BROWN

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**May 2021**

**Dear Gateways Program Student:**

**Welcome to Brown!** Your first interaction with Health Services will be the health and immunization requirements that you must meet as a Gateways Program student which will begin our partnership in caring for your health while you are at Brown.
All forms and detailed instructions are available on our website at https://www.brown.edu/campus-life/health/services/medical-student-health-requirement

**** Please note, students in the Gateways Program have the same forms, immunization and testing requirements as medical students. These requirements are more extensive than those for undergraduate and graduate students. ****

**Gateways Student Forms, Immunizations, Titers and Tuberculosis Screening Requirements:**

- ❑ Print the Medical Student Immunizations, Titers & Tuberculosis Screening Record (attached) and review the requirements for immunizations and serologic testing. Contact your medical provider for form completion and further immunizations and testing if indicated.
  Rhode Island state law **requires** all students to provide written documentation of their immunizations. We will also accept official immunization records from your provider, previous school, or health department.
  Brown University requires serologic testing for all medical students. Two-step tuberculosis screening is required within the past 6 months, if indicated.

- ❑ Log onto your patient portal at https://patientportal.brown.edu complete the following forms
  - Health History Form
  - Respiratory Medical Evaluation Form
  - Authorization for Medical Care and Treatment

- ❑ Upload your completed immunization records and serology lab results to your patient portal. Enter the dates of your immunizations, titers, and TB testing into the immunization section.

- ❑ If you waived and will not be participating in the Brown Student Health Insurance plan, make a copy of your health insurance card and your pharmacy prescription benefits card.

**Information about Health Services**

Brown Health Services is a wellness center as well as a place for students to come when they are ill. A staff of physicians, nurse practitioners, physician assistants and nurses provide medical care by appointment. Call ahead and get an appointment the same day or at a more convenient time. Limited evening and weekend appointments are available for medical students. Nursing advice is available 24/7 by calling 401-863-1330.

**Medications**

A pharmacy is located at Health Services that carries many prescription medications, as well as over the counter products. The pharmacy can fill your prescription as long as we have a written, electronic, or telephone prescription from your provider or we can transfer refills from the pharmacy that originally filled the prescription. You may also be seen by a provider at Health Services to obtain a prescription.

**Confidential Medical Records**

Health Services records are confidential and are not released (e.g. to parents or faculty) without written authorization from the student. There are exceptions when the release of specific information without a student's expressed consent is necessary in emergencies or is required by law.

**Health Services Fee**

Full-time students are billed a mandatory Health Services fee that covers use of the facility and its services. (This fee is *separate* from the student health insurance charge, and cannot be waived.) The fee covers unlimited visits to Health Services during the academic year and summer. Students are encouraged to contact Health Services for their healthcare needs.

**Health Insurance**

Health insurance is required for services not covered by the health fee (lab, x-ray and pharmacy) or to access healthcare in the community. Therefore, all registered students will be automatically enrolled in the 2021-2022 Student Health Insurance Plan (SHIP) for coverage effective 8/1/2021 to 8/15/2022. Participation in SHIP is mandatory, however, students may waive enrollment in SHIP if they are covered by a comparable health insurance plan. More information on SHIP is available at this website: https://www.brown.edu/about/administration/insurance/insurance-students

If you have any questions, please feel free to contact the nursing staff at 401.863.1330 or nursing@health.brown.edu.

Best regards,

Christine Farland, MHA, BSN, RN
Assistant Director of Nursing
Brown University Health Services **(www.brown.edu/health)**

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401-863-3953

To return form, student must log in at https://patientportal.brown.edu and upload

# Medical Student Required Immunizations, Titers & Tuberculosis Screening

Brown University requires all medical students to provide written documentation of the following on the Medical Student Immunization, Titers & Tuberculosis Screening Record:

**Medical Student Immunization, Titers & Tuberculosis Screening Record**

- ❑ COVID-19
  A record of a one or two dose COVID-19 vaccine series.

- ❑ Hepatitis B
  A record of Hepatitis B vaccine series. If series is complete, a **quantitative** Hepatitis B Surface Antibody titer must be completed, a copy of the lab report must be attached.

- ❑ Measles, Mumps and Rubella
  A record of two MMR vaccines **and** positive serological tests for immunity to Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab reports must be attached.

- ❑ Meningococcal A, C, Y, W-135
  If you are under 22 years old, then at least one dose required between the ages of 16 and 22 years.

- ❑ Tetanus/Diphtheria/Pertussis (Tdap)
  One dose of adult Tdap (Tetanus/Diphtheria/Pertussis). If Tdap is more than 10 years old, then a Tetanus Diphtheria booster is required.

- ❑ Varicella
  A record of two Varicella vaccines, **OR** if a history of chickenpox disease, positive serological test for immunity to Varicella (chickenpox) is required. (History of disease alone is not acceptable.) A copy of the lab report must be attached.

- ❑ Tuberculosis Screening
  A record of **two** tuberculosis skin tests (TST) – spaced 1-3 weeks apart **OR** one IGRA blood test (Quantiferon Gold/T-SPOT), completed **within 6 months** prior to arrival at Brown. If there is a positive result to either test, documentation of a negative chest x-ray **and** history of latent TB treatment must be attached.

- ❑ Influenza
  Please note that the Influenza vaccine will be required during the fall of 2021. Flu vaccine clinics will be held at the medical school in the fall.

