



Weill Cornell Medicine

Student Health Services

Immunization and TB screening instructions Executive MBA/MS in Healthcare Leadership

Dear Student:

Congratulations on your acceptance into the EMBA/MS program in Healthcare Leadership!

Weill Cornell Medicine Student Health Services is charged with ensuring that all students in degree programs meet certain minimum health requirements under New York State law and campus operating procedures.

Please review and complete the attached documents and return them to our office. Once we review your materials we will advise your academic program whether or not you meet campus health requirements. Students not meeting campus immunization requirements within 30 days of the start of classes will be restricted from academic activities under NYS Public Health Law.

Most students in this academic program are not eligible for healthcare services at the campus student health center. If you are paying the full campus health services fee and/or are enrolling in the campus student health insurance plan please check off the box where indicated on the patient registration form so we can send you additional health forms.

We wish you well in your academic pursuits and again, welcome you to Weill Cornell Medicine.

Sincerely,

Edgar Figueroa, MD, MPH
Director of Student Health

Important Information

Document Submission Deadline

Submit forms and supporting documentation by 6/10/2019 or as directed by your program coordinator, no less than 30 days before classes start.

Contact Information

For general questions: (646) 962-6942 or email shs@med.cornell.edu
SHS Website: shs.med.cornell.edu

For submission of preregistration requirements:

USPS Address: Student Health Services, 1300 York Ave Box 258, New York, NY 10065

KEEP A COPY/SCAN OF ALL DOCUMENTS SUBMITTED IN EVENT THERE IS AN ISSUE WITH THE MAIL

Do NOT fax or email documents

The following summarizes the health requirements for students in the EMBA/MS degree program :

Patient Registration Form - allows us to create your chart in our electronic medical record (1 page)

Meningococcal Meningitis Response Form – Read the attached information and complete the meningococcal vaccine waiver or provide documentation of meningitis vaccination. (1 page)

Immunization Form - Have the form in this packet completed and signed/stamped by your health care provider. (1 pages + attachments)

Measles (Rubeola), Mumps, Rubella (MMR)

- 2 doses of MMR vaccine administered at least 28 days apart with the first dose being after your 1st birthday **OR**
- Two doses of measles, two doses of mumps and one dose of rubella **OR**
- Serologic proof of immunity (*preferred*)

Varicella

- 2 doses of varicella vaccine administered at least 28 days apart after your 1st birthday **OR**
- Serologic proof of immunity (*preferred*). History of disease is not sufficient documentation.

☐ **Tetanus, diphtheria, acellular Pertussis (Tdap)**

- One time adult dose of Tdap vaccine is required regardless of date of last tetanus dose
- Td (tetanus/diphtheria) boosters every 10 years thereafter

☐ **TB Screening**

- A tuberculin skin test performed within 3 months of program start date **OR**
- Results of a TB blood test (i.e. Quantiferon or T-spot) performed within 3 months of program start date
 - A TB blood test is required if you have received a BCG vaccination

For people with a positive tuberculosis skin test or blood test

- In addition to the test result, provide a copy of a chest x-ray report performed within the last 12 months and documentation of TB treatment

Instructions

1. Complete all "self-report" documents – registration and meningitis form
2. Collect prior immunization records, titers, TB test and x-ray results. Dates should be completed in mm/dd/yyyy format. Lab reports must include your name, date, name/location of laboratory, results and reference ranges. **Lab reports must be in English.** Screen shots or flow sheets are not adequate documentation..
3. Arrange a visit with your healthcare provider to review requirements and sign your forms. You may need blood tests to measure serologic immunity as outlined above. You will need to complete your tuberculosis testing.
4. After all requirements are satisfied, all forms signed and/or stamped, make a copy (or scan) of all materials for your records and then mail the originals to us by the appropriate deadline. Do not scan or email.
5. We will review all materials to verify compliance with our requirements. *Note that if submitted documents do not meet our standards, you will be required to repeat missing requirements at your expense.*

Frequently Asked Questions

What if I can't meet the submission deadline?

You may not be able to register for coursework. Students with immunization deficiencies may be removed from academic activities under New York State law.

I currently work or volunteer at a hospital. Can I use an Occupational/Employee Health Report to meet my requirements?

