



BROWN

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Assistant Director of Operations  
and Administration  
Student Health Services  
450 Brook St.  
Providence, RI 02906  
401 863-3953  
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**Dear Gateways Program Student:**

**Welcome to Brown!** Your first interaction with Student 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>

#### **Information about Student Health Services**

Brown Student 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 Student 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 Health Records**

Student 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 & Wellness Fee**

Full-time students are billed a mandatory Health & Wellness 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 Student Health Services during the academic year. Students are encouraged to contact Student 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 Student 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 7/15/2025 - 8/14/2026 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](mailto:nursing@health.brown.edu).

Best regards,  
Christine Farland, MHA, BSN, RN  
Assistant Director of Operations and Administration  
Brown University Student Health Services ([www.brown.edu/health](http://www.brown.edu/health))

### **Gateway Student Requirements Checklist Due by June 1**

**All forms can be accessed or uploaded by logging into the [Brown Student Health Services Patient Portal](#)**

**\*\* 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 Student 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 Student 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 Student 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)



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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  
Documentation of your original COVID vaccine series and/or your most recent COVID-19 vaccine dose. Please note that some clinical sites may require an up-to-date COVID-19 vaccination status, including the latest available booster dose
- ☐ Hepatitis B  
Documentation 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)  
Documentation 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  
Documentation 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  
Documentation 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 the TB Skin test or the IGRA Blood test, documentation of a negative chest x-ray **and/or** 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 and 3 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

### REQUIRED IMMUNIZATIONS

#### COVID-19

Documentation of your original COVID vaccine series and/or your most recent COVID-19 vaccine dose. Please note that some clinical sites may require an up-to-date COVID-19 vaccination status, including the latest available booster dose

<b>COVID-19</b>	Date of Dose #1:  Specify brand:	Date of Dose #2 (if applicable):  Specify brand:	Date of most recent booster dose:  Specify brand:
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#### Hepatitis B

3 doses of Engerix-B, Recombivax or Twinrix, OR 2 doses of Heplisav-B, followed by a QUANTITATIVE Hepatitis B Surface Antibody (titer) drawn 4-8 weeks after the last dose. If negative titer complete a second Hepatitis B series followed by a repeat titer.

<b>Hepatitis B</b> 3-dose vaccines (Engerix-B, Recombivax, Twinrix)	Date of Dose #1:	Date of Dose # 2:	Date of Dose #3:
<b>Or Hepatitis B</b> 2-dose vaccine (Heplisav-B)	Date of Dose #1:	Date of Dose # 2:	
<i>And</i> <b>Quantitative Hepatitis B Titer</b>	<input type="checkbox"/> positive <input type="checkbox"/> negative	Date:	Copy of lab result required
<b>Secondary Hepatitis B Series</b> Only if negative titer after primary series	Date of Dose #1:  Specify Brand:	Date of Dose # 2:  Specify Brand:	Date of Dose #3 (if applicable):  Specify Brand:

#### Measles, Mumps, Rubella (MMR)

2 doses of MMR vaccine **OR** 2 doses of Measles, 2 doses of Mumps and 1 dose of Rubella; **OR** serologic proof of immunity for Measles, Mumps and Rubella. Choose only one option.

##### Option 1:

2 doses of MMR vaccine

<b>MMR</b> 2 doses of MMR vaccine	Date of MMR Dose #1:  Must be at 12 months after birth or later	Date of MMR Dose #2:  Must be at least 1 month after first dose
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##### Option 2:

2 doses of Measles, 2 doses of Mumps and 1 dose of Rubella; **OR** serologic proof of immunity for Measles, Mumps and Rubella

<b>Measles (Rubeola)</b> 2 doses of measles vaccine OR positive titer	Date of Dose #1:  Must be at 12 months after birth or later	Date of Dose #2:  Must be at least 1 month after the first dose	Or Measles Titer  <input type="checkbox"/> positive <input type="checkbox"/> negative  Date:  Copy of lab result required
<b>Mumps</b> 2 doses of mumps vaccine OR positive titer	Date of Dose #1:  Must be at 12 months after birth or later	Date of Dose #2:  Must be at least 1 month after the first dose	Or Mumps Titer  <input type="checkbox"/> positive <input type="checkbox"/> negative  Date: Copy of lab result required
<b>Rubella (German Measles)</b> 1 dose of Rubella vaccine OR positive titer	Date of Dose #1:  Must be at 12 months after birth or later	Or Rubella Titer  <input type="checkbox"/> positive <input type="checkbox"/> negative  Date: Copy of lab result required	

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Last First Middle mm dd yy

## REQUIRED IMMUNIZATIONS

<b>Meningococcal</b> Required only for students 22 years old or younger: dose must be given after 16 <sup>th</sup> birthday			
<b>Meningococcal Vaccine</b> <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 <sup>th</sup> birthday):	
<b>Tdap (Tetanus-Diphtheria-Pertussis)</b> 1 dose of adult Tdap; if last Tdap is more than 10 years old, provide date of last Td or Tdap booster			
<b>Tdap</b>	Date of Dose:	Date of Booster Dose (if applicable):  <input type="checkbox"/> Tdap <input type="checkbox"/> Td	
<b>Varicella (Chicken Pox)</b> 2 doses of varicella vaccine or serologic proof of immunity for varicella			
<b>Varicella (Chicken Pox)</b> 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
<b>Tuberculosis Screening</b> Two skin tests spaced 1-3 weeks apart <b>OR</b> 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/or history of latent TB treatment must be submitted			
<b>Tuberculosis Skin Test (PPD)</b> 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:
<b>Or IGRA Testing</b> 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
<b>Chest X-ray</b> Required only if PPD or IGRA test is positive.	Date of chest x-ray:	Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Copy of chest x-ray result must be submitted
<b>Latent TB Treatment</b> Required only after a positive TB test/negative chest x-ray	Type of Treatment:	Date Treatment Started:	Date Treatment Completed:

## Additional Immunizations (Not Required)

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

<b>Pneumococcal</b> (recommended for certain risk conditions)	Select Type: <span style="float: right;">Date of Dose:</span> <input type="checkbox"/> Prevnar 13 (PCV13) <input type="checkbox"/> Prevnar 20 (PCV20) <input type="checkbox"/> Vaxneuvance (PCV15) <input type="checkbox"/> Capvaxive (PCV21) <input type="checkbox"/> Pneumovax 23 (PPSV23)					
<b>Polio</b>	Date of most recent dose:					
<b>Typhoid</b>	Date of most recent dose:  <input type="checkbox"/> Oral <input type="checkbox"/> Injectable					
<b>Other: (ex: Yellow Fever, Japanese Encephalitis, Rabies, Typhoid, BCG)</b>	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: \_\_\_\_\_