



BROWN

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Assistant Director of Operations
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401 863-3953
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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. This will begin our partnership in caring for your health while you are enrolled at Brown.

All forms and detailed instructions are available on our website at <https://healthservices.brown.edu/health-requirements/medical-students>

**** 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. ****

☐ Step 1: Immunizations, Titers and Tuberculosis Screening Records:

- Print the Medical Student Immunizations, Titers & Tuberculosis Screening Record (attached) and have it completed by your medical provider. We will also accept official immunization records from your provider, previous school, or health department.
- To Submit: Log into [Brown Health Services Patient Portal](#)
 - Select “Upload” to submit your immunization records and serology lab results
 - Select “Immunizations” to manually enter each corresponding immunization, titer, and TB testing date

☐ Step 2: Forms:

- Log into [Brown Health Services Patient Portal](#)
- Select “Forms” and complete the following in the “New Students” Section:
 - Authorization for Medical Care and Treatment
 - Brown Consent to Share Health Information
 - Health History Form
- From the “Complete Only if Instructed” section:
 - Respiratory Medical Evaluation Form
 - This must be completed prior to N95 Mask Fitting which will occur during orientation

☐ Step 3: Medical Insurance Card or Prescription Benefit Card

- Required for students who waived the Brown Student Health Insurance Plan
- Log into [Brown Health Services Patient Portal](#)
 - Select “Upload” to submit your Medical Insurance Card or Prescription Benefit Card, upload of copy of both sides of your card(s)

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 401-863-3953.

Medications

A pharmacy is located at Health Services that carries 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. Students are encouraged to contact Health Services for their healthcare needs.

Health Insurance

All registered students are automatically enrolled in the Student Health Insurance Plan (SHIP). Participation in SHIP is required unless a waiver is completed with proof of coverage with a comparable health insurance plan, by the waiver deadline. Health insurance is utilized at Health Services for services not covered by the health fee (lab, x-ray and pharmacy) or to access healthcare in the community. For newly matriculating Medical and Gateway students, the SHIP policy dates are 7/15/2024 - 8/14/2025 to allow for coverage of incoming immunization and titer requirements.

More information on SHIP is available at this website: <https://healthservices.brown.edu/fees-insurance/student-health-insurance-plan-ship>

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

Best regards,

Christine Farland, MHA, BSN, RN

Assistant Director of Operations and Administration

Brown University Health Services (www.brown.edu/health)



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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 an updated 2023–2024 COVID-19 vaccine dose given after September 1, 2023. Please know that some clinical sites will continue to require an updated COVID booster dose as they become available.
- Hepatitis B
A record of a Hepatitis B vaccine series. After series completion, a **quantitative** Hepatitis B Surface Antibody titer must be completed, a copy of the lab report must be submitted.
- Measles, Mumps and Rubella (MMR)
A record of two (2) MMR vaccines **OR** two (2) doses of Measles, two (2) doses of Mumps and one (1) dose of Rubella; **OR** serologic proof of immunity for Measles, Mumps and Rubella. History of disease is not acceptable. A copy of the lab reports must be submitted.
- Meningococcal A, C, Y, W-135
Required for students 22 years old or younger: dose must be given after 16th birthday.
- Tetanus/Diphtheria/Pertussis (Tdap)
One dose of adult Tdap. If the last Tdap dose is more than 10 years old, then a Tetanus Diphtheria (Td) or Tdap booster is required.
- Varicella
A record of two Varicella vaccines **OR** if a history of chickenpox disease, serologic proof of immunity for Varicella (chickenpox) is required. History of disease alone is not acceptable. A copy of the lab report must be submitted.
- 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 submitted.
- Influenza
The Influenza vaccine will be required this upcoming Fall. Flu vaccine clinics will be held at the medical school, information will be forthcoming.
- 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 Last First Middle Date of Birth mm / dd / yy

REQUIRED IMMUNIZATIONS

COVID-19
Hepatitis B
Measles, Mumps, Rubella (MMR)
Option 1:
Option 2:
Measles (Rubeola)
Mumps
Rubella (German Measles)

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

REQUIRED IMMUNIZATIONS

Meningococcal Required only for students 22 years old or younger: dose must be given after 16 th birthday			
Meningococcal Vaccine <input type="checkbox"/> Menactra <input type="checkbox"/> Menomune <input type="checkbox"/> Menveo <input type="checkbox"/> MenQuadfi <input type="checkbox"/> Other:	Date of Dose #1:	Date of Booster Dose (if first dose given before 16 th birthday):	
Tdap (Tetanus-Diphtheria-Pertussis) 1 dose of adult Tdap; if last Tdap is more than 10 years old, provide date of last Td or Tdap booster			
Tdap	Date of Dose:	Date of Booster Dose (if applicable): <input type="checkbox"/> Tdap <input type="checkbox"/> Td	
Varicella (Chicken Pox) 2 doses of varicella vaccine or serologic proof of immunity for varicella			
Varicella (Chicken Pox) 2 doses required or positive titer	Date of Dose # 1: Must be given 12 months after birth or later	Date of Dose # 2: Must be at least 1 month after the first dose	Or Varicella Titer <input type="checkbox"/> positive <input type="checkbox"/> negative Date: Copy of lab result required
Tuberculosis Screening Two skin tests spaced 1-3 weeks apart OR one IGRA test (QuantiFERON Gold /T-SPOT) within 6 months of arrival to Brown. History of LTBI, Positive TB Skin Test, or Positive TB IGRA Blood Test: documentation of a negative chest x-ray and history of latent TB treatment must be submitted			
Tuberculosis Skin Test (PPD) 2 skin tests 1-3 weeks apart within 6 months prior to arrival at Brown.	Date of Test #1:	Date of Read #1:	Result in mm #1:
	Date of Test #2:	Date of Read #2:	Result in mm #2:
<i>Or</i> IGRA Testing QuantiFERON Gold or T-SPOT	Date of Test:	Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	Copy of lab result required
Chest X-ray Required only if PPD or IGRA test is positive. Must be within 6 months of arrival at Brown	Date of chest x-ray:	Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Copy of chest x-ray result must be submitted
Latent TB Treatment Required only after a positive TB test/negative chest x-ray	Type of Treatment:	Date Treatment Started:	Date Treatment Completed:

Additional Immunizations (Not Required)

Hepatitis A	Date of Dose #1:	Date of Dose #2:	Date of Dose #3 (if applicable):
HPV	Date of Dose #1:	Date of Dose #2:	Date of Dose #3 (if applicable):
Meningococcal B	Date of Dose #1: <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexsero	Date of Dose #2: <input type="checkbox"/> Trumenba <input type="checkbox"/> Bexsero	Date of Dose #3 (if applicable): <input type="checkbox"/> Trumenba

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

Additional Immunizations (Not Required)

Polio	Date of most recent dose:					
Rabies	Date of Dose #1:	Date of Dose #2:	Date of Dose #3:	Rabies Titer <input type="checkbox"/> positive <input type="checkbox"/> negative Date: Copy of lab result required		
Typhoid	Date of most recent dose: <input type="checkbox"/> Oral <input type="checkbox"/> Injectable					
Other: (ex: Pneumovax, Yellow Fever, Japanese Encephalitis, BCG)	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:	Vaccine: Date:

Signature of Healthcare Provider: _____ Date: _____

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

Address _____

Phone number: _____ Fax Number: _____