

## New Student Health Requirements Checklist SPRING 2019 Suffolk INTO Students



### **Suffolk Student Health Insurance Plan**

According to Massachusetts law and Suffolk University Policy, all international students (including students in the INTO Suffolk Program) are required to participate in the university-sponsored health insurance plan with only two exceptions:

1. Those international students whose sponsoring institutions have a signed agreement with Suffolk that complies with the University's health insurance waiver requirements OR
2. International students with a plan for which their health insurance company's primary home office is based in the United States AND the policy provides comparable coverage to the University student health insurance plan.

All students enrolled in the INTO Suffolk Program **MUST** process their health insurance requirement with their INTO Admissions Advisor *before* they can enroll at Suffolk University. For additional questions, please call 617-573-8645.

If you have questions about the Suffolk Student Health Insurance effective coverage dates or the sponsored plan benefit coverage details, please call University Health Plans at 800-437-6448 or visit [INTO Suffolk](#) for more detailed information.

### **Immunizations: Deadline February 10, 2019.**

All International students (including INTO Suffolk students) are required by the Massachusetts Department of Public Health to submit certain immunization records to Suffolk University... **IMPORTANT! If you do not submit the Required Immunization Form by February 10, 2019 Suffolk University may activate a course registration hold.**

#### **Follow these instructions to complete the immunization requirements:**

1. Review the Required Immunization Form located at [www.suffolk.edu/healthrequirements](http://www.suffolk.edu/healthrequirements) for a list of required immunizations and acceptable alternatives (i.e. titer results).
2. Have a licensed health provider complete the Required Immunization Form or obtain documentation (medical records) of each immunization you received or acceptable alternative. Scan or take a photo of your documentation which must be submitted electronically via the patient portal (see step 3) and reviewed by CHW staff.
3. Login to CHW's secure Student Health Portal (<https://studenthealthportal.suffolk.edu>) using your Suffolk login credentials (same as your email login name/password) and follow the instructions to input your immunization history and upload the required documentation.

### **Alcohol Education and Sexual Misconduct Education**

All new students in INTO Suffolk programs are required to attend the INTO Suffolk orientation sessions about alcohol and sexual misconduct. It is important that all students are aware of Suffolk policies as well as cultural and legal differences in U.S. higher education regarding these important social issues. Your INTO Admissions Advisor will provide you with more information about orientation dates and your required attendance at the orientation program.



73 Tremont Street, 5<sup>th</sup> floor Boston, MA 02108  
Phone: 617-573-8226 or 617-573-8260

<https://studenthealthportal.suffolk.edu/>

## **Immunization Requirements Overview**

***IMPORTANT! If you do not submit the Required Immunization Form by February 10, 2019 Suffolk University may activate a course registration hold.***

The Massachusetts Department of Public Health requires **full-time domestic students, and all full-time and part-time international students**, to submit the following immunization records to their enrolled college or university.

- **Tdap (Tetanus, Diphtheria, & Acellular Pertussis):** 1 dose is required. If it has been more than 10 years since Tdap was received, a Td vaccination within 10 years meets requirement.
- **MMR (Measles, Mumps, & Rubella):** 2 doses are required or documentation that all three vaccines were received separately. Alternate documentation can be official written medical provider documentation of the dates of individual positive titer results for measles, mumps and rubella.
- **Hepatitis B:** 3 doses are required. Alternate documentation can be official written medical provider documentation of the date of individual positive titer results for Hepatitis B.
- **Note re: Hepatitis B vaccine:** a new 2-shot series is available. This vaccine offers the same protection as the 3-shot series vaccine and if completed before classes begin, will be accepted. This vaccine is not currently being administered at Suffolk University.
- **Meningitis (MenACWY (formerly MPSV4):** 1 dose required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16<sup>th</sup> birthday OR completion of a signed meningitis waiver form. **A student can decide not to receive the meningitis vaccine but there are serious medical risks in waiving this vaccine. It is IMPORTANT that you review all of the medical risks of not receiving the meningitis vaccine on the waiver form BEFORE deciding if you want to waive receiving this vaccine. The meningitis waiver form is located : [here](#)**
- **Note re: Meningitis B vaccine:** both a 2-shot series and a 3-shot series are now available to protect against Meningitis serogroup B (not included in MenACWY). While this vaccine is not required, it is recommended by the medical staff at Suffolk University. This vaccine is not currently being administered at Suffolk University.
- **Varicella:** 2 doses required OR reliable documentation of history of disease (chicken pox). Alternate documentation can be official written medical provider documentation of the date of individual positive titer results for Varicella.