If you are an **employee** of Weill Cornell Medicine, New York Presbyterian Hospital, The Hospital for Special Surgery or Memorial Sloan Kettering, you can provide a surveillance report from your employee health services in lieu of the immunization form as long as it lists all of our same requirements listed on it. You will still need to turn in a separate meningitis form. Otherwise employee health summaries from other institutions are not adequate documentation, and you must turn in our forms.

I had varicella (chicken pox) as a child. Do I really need a titer?

Immunity to varicella at our campus is demonstrated by receipt of a positive lab test for varicella antibodies, or documentation of 2 doses of varicella vaccine administered 30 days apart, after your first birthday.

Can't I just do all this when I get to campus?

No. Students must address requirements prior to arrival to campus. Those with significant deficiencies may have registration holds. Students not meeting immunization and meningococcal disease report requirements under NYS law within 30 days of the start of class may be placed on administrative leave.

I completed everything as instructed but I am told I still have deficiencies. What does this mean?

All submitted materials must meet our documentation standards and anything that doesn't will not count towards meeting your requirements. In the event you are told you have a deficiency you will be provided with instructions on how to resolve your issue.

Where can I learn more about Student Health Services?

Student Health Services is available to students who pay the full student health services fee. Visit <http://shs.weill.cornell.edu> to learn about our services, financial policy, and other important administrative information.

Where can I learn more about the student health insurance plan?

Student Health Services does not administer the insurance plan. You will get more information about the health insurance plan, waiver process and optional dental and vision programs from your academic program.

What insurance program does Student Health Services participate in?

SHS is not in any insurance plans. All students, regardless of insurance, have access to SHS via a student health fee that is paid yearly. Insurance is required for prescriptions, labs and imaging tests, and any healthcare services provided outside of the student health center.

Is meningitis vaccination required?

Meningitis vaccination is not required but we are required to provide you information about meningococcal disease and the availability of a vaccine. The next few pages provide information regarding meningococcal disease from the New York State Department of Health.

Meningococcal Disease Fact Sheet

Last Reviewed: August 2018

- [The Meningococcal Disease Fact Sheet is also available in Portable Document Format \(PDF, 90KB\)](#)
- [Meningococcal Vaccine School Requirement](#)

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can lead to serious blood infections. When the linings of the brain and spinal cord become infected, it is called meningitis. The disease strikes quickly and can have serious complications, including death.

Anyone can get meningococcal disease. Some people are at higher risk. This disease occurs more often in people who are:

- Teenagers or young adults
- Infants younger than one year of age
- Living in crowded settings, such as college dormitories or military barracks
- Traveling to areas outside of the United States, such as the "meningitis belt" in Africa
- Living with a damaged spleen or no spleen or have sickle cell disease
- Being treated with the medication Soliris® or, who have complement component deficiency (an inherited immune disorder)
- Exposed during an outbreak
- Working with meningococcal bacteria in a laboratory

What are the symptoms?

Symptoms appear suddenly – usually 3 to 4 days after a person is infected. It can take up to 10 days to develop symptoms.

Symptoms may include:

- A sudden high fever
- Headache
- Stiff neck (meningitis)
- Nausea and vomiting
- Red-purple skin rash
- Weakness and feeling very ill
- Eyes sensitive to light

How is meningococcal disease spread?

It spreads from person-to-person by coughing or coming into close or lengthy contact with someone who is sick or who carries the bacteria. Contact includes kissing, sharing drinks, or living together. Up to one in 10 people carry meningococcal bacteria in their nose or throat without getting sick.

Is there treatment?

Early diagnosis of meningococcal disease is very important. If it is caught early, meningococcal disease can be treated with antibiotics. But, sometimes the infection has caused too much damage for antibiotics to prevent death or serious long-term problems. Most people need to be cared for in a hospital due to serious, life-threatening infections.

What are the complications?

Ten to fifteen percent of those who get meningococcal disease die. Among survivors, as many as one in five will have permanent disabilities. Complications include:

- Hearing loss
- Brain damage
- Kidney damage
- Limb amputations

What should I do if I or someone I love is exposed?

