



University Health Services  
 UMBC  
 1000 Hilltop Circle, Baltimore MD 21250  
 (PH) 410.455.2542 (FAX) 410.455.1125

## MANDATORY UMBC HEALTH FORM

*Please complete this form and send to UHS by US mail or fax*

In an effort to maintain a healthy campus environment, all UMBC students are **REQUIRED** to complete this document and return it to University Health Services (UHS) at least 4 weeks before classes begin. Students who do not meet this requirement will be blocked from subsequent class registration until this form is completed and returned to UHS. Residential students will not be able to move into University Housing until this form is completed and returned to UHS. Documentation must include specific dates of immunizations (month, day, year) of immunizations and screening tests.

**A health care provider's signature/stamp is required in Section C.**

If you have questions about these requirements or need assistance, please call UHS.

### Section A. STUDENT INFORMATION (please type or print)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Student ID # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Primary Health Care Provider \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 CITIZENSHIP Status  US Citizen  Permanent Resident  
 Visa Type \_\_\_\_\_

### Section B: DOCUMENTATION OF IMMUNIZATIONS AND TUBERCULOSIS SCREENING

- You may attach a copy of school immunization records to this form
- If you have been or are currently in the US military you may attach a copy of your ID card or your discharge papers.
- If a health problem prevents you from receiving immunizations please have your primary health care provider document this in Section C.
- Students born before 1957 are not required to provide proof of the Measles/Mumps/Rubella immunization.
- Blood titers proving Measles/Mumps/Rubella (MMR) immunity will meet UMBC MMR vaccination requirements if they have been done in the US within the last 12 months.

Information about these vaccines and administration of these vaccines are available at UHS. There are fees for TB screening and vaccine administration.

### PLEASE FILL OUT INFORMATION BELOW:

#### REQUIRED FOR ALL STUDENTS:

Measles/Mumps/Rubella (MMR) (First vaccine MAY NOT be before 1 year of age)  
 #1 \_\_\_\_\_ (Month/Day/Year) and #2 \_\_\_\_\_ (Month/Day/Year)

#### REQUIRED FOR INTERNATIONAL STUDENTS ONLY:

These tests must be performed in the United States and within 6 months of entering UMBC.

PPD Skin Test \_\_\_\_\_ (Month/Day/Year) Chest X-Ray \_\_\_\_\_ (Month/Day/Year)

Result \_\_\_\_\_ mm Result \_\_\_\_\_ (positive or negative)

- I have had the BCG vaccine (not required at UMBC) \_\_\_\_\_ yes \_\_\_\_\_ no

- I have had treatment for Tuberculosis \_\_\_\_\_ yes \_\_\_\_\_ no

**REQUIRED FOR STUDENTS LIVING IN UNIVERSITY HOUSING ONLY:**

Maryland law requires that every student living in UMBC housing to be immunized against meningococcal meningitis or sign a waiver stating that they understand the benefits of the vaccine and elect not to have it. Students who have not been vaccinated and have not signed a waiver will not be allowed to move into UMBC housing. Both the Maryland Department of Health and Mental Hygiene and the American College Health Association recommend meningitis vaccination of college students, especially those living in university housing. All residential students must complete the following information:

Students living in UMBC housing ARE REQUIRED to **check one paragraph** in the following box, then sign and date this section of the form. You will not receive your room key if you have not done so.

I received the Meningococcal Meningitis Vaccine on \_\_\_\_\_ (Month/Day/Year) and understand that there is still a chance that I will get meningococcal meningitis. I have read about the signs and symptoms of meningococcal meningitis and will seek immediate medical attention if I have any of these problems.

I have read about and understand the benefits of receiving the meningitis vaccine and elect not to have the vaccine at this time. I have read about the signs and symptoms of meningococcal meningitis and will seek immediate medical attention if I have any of these problems.

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

**ADDITIONAL RECOMMENDED VACCINES FOR ALL STUDENTS:**

- Hepatitis B Vaccine – may be required for some programs. Please list dates:  
#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ (Month/Day/Year)
- Varicella (Chicken Pox) Vaccine – for students who have not had varicella (chicken pox) date \_\_\_\_\_

**Section C. REQUIRED FOR ALL STUDENTS - HEALTH CARE PROVIDER SIGNATURE**

I have reviewed this health form and to the best of my knowledge, the information provided is correct.

Provider Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature/Stamp \_\_\_\_\_ Phone \_\_\_\_\_

Comments: \_\_\_\_\_

**Section D. SPECIAL MEDICAL PROBLEMS**

If you have a special medical problem or concern, please feel free to contact UHS and/or have your Health Care provider send us any records that you believe would be helpful for us to have on file.

**Section E. HEALTH INSURANCE**

All students are strongly encouraged to carry health insurance. Be sure to bring front and back copies of your insurance card to campus. Contact UHS for information about group health insurance programs that are available to all UMBC students.

**HEALTH INSURANCE & INTERNATIONAL STUDENTS** : Students who have F-1 or J-1 Visas are REQUIRED to have health insurance that meets US State Department requirements. For those F1 and J1 visa holders; your UMBC Student Account will be billed automatically for health insurance during the first month of classes. If you already have health insurance and it meets the minimum requirements, you can go to <http://www.umbc.edu/uhs/insurance.html> to follow guidelines to waive this fee. You must apply for waiver by October 15. You will not be granted a waiver after that time.

**Section F. PARENT/LEGAL GUARDIAN Permission to Provide Treatment (for students less than 18 years old)**

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter and agree to present information concerning his/her medical condition to responsible University officials when deemed desirable. I understand that no major procedure will be performed, except in extreme emergency, without my being contacted and fully informed.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_