

Student Health Requirements

Dear Students:

Welcome to Suffolk! This document provides information and instructions regarding important student health requirements for Suffolk University students. Please review this information which includes necessary forms and other pertinent information you need to ensure you are in compliance with these requirements.

Suffolk University students must attend to the following:

- ☐ **Health Insurance Requirements (pg. 2-3)**
- ☐ **Immunization Compliance (pg. 4-6)**
- ☐ **Consent for Treatment of Minor (pg. 7-8)**

Thank you for your attention to these important student health requirements. If you have any questions, please reach out to CHW staff or as directed in this document so we can help.

Sincerely,

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Health Insurance Requirements

All students enrolled in at least 75% of a full-time academic program and all international students are required by Massachusetts law and Suffolk University policy to carry comprehensive health insurance covering both routine and emergency care in the Boston area. To meet these requirements, Suffolk offers eligible students a comprehensive, 12-month health insurance plan with coverage in Boston and across the country through Blue Cross Blue Shield. Students must choose each year to participate in the Suffolk University Health Insurance Plan or provide documentation of enrollment in a similar health benefit plan offering comprehensive coverage.

All eligible new students will be automatically charged and enrolled in the Suffolk Student Health Insurance Plan (SHIP) each academic year. Students who wish to waive the SHIP must do so by the deadline each academic year following the instructions below. The deadline for students enrolling in the Fall semester is September 20; deadline for Spring enrollment is February 1.

Students who choose to accept the SHIP should expect their student health insurance cards mailed to their permanent home address on record with the University in early September. Students must provide a home address in [Workday](#) by the first day of classes in order to receive their card and important coverage information. Students enrolling in SHIP may access benefits starting in August each year. Once benefits are used, SHIP cannot be waived.

Considerations For Students

If you are considering waiving the Suffolk Student Health Insurance Plan, it is important to check to be sure your plan offers coverage in the Boston area as there are some insurance plans in the market whose geographic or other restrictions could leave students without access to benefits for medical or mental health care in Massachusetts. This could result in substantial out-of-pocket costs for medical care. The Suffolk Student Health Insurance Plan (SHIP) is serviced by University Health Plans and is underwritten by Blue Cross Blue Shield of MA, providing 12 months of coverage within and outside of Massachusetts.

Please be sure to take the time to make an informed decision regarding your health insurance needs. You can view the full details of the Suffolk student health insurance policy by going to <http://universityhealthplans.com>. If you have any questions about benefits, please call University Health Plans at (833) 251-1113 or email info@univhealthplans.com.

Instructions to Waive the Suffolk Student Health Insurance Plan

1. Go to <https://www.universityhealthplans.com> and select Suffolk University.
2. Select the **Waiver Form** located in the left column. Review the information and complete the form, uploading a copy of your insurance card as indicated. If your alternative coverage qualifies for the waiver then you will immediately receive a confirmation of your waiver by email. Save a copy for your record. Once a waiver form is submitted, the health insurance charge will be removed from the Suffolk student account bill in Workday within approx. 5-10 business days. Please call University Health Plans with any concerns about accessing the waiver.
3. **Exchange Students ONLY:** Contact Viviana Leyva, at vleyva@suffolk.edu for specific Suffolk Student Health Insurance waiver instruction details for exchange students.

IMPORTANT! If you do not submit your SSHIP waiver by these deadlines, your enrollment in SSHIP and corresponding charge on your student account cannot be reversed.

Immunization Requirements Overview

The Massachusetts Department of Public Health requires all **full-time undergraduate and graduate students under 30 years of age, all health science students, and all international students** to submit immunization records to Suffolk University upon registration. Suffolk University may update requirements for communicable diseases at any time in accordance with public health guidance and will communicate new requirements via Suffolk email.

Immunization Documentation Deadlines

September 1 (Fall semester start)

February 1 (Spring semester start)

Residential Students:

All students moving into residence halls must upload the required immunization documentation prior to move-in. Students will not be permitted to move into their room if they are out of compliance with these requirements.

All Students:

Students who have not submitted all required immunization documentation are subject to registration holds or other actions until documentation is received and verified.

Required Immunizations

- **Tdap (Tetanus, Diphtheria, & Acellular Pertussis) vaccine:** 1 dose is required. If it has been more than 10 years since Tdap was received, a Td vaccination within 10 years is recommended.
 - **Note re: Tdap vaccine:** this is NOT the same as DTAP vaccine. No vaccine administered before the age of 7 years would have been a Tdap vaccine.
- **MMR (Measles, Mumps, & Rubella) vaccine:** 2 doses are required (first dose must be given on or after the 1st birthday and 2nd dose must be given at least 28 days after dose 1) OR documentation that all three vaccines were received separately. Individual positive titer results are accepted.
- **Hepatitis B vaccine:** 3 doses are required (second dose must be given at least 28 days after dose 1 and third dose must be given at least 2 months after dose 2 and at least 4 months after dose 1). Positive titer results for Hepatitis B are accepted.
 - **Note re: Hepatitis B vaccine:** a 2-shot series is available. This vaccine offers the same protection as the 3-shot series and if completed on or after 18 years of age, it will also be accepted.
- **Meningitis (MenACWY) vaccine:** 1 dose is required for students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday OR completion of a signed meningitis waiver form will be accepted. 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](#)
- **Varicella vaccine:** 2 doses are required (first dose must be given on or after the 1st birthday and 2nd dose must be given at least 28 days after dose 1) OR reliable documentation of history of disease (chicken pox) is accepted. Positive titer results for Varicella are accepted.
- **Recommended: Meningitis B vaccine:** both a 2-shot series and a 3-shot series are 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.
- **Recommended: Seasonal Influenza vaccine:** 1 dose of the seasonal flu vaccine is recommended every year by the medical staff at Suffolk University.
- **Recommended: COVID-19 vaccine:** remaining up to date with COVID vaccination according to each individual's age and health condition is recommended.

Instructions To Submit Immunization Documentation

1. Obtain a copy of your immunization history from your physician or online health portal and be sure that it includes the required immunizations and doses listed above.
2. Log into CHW's secure MyHealth portal (<https://myhealth.suffolk.edu>) using your Suffolk credentials.
3. Select **"Forms and Requirements"** and upload a digital copy of your immunization history next to **"Immunization Records"**.

CHW staff are here to help students meet immunization compliance requirements. Students may schedule an appointment online through the MyHealth portal (<https://myhealth.suffolk.edu>) to work with a CHW Health staff member to develop a plan for full compliance.

Immunizations are free at CHW for students enrolled in the Suffolk Student Health Insurance Plan (SSHIP). Students not enrolled in the SSHIP must receive their required vaccines at any one of several neighboring pharmacies that take their insurance.

For more information, please call (617) 573-8226, email us at health@suffolk.edu, or visit our website: www.suffolk.edu/chw. Please note that our business hours are 9AM to 5PM Monday - Friday.

Medical and Religious Accommodations

If you have a medical contraindication to specific vaccinations and wish to apply for a **medical accommodation**, you must obtain signed documentation from a medical provider clearly stating your medical contraindication and the vaccines(s) to which it applies, then upload it to the student MyHealth Portal.

If you have a sincere religious objection to specific vaccinations and wish to apply for a **religious accommodation**, you must complete and sign [this form](#) and upload it to the MyHealth Portal.

All accommodations are required to be renewed annually by re-submitting documentation regarding medical or religious accommodation requests for review.

Consent for Treatment of Minor

Massachusetts law requires parental or legal guardian consent to provide medical care to students under 18 years old at the time of service. Students who are under 18 must upload a Consent for Treatment of a minor to receive medical services from CHW staff.

If you will be below 18 years of age when you come to Suffolk University, one parent or guardian must sign the Consent for Treatment of Minor form before you can be seen for medical care in CHW. To avoid in receiving medical treatment in CHW, parents and guardians are encouraged to complete and have their student submit this form prior to the start of school. The required form is on the next page and must be printed, signed by a parent or guardian, and then uploaded to the student health portal (<https://myhealth.suffolk.edu>).

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: _____

Phone: _____

Alternative Phone: _____

2. _____ (Please print)

Relationship to Student: _____

Phone: _____

Alternative 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: _____

Name (please print): _____

Date: _____

Relationship to Student: _____