If you are in close contact with a person with meningococcal disease, talk with your healthcare provider about the risk to you and your family. They can prescribe an antibiotic to prevent the disease.

What is the best way to prevent meningococcal disease?

The single best way to prevent this disease is to be vaccinated. Vaccines are available for people 6 weeks of age and older. Various vaccines offer protection against the five major strains of bacteria that cause meningococcal disease:

- All teenagers should receive two doses of vaccine against strains A, C, W and Y, also known as MenACWY or MCV4 vaccine. The first dose is given at 11 to 12 years of age, and the second dose (booster) at 16 years.
 - It is very important that teens receive the booster dose at age 16 years in order to protect them through the years when they are at greatest risk of meningococcal disease.
- Teens and young adults can also be vaccinated against the "B" strain, also known as MenB vaccine. Talk to your healthcare provider about whether they recommend vaccine against the "B" strain.
- Others who should receive meningococcal vaccines include:
 - Infants, children and adults with certain medical conditions
 - People exposed during an outbreak
 - Travelers to the "meningitis belt" of sub-Saharan Africa
 - Military recruits
- Please speak with your healthcare provider if you may be at increased risk.

Who should not be vaccinated?

Some people should not get meningococcal vaccine or they should wait.

- Tell your doctor if you have any severe allergies. Anyone who has ever had a severe allergic reaction to a previous dose of meningococcal vaccine should not get another dose of the vaccine.
- Anyone who has a severe allergy to any component in the vaccine should not get the vaccine.
- Anyone who is moderately or severely ill at the time the shot is scheduled should probably wait until they are better. People with a mild illness can usually get the vaccine.

What are the meningococcal vaccine requirements for school attendance?

- For grades 7 through 9 in school year 2018-19: one dose of MenACWY vaccine. With each new school year, this requirement will move up a grade until students in grades 7 through 11 will all be required to have one dose of MenACWY vaccine to attend school.
 - 2019-20: grades 7, 8, 9, and 10
 - 2020-21 and later years: grades 7, 8, 9, 10, and 11
- For grade 12: two doses of MenACWY vaccine
 - The second dose needs to be given on or after the 16th birthday.
 - Teens who received their first dose on or after their 16th birthday do not need another dose.

Additional Resources:

- [Meningococcal Disease – Centers for Disease Control and Prevention](#) (CDC)
- [Meningococcal Vaccination](#) (CDC)
- [Meningococcal ACIP Vaccine Recommendations](#) (CDC)
- [Travel and Meningococcal Disease](#) (CDC)
- [Information about Vaccine-Preventable Diseases](#)



Weill Cornell Medicine

Student Health Services

Patient Registration Form

Please print all entries. This information will be used to register you in the Weill Cornell Medicine enterprise medical record. At your first visit or contact with Student Health Services you will be required to provide additional information regarding source of payment for services (coverage) and guarantor (responsible party.) The only individuals with access to the information on this form are patient registration staff, practice administrators, your care providers and the people involved in quality improvement and oversight. Registration information is not shared with your academic program. The confidentiality of this information is protected by law.

PATIENT DEMOGRAPHICS				
NAME (AS LISTED ON IDENTIFICATION) Last, First		PREFERRED NAME		DATE OF BIRTH (mm/dd/yyyy)
SEX ASSIGNED AT BIRTH** <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> INTERSEX	SEX LISTED WITH HEALTH INSURANCE** <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	WHAT IS YOUR GENDER IDENTITY?*** <input type="checkbox"/> SAME AS SEX LISTED WITH INSURANCE <input type="checkbox"/> TRANSGENDER MALE/MAN/FTM <input type="checkbox"/> TRANSGENDER FEMALE/WOMAN/MTF <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CHOOSE NOT TO DISCLOSE		PRONOUNS <input type="checkbox"/> SHE/HER <input type="checkbox"/> ZE/HIR <input type="checkbox"/> HE/HIS/HIM <input type="checkbox"/> Other _____ (specify)
STREET ADDRESS (No., street, apt #)			CITY	STATE
			ZIP CODE	
COUNTRY	HOME PHONE	CELL PHONE	E-MAIL ADDRESS	
HISPANIC ETHNICITY?*** <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DECLINE		RACE***	ADDITIONAL RACE***	ETHNICITY***
WHAT IS YOUR PREFERRED SPOKEN LANGUAGE FOR HEALTH CARE INSTRUCTIONS?		Do you require an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO	RELATIONSHIP STATUS (choose one) <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/> Other	RELIGION
EMERGENCY CONTACTS				
FULL NAME CONTACT #1		ADDRESS (No., Street, apt#, city, state, zip code)		
HOME PHONE	WORK NUMBER	CELL PHONE	RELATIONSHIP TO PATIENT	
FULL NAME CONTACT #2		ADDRESS (No., Street, apt#, city, state, zip code)		
HOME PHONE	WORK NUMBER	CELL PHONE	RELATIONSHIP TO PATIENT	

