date

**Medical Care/Treatment Power of Attorney (if student is under 18 years of age):**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, do hereby authorize treatment and/or admission to the hospital in the event of an accident or emergency. I agree that the attending physician may, in case of extreme emergency, operate and/or administer the necessary anesthesia if the undersigned cannot be contacted. Furthermore, I authorize Ringling College staff members associated with the PreCollege program to initiate and authorize the provision of basic, non-emergency medical care at a local physician's office, Urgent Care Center or hospital.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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

Date of Birth: \_\_\_\_\_

### PRECOLLEGE 2017 IMMUNIZATION FORM – HEALTH FORM B

**When complete, send to:**  
PreCollege - Ringling College  
2700 North Tamiami Trail  
Sarasota, FL 34234  
941.955.8801 (fax)

I have reviewed the immunization history of this patient as reported below and find it to be complete and accurate to the best of my knowledge. A tuberculosis risk assessment has also been completed; the student has either been screened or tested.

NOTES:

\_\_\_\_\_  
Physician/Nurse Practitioner Signature

\_\_\_\_\_  
Physician/Nurse Practitioner Name (printed)

\_\_\_\_\_  
Medical Office Area Code and Telephone Number

\_\_\_\_\_  
Date

**REQUIRED VACCINATIONS AND INOCULATIONS:**

Please give dates of all **required** vaccinations and inoculations below. See the reverse of this form for the full policy.

**I.** Either two doses of MMR **or** Measles with one dose of Rubella are required for entry by State of Florida.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st 2nd MMR (Measles/Mumps/Rubella) **or** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st 2nd Measles Rubella Mumps

**II.** One dose of the Meningitis vaccine on or after age 16 is mandatory, per CDC guidelines. Exemptions based on medical advice require a waiver form, signed by a physician, which is attached.

Date of Meningococcal: \_\_\_\_\_

**III.** At least one Hepatitis B vaccination of the series or a signed waiver declining the vaccine.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st 2nd 3rd Hepatitis B **or** signed waiver below

I have read the information pertaining to Hepatitis B on the reverse of this form. I choose to decline the vaccine.

\_\_\_\_\_  
Signature of Student or Parent/Guardian if under 18 years of age      \_\_\_\_\_  
Date

**IV.** Exposure to Tuberculosis has been discussed and evaluated. **REQUIRED ONLY** for students coming from countries with a high incidence of TB.

Tuberculin Test: Type: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_ If positive, follow-up: \_\_\_\_\_

**RECOMMENDED VACCINATIONS AND INOCULATIONS:**

Please give dates of **recommended** vaccinations or inoculations:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
series/booster Polio series/booster Tetanus-Diphtheria DTaP or DTP and booster with Td \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
1st 2nd Varicella

PreCollege 2017  
Ringling College of Art and Design  
2700 North Tamiami Trail, Sarasota, FL 34234

## **I. MEASLES AND RUBELLA**

As a prerequisite to matriculation or registration, Ringling College of Art and Design requires all students born after 1956 to present documented proof of immunity to measles. All students less than 40 years of age shall present documented proof of immunity to rubella. According to the Florida Department of Health and Rehabilitation Services, acceptable proof of immunity is as follows:

### MEASLES (Rubeola or Ten-Day Measles)

Students can be considered immune to measles only if they have documentation of at least one of the following:

1. Documentation of immunization with two (2) doses of live measles virus vaccine on or after the first birthday.
2. Persons vaccinated with killed or an unknown vaccine prior to 1968 must be revaccinated. Persons born before 1957 may be considered to have had natural infection and therefore do not need measles vaccine.
3. Laboratory (serologic) evidence of measles immunity.
4. A written, dated statement signed by a physician on his stationery which specifies the date seen and states that the person has had an illness characterized by a generalized rash lasting three (3) or more days, a fever of 101 degrees Fahrenheit or greater, a cough and conjunctivitis, and, in the physician's opinion, is diagnosed to have had the ten-day measles (rubeola).

### RUBELLA (Three-Day Measles)

Students can be considered immune to rubella only if they have documentation as follows:

1. Documentation of immunization with live rubella virus vaccine on or after the first birthday or,
2. Laboratory (serologic) evidence of rubella immunity (titer).

## **ADDITIONAL INFORMATION AND RECOMMENDATIONS**

If the student has no documentation of any dose of measles vaccine, vaccine should be given at the time of entry and the second dose no less than thirty (30) days and no more than three (3) months later. It is recommended that both doses of measles vaccine be given as combined measles-mumps-rubella (MMR) vaccine. The documented date of immunization for both measles and rubella should include the day, month and year. However, only month and year will suffice as long as the month and year show that the immunization was given at least 13 months after the month of birth. It is strongly recommended that all students, regardless of age, who have questionable immunity to measles or rubella be immunized unless otherwise contraindicated.

