



SUFFOLK
UNIVERSITY
BOSTON

COUNSELING, HEALTH
& WELLNESS SERVICES

73 Tremont Street, 5th floor
Boston, MA 02108
Phone: 617-573-8226 or 617-573-8260
Fax: 617-305-1745

**New Student - INTO Suffolk Program
Health Requirements Checklist
Summer 2018**



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 May 17, 2018.

All International students (including INTO Suffolk students) are required by the Massachusetts Department of Public Health to submit certain immunization records to Suffolk University.

Follow these instructions to complete the immunization requirements:

1. Print out the Required Immunization Form which is provided below.
2. Have a licensed health care provider fully complete and sign the Required Immunization Form.
3. Return the completed Required Immunization Form **directly** to Suffolk Counseling, Health & Wellness by fax (617-305-1745) or mail at CHW, 73 Tremont St., 5th Floor, Boston, MA 02108. Visit www.suffolk.edu/chw for up to date office hours. *Note: Email is not a confidential means of communication for medical records.*

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.



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Immunization Requirements Overview

The Massachusetts Department of Public Health requires **all international students, including students in the INTO Suffolk Program**, to submit the following immunization records to their enrolled college or university.

- **TDaP:** 1 dose within the past 10 years OR 1 dose of Tetanus-Diphtheria within the past 5 years.
- **MMR:** 2 doses MMR vaccine (measles, mumps, 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 for student housing): 1 dose of Meningococcal Polysaccharide Vaccine within the last 5 years OR 1 dose of Meningococcal Conjugate Vaccine at any time in the past OR completion of a signed meningitis waiver form.
- **Varicella:** 2 doses at least 1 month apart OR documentation proving history of disease.

CHW Health is here to help you fulfill your immunizations requirements. Students should complete and submit all immunizations prior to the start of classes; **deadline is 05/17/2018**. 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 Clinic hours or you can call to make an Appointment. Please remember if you are a non-SSHIP student and if you decide to receive immunizations through Suffolk's health clinic then payment will be due at the time of appointment (cash or check). For more information please call us at 617-573-8260 or speak with your INTO Admissions Adviser.



Required Immunization Form

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.

This Required Immunization Record Form must be completed & signed by a licensed medical provider and then returned to by fax, mail, or drop off. Supplemental immunization records may be accepted.

Student Name _____

Suffolk Student ID# _____ Date of Birth _____

Table with 2 columns: Immunization, Date Received. Rows: MMR #1, MMR #2

OR

Table with 2 columns: Immunization, Date Received. Rows: Measles #1, Measles #2, Mumps, Rubella

Table with 2 columns: Immunization, Date Received. Row: Tdap

OR

Table with 2 columns: Immunization, Date Received. Row: Tetanus/Diphtheria < 5 Years

Table with 2 columns: Immunization, Date Received. Rows: Hepatitis B#1, Hepatitis B#2, Hepatitis B#3

Table with 2 columns: Immunization, Date Received. Rows: Varicella #1, Varicella #2

OR

Table with 3 columns: History of Disease, YES, NO

Table with 2 columns: Immunization, Date Received. Row: Meningitis

OR

Enclosed is a signed waiver form for the meningitis vaccine.

A student can decide not to receive 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 at: waiverform

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.

Medical Provider Name (print): Provider Address:

Medical Provider Signature: Telephone: