HEALTH PROFESSION / MEDICAL STUDENT
HEALTH HISTORY FORM INSTRUCTIONS

Dear Health Professional Student,

This sheet is an instructional information guide to help fill out your “University of Rochester Health History and Immunization Report” (HHF). Please complete the forms entirely as indicated.

Below are answers to the most commonly asked questions about filling out the form:

1. Part one –
   a. If you are a Part-time student you are required to submit a $35 processing fee with this form. (There are no exclusions if you are a University of Rochester employee.)

2. Part Four –
   a. Please make sure to print, sign your name and date this section for certification of the information on the form.

3. Part Five –
   a. Please carefully read the Instructions for this part on the form.
   b. If you have a serologic test (Titer) for MMR, hepatitis B, and/or varicella you MUST include a laboratory report with the HHF.
   c. Requirements for The Tuberculin Skin Tests (TST):
      i. Non-medical employed students
         1. Two TST tests – The 1st is due within one year of the start date of the program and the 2nd is due within 3 months of that start date. Example: Start date (9/1/12)
            1st TST (9/1/11 to 8/1/12)
            2nd TST (6/1/12 to 8/31/12)
      ii. Medical employed students
         1. Same as Non-Medical employed students OR with a consecutive yearly update. Example: Start Date (9/1/12)
            1st TST (2011)
            2nd TST (1/1/12 & 9/1/12)
      iii. If you have a past positive TST test a chest X-ray report MUST be attached to the HHF & it must be taken after the date of the positive TST test.
   d. The TD/Tdap must be within the last 9 years of the start date to be compliant.
   e. Polio is now a mandatory vaccination. All students must have received polio vaccine. Enter the date of last vaccination on the form. Either Oral (OPV) or Intramuscular (IPV) forms of vaccine are acceptable.
   f. If you do not have or do not wish to have the information for the hepatitis B, or meningococcus vaccination areas of the form filled out you MUST sign & date each declination.

4. Part Six –
   a. You must have one of the following:
      i. If a health care practitioner fills out the form, they MUST fill out & sign part six.
      ii. If you have (and accompany with the HHF) professional documentation that supports the dates you have filled out, part six does not need to be completed.

5. Part Seven –
   a. The Physical Examination for Health Profession students MUST be filled out by a health care practitioner OR an accompanying professional health update form must be attached to Part Seven of the HHF.

If you have specific questions or need additional forms please contact Steve Witzberger, UHS Health History Form Coordinator, at 275-0697 or write to hhf@uhs.rochester.edu Include your name, date of birth, UR ID number and preferred mailing address and/or phone number.

University Health Service
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**IMMUNIZATION REQUIREMENTS**

for Entering Health Profession Students

All matriculated students born on or after January 1, 1957 attending a college or university in New York State must provide the following information with verification from the student’s physician or an appropriate school official. New York State Law mandates that students not in compliance with the requirements 30-45 days after the start of classes are to be withdrawn from school and required to leave campus. **No religious exemptions accepted for immunizations.**

**Initial Requirements upon entry:**

1. Completed Health History form.
2. Documented Physical examination within 12 months, of sufficient scope to confirm that there are no health impairments that would be of potential risk to patients or personnel, or which might interfere with the performance of responsibilities, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual’s behavior.
3. Complete immunization history.
4. Documentation of health insurance coverage. All **full-time** students will be covered and charged for University-sponsored Aetna Student Health insurance unless they provide evidence of comparable coverage. All **full-time** students must complete the online Health Insurance Enrollment/Waiver Process every year. The link to this online process is on the UHS web site ([www.rochester.edu/uhs](http://www.rochester.edu/uhs)). For information about the Aetna Student Health insurance plan, click on the pink box on the UHS home page. This link also links to the enrollment/waiver site.

### FEDERAL, NEW YORK STATE & UNIVERSITY HEALTH REQUIREMENTS:

**Measles (rubeola):** Two (2) doses of live vaccine. The vaccine **must** have been given on or after the first birthday, in 1968 or later, and without immune globulin. A second dose of measles vaccine must meet the same requirement, but should be given no sooner than 30 days after the first dose. Serologic evidence of measles immunity is acceptable for establishing immunity.

**Mumps vaccine:** Two (2) doses of live vaccine given on or after the first birthday AND on or after 1/1/69. Serologic evidence of mumps immunity is acceptable for establishing immunity.

**Rubella:** One (1) dose of live vaccine given on or after the first birthday AND on or after 1/1/69. Serologic evidence of immunity is acceptable.

**Meningococcus:** One (1) dose of vaccine within the last 10 years, or written acknowledgement of receipt of information concerning vaccination and signature declining vaccination.

**Tuberculin Skin Test:** Two TST (Mantoux intradermal skin test) and interpretations are required, the first within one year of the second and the second within 3 months of the start of appointment, unless history of past positive skin test is reported.

**Chest x-ray:** If the TST is positive, a negative chest x-ray report after a positive TST is required. BCG vaccination alone does not meet the requirement.

**Tetanus-Diphtheria:** Tetanus – Diphtheria (initial series) and booster every 10 years.

*OR*

**Tdap** The CDC recommends that health providers who have direct patient contact should receive a single dose of Tdap as soon as feasible if they have not previously received it.

**Polio:** All students must have received polio vaccine. Enter the date of last vaccination on the form. Either Oral (OPV) or Intramuscular (IPV) forms of vaccine are acceptable.

**Hepatitis B vaccine:** The CDC **STRONGLY RECOMMENDS** hepatitis B vaccination (includes 3 doses of vaccine and post-vaccine titer 1-2 months after 3rd dose) for all health care professionals. A signed declination form must be completed if this applicant declines vaccine.

**Varicella Status:** Documentation of 2 doses of varicella vaccine or a varicella titer result **must be provided.** UHS strongly recommends vaccination for any students who have a negative varicella titer.

**Annual Requirement:** For students who are here for more than 12 months it is required to provide annual proof of general health status review, a tuberculin skin test, and administration of other immunizations as needed.