

**GRADUATE STUDENT
USE ONLY**

St. Bonaventure University
GRADUATE STUDENT
HEALTH FORMS

**GRADUATE STUDENT
USE ONLY**

Due 30 days after start of classes (NY residents)

Due 45 days after start of classes (Non-NY residents/International Students).

Please check when you will be starting and write which year.

_____ Fall Year: _____

_____ Spring

_____ Summer

Other: (please specify)

If you previously attended SBU, please specify which term and year: _____

Please return forms to:

St. Bonaventure University
Center for Student Wellness
127 Doyle Hall
PO Box 2469
St. Bonaventure, NY 14778
Phone: 716-375-2310
Fax: 716-375-7892
Email: CSWSBU@SBU.EDU

SBU Student ID: _____

GENDER:

_____ Male _____ Female

Other: (Specify) _____

DATE OF BIRTH: MM/DD/YYYY

NAME: Last _____ First _____ Middle _____

Previous names used (i.e. maiden names, etc): _____

HOME ADDRESS: Street _____ PO Box: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____

PHONE: Home _____ Cell _____ **EMAIL** _____

EMERGENCY CONTACT: _____ (Relationship to student) _____

PHONE: Home _____ Cell _____ Business _____

Permission To Release Medical Information (For all students 18 and over.)

I hereby grant permission to the Center For Student Wellness, Health Services Unit, to release information to Campus Security, the Vice President of Student Affairs, the SBU Medical Emergency Response Team (MERT), Counseling Services, Residence Life, Club Sports Personnel, Ambulance Personnel, and Olean General Hospital Emergency Department Personnel if needed, in the best interest of my health and safety. I acknowledge this release is only valid in emergency situations where my safety or life is in danger. I understand that any other release of my personal information will require me to sign a third party release through the Center For Student Wellness.

Student signature: _____ Date: MM/DD/YYYY _____

INSURANCE INFORMATION Do you have health insurance? _____ YES _____ NO

Select one: _____ On parent/guardian/spouse policy _____ Individual policy holder _____ Purchased SBU student policy

PLEASE NOTE: Health insurance is required by law for everyone. If you presently are not covered by health insurance and are taking at least 6 credits, you may purchase the SBU student policy. Information for obtaining coverage through the St. Bonaventure Plan is available at:

<http://www.sbu.edu/life-at-sbu/services-for-students/health-wellness>

*If you are interested in using the campus Center for Student Wellness Health Services, you may do so for a charge of \$55 per semester. This amount is not prorated, so if you decide to start using campus Health Services, you will need to pay \$55 regardless of when during the semester you decide to pay. This charge only covers campus Health Services. If you opt in to use campus Health Services, there will be additional health information forms for you to fill out. Please contact the Bursar's office for additional information at 716-375-2030 or the Center for Student Wellness at 716-375-2310. Thank you.

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*Student name: _____

*Date of birth: ____/____/____

NOTICE: IT'S THE LAW!

These forms need to be completed and returned to the Center for Student Wellness.

New York State Public Health Law 2165 requires college students to show proof of immunity to measles, mumps, and rubella. People born before 1/1/1957 are exempt from this requirement, unless required by their academic major to meet clinical placement requirements. If you are exempt, you must provide proof of age. New York State Public Health Law 2167 requires colleges to distribute information about meningococcal disease and vaccination to all students.

PLEASE PROVIDE A COPY OF APPROVED IMMUNIZATION RECORDS, AS REQUIRED BY NEW YORK STATE.

(Must include student's name, month, day, and year of all vaccinations.)

1. 2 (two) MMR shots (MEASLES, MUMPS, RUBELLA) as combined vaccinations. IF RECEIVING VACCINATIONS SEPARATELY,

- Measles: Documentation of two (2) live measles vaccines
- Mumps: Documentation of at least one (1) live mumps vaccine
- Rubella: Documentation of at least one (1) live rubella vaccine

} **OR**

***A copy of a positive MMR titer result.**

2. Meningococcal/Meningitis: PLEASE CHECK THE LINE FOR THE CHOICE YOU ARE PROVIDING.

a. _____ I received the meningococcal (meningitis) immunization within the **past 5 years.**

OR the option below in the box:

b. _____ I am choosing to NOT RECEIVE the meningitis vaccine at this time. Please read the **meningococcal vaccine fact sheet found at:**

<https://www.health.ny.gov/publications/2168/>

"I have read the meningitis information found at the above website or on the St. Bonaventure University Health Services web page, or I have had the information explained to me by a professional health care provider regarding meningococcal disease (meningitis). I understand the risks of NOT having the vaccine. I have decided that I (or my child, for students under the age of 18) will NOT obtain the immunization against meningococcal disease (meningitis) at this time."

****SIGNATURE NEEDED ONLY IF YOU ARE REFUSING THE MENINGITIS VACCINATION****

Signature (Students 18 and over OR parent): _____ Date _____

***MEDICAL/RELIGIOUS EXEMPTIONS from vaccinations require a written statement of explanation signed by a physician for medical exemptions or a written explanation of genuine and sincere beliefs contrary to the practice of immunization for religious exemptions.**

***STUDENTS WAIVING VACCINATIONS: Any student waiving vaccinations for any reason will be asked to leave campus (for resident students) or remain off campus (commuter students) if an outbreak occurs until the situation is resolved.**

IMPORTANT NOTE: The St. Bonaventure Health Services Unit DOES NOT PROVIDE the meningococcal/meningitis vaccines. If you are planning on getting the vaccine, but have not yet done so, please consult with your physician or your local county health department prior to arrival on campus. You may get the vaccine locally at the Cattaraugus County Dept. of Health at: 1 Leo Moss Drive, #4010, Olean, NY 14760. The approximate costs as of April 2017 of the available vaccines choices are:

Menvio: \$113 Men B series (x2): Approx. \$165 per dose.