CHW Health is here to help you fulfill your immunizations requirements. Students should complete and submit all immunizations prior to the start of classes; **the final deadline is 2/10/2019 for Spring 2019**. For students who are not compliant at the start of the semester, they may receive these immunizations at our office. Immunizations are free for students enrolled in the Suffolk Student Health Insurance Plan (SSHIP). Fees are charged to non-SSHIP students. Please visit us during our Walk-In Medical Clinic hours. Please remember if you decide to receive immunizations through Suffolk's health clinic and you do NOT have Suffolk student health insurance, then payment will be due at the time of appointment (cash or check). For more information please call us at 617-573-8260 or you can visit our website [www.suffolk.edu/chw](http://www.suffolk.edu/chw).



## Required Immunization Form

(Please note: Vaccine record accepted in lieu of this form when forwarded on official medical institution letterhead.)

The Required Immunization Record Form must be completed and signed by a licensed medical provider and then submitted at the Student Health Portal <https://studenthealthportal.suffolk.edu/>

**IMPORTANT!! - Failure to comply with these Immunization Requirements may result in a hold on your Suffolk University 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 university.**

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

Suffolk Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Immunization	Date Received
MMR Dose #1	
MMR Dose #2	

OR

Immunization	Date Received
Measles #1	
Measles #2	
Mumps	
Rubella	

Immunization	Date Received
Tdap	

AND

Immunization	Date Received
Tetanus/Diphtheria (Td) < 10 Years (ONLY IF more than 10 years since Tdap)	

Immunization	Date Received
<b>Hepatitis B 3-Dose Vaccine</b>	
Dose #1	
Dose #2	
Dose #3	
<b>OR Hepatitis B 2-Dose Vaccine</b>	
Dose #1	
Dose #2	

Immunization	Date Received
Varicella #1	
Varicella #2	

OR

History of Disease	YES	NO
Date of Disease _____		

Immunization	Date Received
Meningitis	

OR

_____ Attached is my signed waiver for the meningitis vaccine.
--

A student can decide to waive the meningitis vaccine but there are serious medical risks in not receiving this vaccine. It is IMPORTANT that you read all of the medical risks of not receiving the meningitis vaccine on the waiver form BEFORE deciding if you want to waive receiving this vaccine. It is also strongly recommended that you consult with your medical provider before waiving the meningitis vaccine. The meningitis vaccine waiver form is located [here](#).

If you do not have immunization documentation of Measles, Mumps and/or Rubella, Hepatitis B, or Varicella (chickenpox), you can submit documentation of a positive titer result for each of these vaccinations for proof of immunity. You must provide a copy of the titer result for each disease.

Medical Provider Name (print): \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



SUFFOLK  
UNIVERSITY  
BOSTON

COUNSELING, HEALTH  
& WELLNESS SERVICES

73 Tremont Street, 5<sup>th</sup> floor Boston, MA 02108  
Phone: 617-573-8226 or 617-573-8260

***If you will be below 18 years of age when you come to Suffolk University, one parent or guardian of a minor age student must sign the attached consent for treatment form in order to avoid any delays in a minor age student receiving medical treatment in CHW.***

### **Consent for Treatment of Minor**

*Parental and/or legal guardian permission for medical examination and treatment at the Suffolk University Counseling, Health & Wellness Center.*

Student's Name: \_\_\_\_\_ (Please print)  
Last First Middle

Date of Birth: \_\_\_\_\_ Student Suffolk ID#: \_\_\_\_\_

List two persons to be notified in case of a medical emergency in which CHW is treating the student. One should be a parent or legal guardian.

1. \_\_\_\_\_ (Please print)

Relationship to Student: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone : \_\_\_\_\_

2. \_\_\_\_\_ (Please print)

Relationship to Student: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

#### PARENTAL/LEGAL GUARDIAN PERMISSION:

The following consent should be signed by the parent or legal guardian of minor students in order that appropriate diagnosis and treatment may be given and so that no unnecessary delays will occur with emergency procedures.

I give permission for my son/daughter to receive medical treatment at Suffolk University Counseling, Health & Wellness Center. I understand that any medical care has risks and benefits, but that these cannot be fully described here in anticipation of potential treatment.

Signature: \_\_\_\_\_ (Please print & sign name)

Date: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_