

New Student Health Requirements Checklist **Academic Year 2013-2014**

Health Insurance Plan Waiver: Opens May 5th - Deadline September 30th

Students that do not have a qualified health insurance plan for the academic year are required to participate in the Suffolk University Student Health Insurance Plan (SSHIP). This mandate includes all registered Suffolk students enrolled in at least 75% of a Full time academic program. Eligible students will be automatically enrolled in SSHIP and charged the policy premium \$1,840.* The health insurance card will be mailed to the address you put on your Suffolk application. If you have questions about effective coverage dates, benefits, or the waiver requirements please call University Health Plans at 617/472-5324

***If you have an alternative qualifying health insurance plan then you must complete the online waiver form before September 30.**

Follow these instructions to Waive the Suffolk Student Health Insurance Plan:

1. Go to <http://www.universityhealthplans.com/> and click on Suffolk University.
2. Under Suffolk University Student Health Plan, click on **Waiver Form**.
3. Fill in the required information and complete the form; you will immediately receive a confirmation of your waiver. Print a copy for your record.

Immunizations: Deadline August 31st

All Full-Time students must submit the Immunization Form by August 31st. If you are enrolled in a Full-Time academic program, or you are an International Student, then the Massachusetts Department of Public Health requires that you submit certain immunization records to Suffolk University. Failure to comply with these Immunization Requirements will result in a hold on your course registration.

Follow these instructions to complete your Immunization Requirements:

1. Print out the Required Immunization Record Form (below).
2. Have a licensed health care provider fully complete and sign the Immunization Form.
3. Return the completed form to Suffolk University Office of Health & Wellness Services.

Online Health Profile: Deadline August 31st

All students must complete their Suffolk Online Student Health profile by August 31st. Suffolk Online Student Health is a secure, web-based portal. All new students must complete the Required Health Form.

Follow these instructions to complete your Suffolk Online Student Health Profile:

1. Go to: <https://studenthealthonline.suffolk.edu/>
2. Log In using your Suffolk email username & password to establish your secure account.
3. Complete the "Required Health Form".

Alcohol Edu for undergraduates (new and transfer): Part 1 Opens August 5th – Deadline September 5th

As part of Suffolk's comprehensive alcohol education program, each new member of the undergraduate class must complete AlcoholEdu for College – an online, non-opinionated, mandatory two-part alcohol education program that is administered throughout your 1st semester. You will receive instructions **via your Suffolk email when the course opens on August 5th**. If you completed AlcoholEdu at a previous university please contact the Wellness & Health Promotion office at pgiambalvo@suffolk.edu.

New Student Required Immunizations Overview

IMPORTANT!! - Failure to comply with Immunization Requirements will result in a hold on your course registration.

The Massachusetts Department of Public Health requires **all full-time students, and all international students**, to submit the following immunization records to their enrolled college or university. These are the Required Immunizations for Academic Year 2013-2014:

- **TDaP:** 1 dose TDaP OR a Tetanus-Diphtheria Booster (undergraduate freshmen & sophomores within the past 5 years, all other classes within the past 10 years).
- **MMR:** 2 doses MMR vaccine (measles, mumps, rubella) OR 2 Measles, 1 Mumps and 1 Rubella. MMR Dose 1 must be after the first birthday; MMR Dose 2 must be at least one month after the 1st dose.
- **Hepatitis B:** 3 doses at required intervals: 1st & 2nd dose 1 month apart; 2nd & 3rd doses at least 2 months apart (preferably 4 months apart).
- **Meningitis:** (required only for student housing): 1 dose of Meningococcal Polysaccharide Vaccine within the last 5 years OR 1 dose of Meningococcal Conjugate Vaccine at anytime in the past OR completion of a signed waiver.
- **Varicella:** (required only for undergraduate freshmen & sophomores): 2 doses at least 1 month apart OR documentation from a licensed medical professional proving history of disease.

The Office of Health & Wellness is here to help. Students can choose to receive these immunizations at our office. **Immunizations are free for students enrolled in the Suffolk Student Health Insurance Plan.** Please visit us during our Walk-In Clinic hours (below) or you can call to make an Appointment. Please remember if you decide to receive immunizations through our office payment will be due at the time of appointment (cash or check). For more information please call us or you can visit our website www.suffolk.edu/health.

Walk-In Clinic: Monday-Friday 9:00am to 4:00pm (bring your Suffolk ID)

Office Hours & Appointments: Monday-Thursday 8:00am-6:00pm, Friday 9:00am-5:00pm

**except university-observed Holidays*

New Student Immunization Form

Academic Year 2013-2014

IMPORTANT: This immunization record form must be completed & signed by a licensed medical provider and then returned to Suffolk's Office of Health & Wellness Services; it will not be accepted without the provider's signature, address and telephone number. (Supplemental forms may be acceptable, i.e., school records, Doctor's office medical records.)

Student Name _____ **Suffolk ID** _____

Immunization	Date Received
MMR #1	___/___/___
MMR #2	___/___/___

OR

Immunization	Date Received
Measles #1	___/___/___
Measles #2:	___/___/___
Mumps	___/___/___
Rubella	___/___/___

Immunization	Date Received
TDaP	___/___/___

OR

Immunization	Date Received
Tetanus/Diphtheria < 5 Years	___/___/___

Immunization	Date Received
Hepatitis B #1	___/___/___
Hepatitis B #2	___/___/___
Hepatitis B #3	___/___/___

Immunization	Date Received
Varicella #1	___/___/___
Varicella #2	___/___/___

OR

History Of Disease	YES	NO

Immunization	Date Received
Meningitis (for students living in Suffolk housing):	___/___/___

OR

_____ I have enclosed a signed waiver (found at: <http://www.suffolk.edu/offices/2624.html>) stating that I do not wish to receive the meningitis vaccine. (The signed waiver must accompany this form.)

If you are unable to provide documentation of your immunization records for Measles, Mumps and Rubella, Hepatitis B, or Varicella you can have a titer drawn showing that you are immune. You must provide a copy of the titer lab report with this form.

Provider Name (print): _____ Provider Signature: _____
Provider Address: _____ Telephone: _____

IMPORTANT!! - Failure to comply with Immunization Requirements will result in a hold on course registration. The Massachusetts Department of Public Health requires all full-time students, and all international students, to submit these immunization records to their enrolled college or university. These are the Required Immunizations for Academic Year 2013-2014.