Please check here if you have ever been a patient, student, or employee at NewYork-Presbyterian Hospital-Weill Cornell Medical Center or Weill Cornell Physicians at Weill Cornell Medical College.

** Regarding Sex: Our EMR requires biological sex for patient registration, but we recognize sex/gender is not binary.

*** Regarding Race/Ethnicity/Language/Religion:

We want to make sure that all our patients get the best care possible. We would like you to tell us your racial and ethnic background as well as your preferred language so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care. You may decline to answer if you wish.



Weill Cornell Medicine

Student Health Services

MENINGITIS INFORMATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to:

Weill Cornell Medicine
 Student Health Services
 1300 York Ave Box 258
 New York, NY 10065

Check one box and sign below.

- I have had meningococcal meningitis immunization within the past 5 years. The vaccine record is attached.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

- I have read, or have had explained to me the information regarding meningococcal disease. I will obtain immunization against meningococcal disease **within 30** days from my private health care provider.

[Note: Routine meningococcal vaccination is **not** available at Weill Cornell Medicine Student Health Services but may be available from local retail pharmacies or other local healthcare providers in your insurance plan]

- I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of meningococcal meningitis and the benefits of immunization at the recommended ages. I have decided that I will **not** obtain immunization against meningococcal meningitis at this time.

Signature

Date Signed

Printed Student's Name

Student Date of Birth

Student ID (if known)

Student's E-mail

Student's phone

Student's Mailing Address



Weill Cornell Medicine

Student Health Services

Immunization and TB Screening Form EMBA/MS Students

Name: _____ Date of Birth: _____

Immunity to Measles, Mumps, Rubella, and Varicella (attach lab reports if available)

- Measles Titer (igG) Result Date: _____ Result: POS NEG
- Mumps Titer (IgG) Result Date: _____ Result: POS NEG
- Rubella Titer (IgG) Result Date: _____ Result: POS NEG
- Varicella Titer (IgG) Result Date: _____ Result: POS NEG

Vaccination Dates:

MMR #1 _____ MMR#2 _____ MMR#3 (if given) _____
 Varicella #1 _____ Varicella #2 _____ Varicella #3 (if given) _____

Immunity to Tetanus/Pertussis

Most recent Td booster _____ (date within last 10 years) Type: Td Tdap (Adacel or Boostrix)
 Most recent Tdap _____ (must be after 2005)

Tuberculosis Screening (skin test OR blood test) (attach lab report if done; attach chest x-ray report if done)

Tuberculin skin test (within 90 days of the start of program):

Date Placed _____ Date Read _____ Size: _____ (mm of induration) POS NEG

OR

IGRA test type and date _____ (date must be within 90 days of start of program) POS NEG

If tuberculin skin test or IGRA is POSITIVE only, clinician must complete the following:

Chest X-ray _____ (date must be within 12 months of program start) Normal Not normal

Did student complete INH or comparable treatment? Yes No _____

Is patient currently free of signs or symptoms of active tuberculosis disease? Yes No

Attestation

By my signature below, I certify that I have reviewed this student's immunization and tuberculosis screening records. I attest that this student is in good health and does not appear to have evidence of communicable illness or impairment that may pose a risk in the academic, clinical and laboratory settings with the following exceptions:

- None (specify on back of this document or attach add'l information from medical records).

Clinician Name and Title: _____ Office Address _____

Signature: _____ Date: _____ Stamp: _____