Since there is no evidence of increased risk from measles revaccination, it is recommended that those students who cannot provide an immunization date after extended research, those who present questionable immunization dates, and those with a questionable diagnosis of measles, be vaccinated (revaccinated) prior to time of matriculation/registration. All immunizations should be given in accordance with the recommendations of the United States Public Health Service, Center for Disease Control's (CDC) Advisory Committee on Immunization Practices.

## **II. MENINGOCOCCAL MENINGITIS**

Meningococcal meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e. coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability.

Meningitis is a rare but potentially dangerous illness that mainly affects children and young adults. However, college-aged students have a greater potential risk of outbreaks than the general population due to a prevalence of risk factors that are often part of campus life. These risk factors include dormitory living, active and passive smoking, bar patronage, and alcohol consumption (more than 15 drinks per week).

A safe, effective vaccine is available and protects against four of the five strains of the disease for at least five years. The Center for Disease Control recommends that undergraduates under 25 years of age, particularly those who plan to live in residence halls, receive the vaccine. As such, Ringling College requires the vaccine of all new residential students, effective fall 2009.

## **III. HEPATITIS B**

Hepatitis B is a serious liver disease caused by the Hepatitis B virus (HBV) that can lead to chronic liver disease, liver cancer or death. It can be spread through contact with blood or body fluids of an infected person. Fifty percent of people with hepatitis B have no symptoms (but can infect others). Symptoms can include fever, poor appetite, fatigue, joint pain, nausea and vomiting. Some individuals also have yellowing of the skin (jaundice). Seventy five percent of cases occur in individuals between ages 15 and 39.

## **IV. TUBERCULOSIS**

Screening and targeted testing for TB is a key strategy for controlling and preventing infection on college campuses. Students who have had a positive TB skin test, have had close contact with anyone who was sick with TB, were born in or traveled to a high risk area, or have been vaccinated with BCG are required to have a health care provider complete a tuberculosis risk assessment.



## Ringling College of Art + Design

### Health Information and Immunization Checklist

If you can check all the boxes listed below, you are ready to submit your Health Information Forms to:

PreCollege  
Ringling College of Art and Design  
2700 North Tamiami Trail, Sarasota, Florida 34234  
P: 941.955.8866  
F: 941.955.8801  
E: [precollege@ringling.edu](mailto:precollege@ringling.edu)

#### Health Form A

- I have provided information for emergency notification.
- I have provided required information regarding health insurance, **and have enclosed a clearly legible copy of BOTH SIDES of my medical insurance card**, or selected to purchase coverage through the College.
- I have completed the self-reported medical history.
- If a student with a recognized disability, I have provided documentation from a certified professional, and noted if I am requesting academic accommodations. (Requests for Housing Accommodations should be entered on the Housing Contract.)
- I have provided confidential information regarding medications.
- I have provided confidential information regarding emotional, mental, or adjustment difficulties.
- If I am currently under the age of 18, my parent/guardian has also signed the health form.

#### Health Form B (may be submitted separately)

- I have listed dates for two MMR vaccinations **or** I have listed dates for two measles vaccinations and one rubella vaccination.
- If age 16 or older, I have listed the date of my meningitis vaccination or submitted a signed medical exemption form.
- I have listed a date for at least one Hepatitis B vaccination of the series **or** declined the vaccine and signed the waiver.
- If student is from an at-risk area* as determined by my physician I have been screened for risk factors for TB. (Required for students coming from high-risk regions.)
- My doctor's office or clinic has officially signed or stamped the form.



PreCollege 2017

**EXEMPTION/WAIVER TO IMMUNIZATION REQUIREMENT**

**STUDENT NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please print.)

**WAIVER of IMMUNIZATION on RELIGIOUS GROUNDS:**

I, the student of legal age or parent/legal guardian of the student named above. Immunizations are in conflict with our religious tenets or practices. Therefore, I request that the student be enrolled in the College's PreCollege program without the following required immunizations.

\_\_\_\_\_  
\_\_\_\_\_

I have been counseled on the risks associated with the diseases for which immunizations are required for PreCollege admittance/attendance and understand that since my child has not been protected against the vaccine-preventable diseases, he/she may be excluded from attending PreCollege for the duration of any vaccine-preventable disease outbreak.

\_\_\_\_\_  
Signature of Legal-Age Student or Parent/Guardian Date

\_\_\_\_\_  
Printed Name of Parent/Guardian (if applicable)

**EXEMPTION to IMMUNIZATION for MEDICAL REASONS:**

I certify that the student named above has a medical reason to NOT have the following vaccination required for residence at PreCollege:

- MENINGOCOCCAL MENINGITIS vaccination
- Other vaccine (please specify) \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Medical Office Phone Date