



**HEALTH FORM PART A:
IMMUNIZATIONS**

Name: _____
 Date of Birth: ____/____/_____
 Age: _____
 Student ID: 000 _____
 Residency: ___ Resident ___ Commuter

SECTION A: Required Immunizations

	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (must include lab report)
1. MMR (Measles, Mumps, Rubella)			--NOT APPLICABLE--	OR
2. Hepatitis B (OR check decline box, sign and date below)				OR
<input type="checkbox"/> Hepatitis B Waiver: I have read the information about Hepatitis B and decline receipt of this vaccine. _____ Student or Parent/Guardian Signature Date				
3. MCV4 (Menactra/Menveo) One dose must be given after age 16. (If you are a commuter student, you may decline by checking decline box, sign and date below. You may NOT waive if living on campus.)			--NOT APPLICABLE--	
<input type="checkbox"/> Meningitis Waiver: I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine. _____ Student or Parent/Guardian Signature Date				
4. Tuberculosis Screening (Required for International Students)				
TB Skin Test by TST (Mantoux)	Date Placed	Date Read	Induration of millimeters _____ mm	Result (circle one) Negative / Positive
OR Interferon-based Assay (QFT or Tspot)	Date	Result	Submit copy of lab report in English	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result	Submit copy of x-ray report in English	

SECTION B: Optional Immunizations – Not Required for Matriculation

Td		--NOT APPLICABLE--		
Tdap (Adacel/Boostrix)		--NOT APPLICABLE--		
Varicella (Chickenpox)			--NOT APPLICABLE--	
Hepatitis A				
HPV (Gardasil or Cervarix)				--NOT APPLICABLE--
Meningitis B	Bexsero		--NOT APPLICABLE--	
	Trumenba			--NOT APPLICABLE--

An official stamp from a medical provider, clinic or health department AND an authorized signature must appear here or this form will not be approved.
 You must attach a State Immunization Form if this section is blank.

Official Office Stamp Here

Physician or Authorized Signature

Date



**HEALTH FORM PART B:
TUBERCULOSIS RISK SHEET**

Name: _____

Date of Birth: ____ / ____ / ____

Age: _____

Student ID: 000 _____

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? YES NO
If yes, please circle the country from the list above.
- 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 below. All international students must complete #4 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 POLICES & HEALTH INSURANCE REQUIREMENT

Name: _____ Date of Birth: ___/___/___ Age: _____ Student ID: 000 _____

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 orientation or the first week of classes for an initial consultation with our on-campus Physician’s Assistant. 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. Call (941) 309-4000 for more information.
• 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 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 11, 2020. 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 8/1/20-7/31/21), you will need to confirm enrollment at the link above.
• Students who do not submit a waiver or confirm enrollment by September 11, 2020 will be auto-enrolled in the SHIP and payment will be reflected on your bill. Waivers cannot be submitted after this date. Partial refunds will not be granted.
• Students may not withdraw from the full-academic year policy after September 11, 2020. 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.

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 (now 8/10/2020) 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: _____
• Are you a minor (will you be under the age of 18 as of the first day of classes, 9/7/2020)?
 No
 Yes → Please fill out the Minor Consent Forms for Medical Services and the Peterson Counseling Center.