

2010 – 2011 HOUSING & RESIDENCE LIFE

CORNISH COLLEGE OF THE ARTS IMMUNIZATION & HEALTH FORMS

Cornish College of the Arts requires that all new students living in the residence halls show proof of the following immunizations prior to their move in date.

1. 2 MMRs are acceptable or 2 Measles (Rubeola) vaccines
2. 1 Rubella (German Measles) vaccine
3. 1 Meningococcal Meningitis vaccine as specified below*

Cornish College of the Arts will accept the official State of Washington Certificate of Immunizations Status Form issued by local health departments and physicians' offices, in conjunction with completing the personal information form (Part A), and obtaining a doctor's signature on Part B. Alternative acceptable documentation is listed on page 5.

Please return all Immunization and Health Forms at least ONE MONTH prior to the first day of classes.

2010 – 2011 HOUSING & RESIDENCE LIFE

HEALTH INFORMATION AND IMMUNIZATION CLEARANCE CHECKLIST

Exception to these policies may be granted in the event of valid medical contraindications or for religious/ philosophical reasons. In the event of outbreak, exempted students will be excluded from campus activities, until such time as specified by the King County Department of Public Health.

If at any point you have questions please do not hesitate to contact Wellness & Educational Programs Coordinator Amanda Graybill-Pennington at 206.726.5156 or agraybill-pennington@cornish.edu

If you can check all the boxes listed below, you are ready to mail, scan and/or fax your Health Information.

Part A

- I am aware that Cornish requires health insurance and have checked the box appropriate to me.
- I have completed the self-reported medical history.
- If I am a student with a disability, I have reviewed the procedures for requesting accommodations.
- I have reviewed the information about Cornish's counseling services and have decided if I would like a counselor to contact me from the Counseling Center.
- I have signed the statement stating I have read and understand the policies of Cornish College of the Arts regarding the Health Information Form.
- If I am currently under the age of 18, my parent/guardian has also signed the health form.

Part B

- I have listed dates for two MMR vaccinations or I have listed dates for two measles vaccinations and one rubella vaccination.
- If I intend to live in campus housing, I have listed a date within the past 5 years for my meningitis vaccination.
- My doctor's office or clinic has officially signed or stamped the form.

Send Completed Health Information To

Mailing Address

Cornish College of the Arts
Office of Housing & Residence Life
1000 Lenora Street
Seattle, WA 98121

Fax

206.315.5857

Email

housing@cornish.edu

**Please return this form at least ONE MONTH prior to the first day of classes.*

STUDENT HEALTH FORM

PART A | 1/2

Cornish College of the Arts does not provide on-campus health services. An arrangement with an area family physician allows all matriculated students streamlined access to medical services. All Cornish students are required to carry health insurance and are encouraged to speak to their doctors and insurance providers about accessing these immunizations. The Cornish student health insurance plan goes into effect on August 28, 2010. Students who will be living in the residence halls must obtain their required immunizations prior to their moving into the halls. Many high schools will have copies of these records and students may be able to obtain them free of charge.

The College requires the following health information for use in emergency or epidemic situations. Any evidence in the future that this self-report has been falsified or incomplete may be grounds for immediate suspension from the College. Cornish College of the Arts shall reserve the right to reject or overturn acceptance for admission to the College if information on this form would indicate need for such action.

Note: all information is confidential and shared on a need-to-know basis only.

student last name

student first name

middle name

birth date (mm/dd/yyyy)

gender (male, female or transgender)

Do you have Health Insurance?

No. I agree to be enrolled in a Student Health Insurance Plan offered through Cornish College that provides benefits of up to \$10,000 annually for the policy offered for 2010 – 2011 (annual cost of \$754). I understand I will be automatically billed and a copy of the plan benefits will be mailed to me.

Yes. *Please go to http://www.cornish.edu/student_affairs/health_insurance/ and fill out our online health insurance waiver form. All forms must be filled out online or you will be enrolled in the college's coverage and you will be billed accordingly.* I acknowledge that I am legally responsible for any and all medical expenses incurred for the 2010 – 2011 policy period at Cornish College of the Arts.

Self-Reported Medical History (Answer all questions. State none or N/A if not applicable.)

1. Please check any of the following conditions you have had or now have.

Arthritis/Rheumatism

Fainting Spells

Allergies (please identify below)

Tuberculosis

Chicken Pox

Measles

Heart Trouble

Diabetes

Hypoglycemia

Mumps

Asthma

Epilepsy

Clinical Anxiety

2. List other significant medical problems or conditions that require regular visits to a physician (e.g. asthma, allergies.)

*Please return this form at least ONE MONTH prior to the first day of classes.

STUDENT HEALTH FORM

PART A | 2/2

3. Are you currently taking any prescription medications? Yes No

If yes, please specify medication, dosage and frequency and any possible side effects.

4. **Cornish College of the Arts endeavors to make its programs accessible to qualified students with disabilities (consistent with Federal and State laws).**

Please contact the Student Affairs Program Coordinator at 206.726.5098 or email to: ccoatney@cornish.edu to request information, obtain referrals for testing resources, or to inquire about arranging for housing and/or academic accommodations. Appropriate documentation of one's disability will be required to receive accommodations.

5. **Short-term counseling is available on campus and our counselors also make referrals to off-campus providers.**

Would you like a therapist from the Counseling Center to contact you regarding confidential mental health services (e.g. psychotherapy, psychopharmacological medications)?

Yes No

Counseling services can be reached at 206.726.5027 M – F 9am – 6pm during the academic year.

