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| **How to submit my immunization records**  Wellness Center Patient Portal (preferred method)   1. Go to [www.bowiestate.edu](http://www.bowiestate.edu) 2. Search **Wellness Center**; select **Henry Wise Wellness Center** 3. Select **Patient Portal** under **Student Resources** 4. Enter your BSU username and password 5. Click on **Forms and Immunization Requirements** 6. Complete **Items required for clearance** by clicking on 7. Enter your immunization dates or blood test dates correctly 8. Select **Immunization Records** to upload your supporting documents. You can click **Download** for a blank form as needed.   Wellness Center email: [hwwc@bowiestate.edu](mailto:hwwc@bowiestate.edu)  Wellness Center fax: 301-860-4179  Completed forms can also be dropped off or send via US mail |
| **What are the immunization / health requirements**  **All Students:** MMR vaccine x 2 doses. **This includes students who take online courses**.  **Campus Residents**: Meningococcal ACWY vaccine or waiver  **International Students**: Tuberculosis (TB) screening  **New Students**: Your Patient Portal account will not be activated until your class registration is completed.  **Minors:** Parental / Guardian permit for treatment of a minor is required forstudents under the age of 18 and is a minor. |
| **What are the consequences if I do not complete the immunization / health requirements**   1. Failure to complete the immunization requirements will result in registration holds for future semesters. 2. Failure to obtain the parental / guardian permit for treatment of a minor will limit your access to receive health services at the Wellness Center. 3. New students will not have registration holds for the first semester. These holds will be placed one month after the first day of school. |
| **What else do I need to know**   1. Acceptable supporting documents: BSU immunization form with your health care provider’s signature, school immunization records, immunization records from your health care provider’s office with provider information or stamp, military record (DD214). 2. All supporting documents must be in English. 3. Physical exam is not required to complete this form. 4. This form is available on the Wellness Center website > Health Forms. 5. Please allow two business days for processing after the submission. 6. It is recommended that all students have personal health insurance. 7. Incomplete forms will NOT be processed and will result in registration holds. |

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| **SECTION A- PERSONAL INFORMATION (REQUIRED)** *Print Legibly*  Name: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admit Term (circle one): Spring or Fall; Year\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_  Student Status: \_\_\_In State \_\_\_Out of State \_\_\_International Student Housing: Do you plan to live on campus (circle one): Yes No  Gender (circle one): Male Female Transgender: Male → Female or Female→ Male  Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Emergency Contact Name & Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION B: MEASLES, MUMPS, RUBELLA (MMR)- ALL STUDENTS MUST COMPLETE THIS SECTION (REQUIRED)** *Print Legibly*  Two doses of MMR at least 28 days apart after 12 months of age. MMR can be waived if you were born before 1957.  MMR #1\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ MMR #2 \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  mm dd yyyy mm dd yyyy  OR  Rubeola (Measles) Titer \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Result (circle one): Immune / Not Immune / Equivocal  mm dd yyyy |
| **SECTION C: MENINGITIS** (**A, C, W, Y)- REQUIRED FOR ALL STUDENTS WHO PLAN TO LIVE ON CAMPUS** *Print Legibly*  Students who plan to apply for on-campus housing. One dose must be given on or after 16 years of age. If not, please sign the Meningitis Vaccine Waiver (Section F).  Meningitis ACWY \_\_\_\_\_\_/\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_ Vaccine Name (circle one): Menactra / Menveo / Unknown  mm dd yyyy |
| **SECTION D: TUBERCULOSIS SCREENING- REQUIRED FOR INTERNATIONAL STUDENTS** *Print Legibly*  Test must be performed in the US within the past 12 months.  Blood Test (circle one): QuantiFERON-TB Gold / T-Spot \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ Result (circle one): Positive / Negative  mm dd yyyy  Chest X Ray (required if blood test is positive): \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_ Result (circle one): Normal / Abnormal  mm dd yyyy  TB or laten TB treatment  \*Tuberculin Skin Test is no longer accepted. BCG vaccine cannot replace TB test. This test cannot be waived. |
| **SECTION E: Recommended Vaccines ( OPTIONAL FOR ALL STUDENTS)** *Print Legibly*  Tdap ( within 10 years) \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ OR Td \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_  mm dd yyyy mm dd yyyy  Meningitis B \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_ \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_  mm dd yyyy mm dd yyyy mm dd yyyy Vaccine Name (circle one): Bexsero / Trumenba |

Signature of Health Care Provider Print Name Phone Number Date

**Acceptable documentation in lieu of health care provider signature (Must be in English): School or university immunization record, Immunization record from your health care provider’s office with contact information and / or Military immunization form (DD214)**

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| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SECTION F: Meningitis Vaccine Waiver**  A Meningococcal Vaccine is available for protection against most strains of the bacteria that causes Meningitis. Meningitis is inflammation of the covering o the brain and spinal cord that is fatal in 10-15% of cases. Although the disease is rare, college students living in dormitories and individuals with weak immune systems can be more susceptible to the disease. The immunization requires one injection in the arm and is 85-90% protective against strains A, C, Y, and W-135, but not type B. Most Meningococcal diseases in the U.S. are causes by type B or C.  I understand that under Maryland law, students enrolled in a Maryland institution of higher education residing in on-campus student housing are required to be vaccinated against the Meningococcal Meningitis disease or may seek exemption from this law. I have read the Meningitis material where the risks are detailed. In addition, I acknowledge the detrimental health effects of the disease. Lastly, I have read and understand the availability and effectiveness of the vaccine, which is available from local pharmacies or from my personal health care provider. https://www.cdc.gov/vaccines/vpd/mening/public/index.html  **\_\_\_** I have read about the Meningococcal Disease. I have read and understand the benefits of the vaccine for Meningococcal Meningitis. I **do not wish** to receive the vaccine and I voluntarily agree to release, discharge, indemnify, and hold harmless the State of Maryland, the University, its officers, employees, and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of loss or personal injury that might result from my non-compliance with the law.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_  (Parent or guardian must sign for student under 18) mm dd yyyy |