- ❑ Recommended, Not Required Vaccines
  Document any additional immunizations on page 2 of the immunization record form

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# Medical Student Immunizations, Titers & Tuberculosis Screening Record

Name _____ Date of Birth ____/____/____
Last First Middle mm dd yy

Address _____
Street City State Zip Code Country

***REQUIRED IMMUNIZATIONS***

| | | | | |
|---|---|---|---|---|
| **COVID-19** | Date of Dose #1 | Date of Dose #2: (if applicable) | ❒ Janssen (J & J)<br>❒ Moderna<br>❒ Pfizer | ❒ Other: |
| **Hepatitis B** (3 dose series) | Date of Dose #1: | Date of Dose # 2: | Date of Dose #3: | |
| **Or Hepatitis B** (2 dose series) | Date of Dose #1: | Date of Dose # 2: | | |
| *And* **quantitative titer** | ❒ positive ❒ negative | Date: | Copy of lab result required | |
| **Measles, Mumps, Rubella** | 2 doses of MMR and individual titers | *or* 2 doses of individual vaccines and individual titers | | |
| **MMR** | Date of Dose #1:<br><br>Must be at 12 months after birth or later | Date of Dose #2:<br><br>Must be at least 1 month after first dose | | |
| **Measles (Rubeola)** | Date of Dose #1:<br>Must be at 12 months after birth or later | Date of Dose #2:<br>Must be at least 1 month after the first dose | Copy of lab result required | ❒ positive ❒ negative<br><br>Date: |
| **Mumps** | Date of Dose #1:<br>Must be at 12 months after birth or later | Date of Dose #2:<br>Must be at least 1 month after the first dose | Copy of lab result required | ❒ positive ❒ negative<br><br>Date: |
| **Rubella (German Measles)** | Date of Dose #1:<br>Must be at 12 months after birth or later | Date of Dose #2:<br>Must be at least 1 month after the first dose | Copy of lab result required | ❒ positive ❒ negative<br><br>Date: |
| **Meningococcal Vaccine**<br>Required if under 22 years old | ❒ Menactra<br>❒ Menomune<br>❒ Menveo<br>❒ Other: | Date of Dose #1 | Date of Booster Dose:<br><br>Required if dose 1 was given before 16 years old | |
| **Tdap (Tetanus-Diphtheria-Pertussis)** | Date of Tdap Dose: | If Tdap > 10 years, then Tetanus Diptheria (Td) required | Date of Td dose: | |
| **Varicella (Chicken Pox)**<br>2 doses required or positive titer | Date of Dose # 1:<br>Must be given 12 months after birth or later | Date of Dose # 2: | *or*<br>Copy of lab result required | ❒ positive ❒ negative<br><br>Date: |

***REQUIRED TUBERCULOSIS SCREENING:*** 2 skin tests (PPD) or an IGRA test (Quantiferon Gold /T-SPOT) within 6 months prior to arrival at Brown.

| | | | |
|---|---|---|---|
| **Tuberculosis Skin Test**<br>Two-step testing is required -<br>2 skin tests 1-3 weeks apart within 6 months prior to arrival at Brown. | Date of Test #1:<br>Date of Test #2: | Date of Read #1:<br>Date of Read #2: | Result in mm #1:<br>Result in mm #2: |
| *or* **IGRA**<br>Quantiferon Gold or T-SPOT | Date of Test: | Results: ❒ Positive ❒ Negative ❒ Indeterminate | Copy of lab report required |
| **Chest X-ray** (Required if PPD or IGRA test is positive. Must be within 6 months of arrival at Brown) | Date: | Results: ❒ Normal ❒ Abnormal | Copy of chest x-ray required |
| **Latent TB Treatment** (only after a positive TB test/negative chest x-ray) | Type of Treatment: | Date Treatment Started: | Date Treatment Completed: |

Signature of Healthcare Provider: _____ Date: _____

Healthcare Provider Name: (Please Print) /Clinic Stamp _____

Address _____

Phone number: _____ Fax Number: _____

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# Medical Student Additional Immunizations (Not Required)

Name _____ Date of Birth ____/____/____
Last First Middle mm dd yy

| | | | |
|---|---|---|---|
| **DPT** (Childhood Series) | Date of Dose #1:<br>Date of Dose #2:<br>Date of Dose #3:<br>Date of Dose #4:<br>Date of Dose #5: | | |
| **Hepatitis A** | Date of Dose #1: | Date of Dose #2: | |
| **HPV** | Date of Dose #1: | Date of Dose #2: | Date of Dose #3: |
| **Meningococcal B Vaccine** (Trumenba or Bexsero) | Date of Dose #1:<br>❒ Trumenba ❒ Bexsero | Date of Dose #2:<br>❒ Trumenba ❒ Bexsero | Date of Dose #3:<br>❒ Trumenba |
| **Polio** | Date of Dose #1:<br>Date of Dose #2:<br>Date of Dose #3:<br>Date of Dose #4:<br>Date of Dose #5: | | |
| **Rabies** | Date of Dose #1: | Date of Dose #2: | Date of Dose #3: |
| **Rabies Titer** | Date: | ❒ positive ❒ negative | Attach copy of report |
| **Typhoid** | Date: | ❒ Oral<br>❒ Injectable | |
| **Other (Pneumovax, Yellow Fever, Japanese Encephalitis)** | | | |

Signature of Healthcare Provider: _____ Date: _____

Healthcare Provider Name: (Please Print) /Clinic Stamp _____

Address _____

Phone number: _____ Fax Number: _____