Student Verification

I certify that, to the best of my knowledge, the answers to all questions are correct and that I have read the statement of policy of the College at the top of the front page. I understand that failure to complete this form in full and to return it by the deadline noted in my acceptance letter from the College may result in the College preventing me from registering for classes or assuming occupancy in the residence halls. I understand I am also responsible for having a physician review page 3 of the health form, and that it, too, must be returned to the College by the established deadline.

resident signature

date (MM/DD/YYYY)

Medical Consent if Under 18 Years Old

I hereby authorize admission to the hospital in case of emergency and agree that the attending physician may, in case of extreme emergency operate and/or administer the necessary anesthesia if the undersigned cannot be contacted. I also grant permission for the transfer of my student to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider for the psychological or psychiatric care deemed necessary to the health and well-being of my student.

parent or guardian signature

date (MM/DD/YYYY)

name of student

date (MM/DD/YYYY)

**Please return this form at least ONE MONTH prior to the first day of classes.*

2010 – 2011 HOUSING & RESIDENCE LIFE
IMMUNIZATION FORM PART B

To be completed by physician no later than July 31, 2010

When complete send to:
Cornish College of the Arts
Office of Housing & Residence Life
1000 Lenora Street | Seattle, WA 98121
fax: 206.315.5857

Filled In By Student

last name
first name
middle initial
date of birth (mm/dd/yyyy)

I will start class in: Fall Spring

Required Vaccines and Inoculations

Please give dates of all **required** vaccinations and inoculations. See page 6 for the full policy.

I. Either two doses of MMR or Measles with one dose of Rubella are required for living in the Residence Halls

1st & 2nd MMR
date (mm/dd/yy)

OR

1st & 2nd measles
date (mm/dd/yy)
rubella date (mm/dd/yy)
mumps date (mm/dd/yy)

II. Meningitis vaccine for Residential Students

(For Non-Residential Students: Meningitis vaccine is strongly recommended but not required)

one dose meningitis
vaccine given
date (mm/dd/yy)

III. Medical Exemption:

I certify that the person named above has a medical reason not to be inoculated. Describe below.

(If you have reasons to be exempt on religious or personal grounds please call the Cornish College of the Arts Office of Prevention & Wellness at 206.726.5156 or at agraybill-pennington@cornish.edu)

Recommended Vaccinations and Inoculations

Please give dates of **recommended** vaccinations or inoculations

I. Tetanus-Diphtheria | DTaP | DTP and booster with Td (circle one)

date (mm/dd/yy)

II. Varicella or Date of Infection

1st & 2nd date (mm/dd/yy)

II1. Polio Series

1st date (mm/dd/yy)
2nd date (mm/dd/yy)
3rd date (mm/dd/yy)
4th date (mm/dd/yy)

I reviewed the history of this patient as reported above & find it to be complete and accurate to the best of my knowledge.

physician signature
physician phone number (000.000.0000)
physician printed name
date (mm/dd/yyyy)
physician's office stamp

IMMUNIZATION POLICIES AND RECOMMENDATIONS

I. Measles and Rubella

Measles can be a serious and life threatening illness. As a public health measure and in accordance with the Centers for Disease Control guidelines, the College requires verification of measles (Rubeola) immunity for all students born after December 31, 1956. *You may not be permitted to register for courses without proof of measles (Rubeola) immunity on record at the Office of Wellness & Health Promotion.*

Proof of immunity means

1. Two doses of measles (Rubeola) vaccine received after one year of age, at least one month apart, or
2. A blood test showing measles (Rubeola) immunity, or
3. Diagnosed measles (Rubeola) disease (*health care provider's signature required*).

Acceptable documentation is ONE of the following

(copies only, please keep your originals)

1. School Certificate of Immunization
2. Official immunization records from your health care provider or public health department
3. Copy of your immunization card
4. Copy of your military immunization record
5. This form completed & signed by your health care provider

Based on recommendations from the Centers for Disease Control (CDC) and the American College Health Association, Cornish College of the Arts requires that all students living in Cornish campus housing be vaccinated against meningitis. Proof of receiving the vaccination within the past 5 years must be provided. There will be no access to residence halls without this vaccination.

Additional Information and Recommendations

If the student has no documentation of any dose of measles vaccine, vaccine should be given at the time of entry and the second dose no less than twenty-eight (28) days and no more than three (3) months later. It is recommended that both doses of measles vaccine be given as combined measles-mumps-rubella (MMR) vaccine. The documented date of immunization for both measles and rubella should include the day, month and year. However, only month and year will suffice as long as the month and year show that the immunization was given

at least 13 months after the month of birth. It is strongly recommended that all students, regardless of age, who have questionable immunity to measles or rubella be immunized unless otherwise contraindicated.

Since there is no evidence of increased risk from measles revaccination, it is recommended that those students who cannot provide an immunization date after extended research, those who present questionable immunization dates, and those with a questionable diagnosis of measles, be vaccinated (revaccinated) prior to time of matriculation/registration. All immunizations should be given in accordance with the recommendations of the United States Public Health Service, Center for Disease Control's (CDC), Advisory Committee on Immunization Practices.

II. Meningococcal Meningitis

Meningococcal meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e. coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability.

Meningitis is a rare but potentially dangerous illness that mainly affects children and young adults. However, college-aged students have a greater potential risk of outbreaks than the general population due to a prevalence of risk factors that are often part of campus life. These risk factors include residence hall living, active and passive smoking, bar patronage and alcohol consumption (more than 15 drinks per week).

A safe, effective vaccine is available and protects against four of the five strains of the disease for at least five years. The Center for Disease Control recommends that undergraduates under 25 years of age, particularly those who plan to live in residence halls, receive the vaccine. As such, Cornish College requires the vaccine of all new residential students, effective Fall 2009.

**Please return this form at least ONE MONTH prior to the first day of classes.*