HEALTH SERVICES

Incoming Student Requirements

- Requirements must be submitted by July 15, 2024**.**
- Required paper forms are attached.
- Electronic steps & forms can be completed via the Health Services Portal: https://skidmore.studenthealthportal.com/Account/Logon
- Paper forms should be uploaded to portal individually with appropriate "document type" selected

GUIDE TO ATTACHED FORMS:

Part A: Immunization Form/Record

Required immunizations include:

- **MMR** (Measles, Mumps & Rubella) vaccines – 1st dose given on or after 1st birthday. 2nd dose required at least 28 days after 1st dose
- **Td or Tdap** – Tetanus, Diptheria, & Pertussis vaccine: Required within the last 10 years
- **Meningitis** (Menactra, Menquadfi or Menveo – ACWY) within the last 5 years

Part B: Physical Exam Form

- Exam performed on or after July 15, 2022. If you have not had a physical exam in this time frame, please schedule with your primary care provider: Print and bring this form to the appointment.
- Alternative physical exam documentation may be accepted and must include 1) documentation of a physical exam 2) pertinent clinical findings with clearance for sports participation and 3) signature of medical provider.

CHECKLIST:

Requirement	Format	Completed by	Completed	Uploaded to portal
Part A: Immunization Record	Paper form	Medical provider	☐	☐
Part B: Physical Exam Form	Paper form	Medical provider	☐	☐
Part C: Tuberculosis Screening Questionnaire & Testing	Electronic form	Student and, medical provider (if applicable)	☐	☐
Register for Health Services Portal	Electronic	Student	☐	N/A
Health History Questionnaire	Electronic form	Student	☐	N/A
Contact Information & Text Messages Consent	Electronic form	Student	☐	N/A
Understanding of Use and Privacy	Electronic form	Student	☐	N/A
Health insurance plan information & upload copy of card	Electronic form	Student	☐	☐

****NCAA VARSITY ATHLETES REQUIRE ADDITIONAL PAPERWORK****

SEE WEBSITE FOR DETAILS

https://www.skidmore.edu/health-services/NCAAStudentAthletes.php#firstyearvarsityathletes

PART A: IMMUNIZATION RECORD

STUDENT NAME: ______________________________ **DATE OF BIRTH (mm/dd/yy):** ___/___/___

REQUIRED IMMUNIZATIONS date format (*mm/dd/yy*)

MEASLES, MUMPS, RUBELLA REQUIREMENT –ONE of the following options - NYS Department of Health Law

OPTION 1: MMR (Measles, Mumps, & Rubella) combo vaccine
- 1st dose required after 1st birthday and
- 2nd dose required at least 28 days after 1st dose

MMR #1:___/___/___
MMR #2:___/___/___

OPTION 2: Separate vaccines (4 in total)

Measles
- 1st dose required after 1st birthday **AND**
- 2nd dose required at least 28 days after 1st dose **AND**

Measles #1:___/___/___
Measles #2:___/___/___

Mumps
- 1 dose required after 1st birthday **AND**

Mumps #1:___/___/___

Rubella
- 1 dose required after 1st birthday

Rubella #1:___/___/___

OPTION 3: Antibody titers for measles, mumps, rubella
- Attach lab reports

Measles Titer:___/___/___
Mumps Titer:___/___/___
Rubella Titer:___/___/___

MENINGITIS - MENACTRA, MenQuadfi or MENVEO (ACWY)
- At minimum 1 dose within the last 5 years.

*Men B does not meet this requirement

Meningitis:___/___/___

TETANUS-DIPTHERIA-PERTUSSIS— Td or Tdap Required within last 10 years

Td :___/___/___
Tdap:___/___/___

RECOMMENDED IMMUNIZATIONS date format (*mm/dd/yy*)

MENINGOCOCCAL B

Bexsero
Men B #1:___/___/___
Men B #2:___/___/___

OR

Trumenba
Men B #1:___/___/___
Men B #2:___/___/___
Men B #3:___/___/___

Hepatitis A #1:___/___/___
Hepatitis A #2:___/___/___
Hepatitis B #1:___/___/___
Hepatitis B #2:___/___/___
Hepatitis B #3:___/___/___

HPV (Human Papilloma Virus)
Gardasil #1:___/___/___
Gardasil #2:___/___/___
Gardasil #3:___/___/__

POLIO
Primary series completed:
___/___/___ (circle one) **IPV OPV**

Additional dose post completion of primary series (if applicable): ___/___/___

OTHER IMMUNIZATION
(most recent date)

Rabies (date series completed)
___/___/___

Typhoid (injectable)___/___/___
Typhoid (Oral)___/___/___
Yellow Fever___/___/___

VARICELLA (Chickenpox)
Varicella #1:___/___/___
Varicella #2:___/___/___

OR

History of Chickenpox:
____**Yes, Date:** _________
____ **No**

COVID
Date of most recent vaccine:

___/___/____

STATEMENT OF EXEMPTION TO NEW YORK STATE IMMUNIZATION LAW

□ **Religious Exemption**
□ **Medical Exemption**

Required supporting documentation must be provided as specified on the Health Services website.
https://www.skidmore.edu/health-services/ImmunizationRequirementsandExemption.php

PROVIDER INFORMATION & SIGNATURE REQUIRED

____
Name & Title of Healthcare Provider (please print)

______________________________ ____________
Provider Signature **Date**
Address (print or stamp)

Phone: (_____) ______________ **Fax:** (_____) _______________

updated 4/2024

PART B: PHYSICAL EXAM FORM

LAST NAME:		FIRST NAME:	MIDDLE INITIAL:	Date of Birth:
VITAL SIGNS:	Ht:	Wt:	B/P:	Pulse:

MEDICATIONS:	ALLERGIES:

PAST MEDICAL HISTORY:

ITEM/AREA EVALUATED	Normal	Not Examined	Abnormal	If Abnormalities Are Noted, Please Describe
Appearance				
Nose & Sinuses				
Mouth & Throat				
Teeth & Gingiva				
Ears				
Eyes				
Neck				
Lungs				
Heart				
Vascular				
Abdomen				
Upper Extremities				
Lower Extremities				
Spine				
Neurologic				
Other (specify)				

CLEARANCE FOR ATHLETICS PARTICIPATION:

☐ All sports without restriction (*Note: Sports Health History form must also be reviewed and signed by provider)

☐ Cleared after completing evaluation/rehabilitation for:

____

☐ Not cleared for:

____

____

Additional recommendations/comments:

____

____

____

PROVIDER INFORMATION & SIGNATURE REQUIRED

I have conducted an examination of this patient within the last 2 years, **after 7/15/22** (athletes must have physical after 3/1/24). All medical/psychiatric conditions and therapies are noted above or on attached pages.

Date of Exam: _____/______/______

Print Provider Name:

Address (Please print or stamp):

Phone #: (___)____________ **Fax #:** (____)___________

__________________________________ ________

Signature of Healthcare provider **Degree**