



**HEALTH FORM PART A:
IMMUNIZATIONS**

Name: _____
 Date of Birth: ____/____/____ Age: ____
 Student ID: 000 _____
 Residency: ___ Resident (on-campus) ___ Commuter (off-campus)
 D/I: ___ Domestic Student ___ International Student

SECTION A: Required Immunizations

	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Date (MM/DD/YYYY)	Titer Date & Result (must include lab report)
1. MMR (Measles, Mumps, Rubella)			NOT APPLICABLE	OR
2. Hepatitis B (OR check decline box, sign and date below)				OR
<input type="checkbox"/> Hepatitis B Waiver: I have read the information about Hepatitis B and decline receipt of this vaccine. _____ Student or Parent/Guardian Signature (if student is under the age of 18) Date				
3. MCV4 (Menactra/Menveo) One dose must be given after age 16. (If you are a commuter student, you may decline by checking decline box, sign and date below. You may NOT waive if living on campus.)			NOT APPLICABLE	
<input type="checkbox"/> Meningitis Waiver: I have read the information about MCV4 (Menactra/Menveo) / Meningococcal Meningitis and decline receipt of this vaccine. _____ Student or Parent/Guardian Signature (if student is under the age of 18) Date				
4. Tuberculosis Screening (Required for International Students)				
TB Skin Test by TST (Mantoux)	Date Placed	Date Read	Induration of millimeters _____ mm	Result (circle one) Negative / Positive
OR Interferon-based Assay (QFT or Tspot)	Date	Result	Submit copy of lab report in English	
Chest X-ray (Only if positive TST or Lab Test)	Date	Result	Submit copy of x-ray report in English	

SECTION B: Recommended Immunizations (Not Required for Matriculation)

Td		NOT APPLICABLE		
Tdap (Adacel/Boostrix)		NOT APPLICABLE		
Varicella (Chickenpox)		NOT APPLICABLE		
Hepatitis A				
HPV (Gardasil or Cervarix)				NOT APPLICABLE
Meningitis B	Bexsero		NOT APPLICABLE	
	Trumenba			NOT APPLICABLE

SECTION C: COVID-19 Immunization (Recommended – Not Required for Matriculation)

Pfizer-BioNTech			NOT APPLICABLE
Moderna			NOT APPLICABLE
Janssen/Johnson & Johnson		NOT APPLICABLE	
Other / Name:			NOT APPLICABLE

An official stamp from a medical provider, clinic or health department AND an authorized signature must appear here or this form will not be approved. You must attach a State Immunization Form if this section is blank.

_____ Official Office Stamp Here	_____ Physician or Authorized Signature	_____ Date
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HEALTH FORM PART B: MEDICAL POLICIES & HEALTH INSURANCE REQUIREMENT

Name: _____ Date of Birth: ____/____/____ Age: ____ Student ID: 000 _____ Residency: ___ Resident (on-campus) ___ Commuter (off-campus) D/I: ___ Domestic Student ___ International Student

MEDICAL POLICIES

- Ringling College of Art and Design provides on-campus health services through Sarasota Memorial Health Care System. A complete description of the services provided to enrolled students is available at http://health.ringling.edu.
• If you have a medical history or other condition you would like to discuss with our medical staff, please visit us during orientation or the first week of classes for an initial consultation with our on-campus Physician’s Assistant. Please note that it is the responsibility of the student to share any medical conditions/allergies with appropriate personnel across campus. The Health Center does not share a student’s private health information with any other department. Call (941) 309-4000 for more information.
• Mere attendance at counseling/medical appointments either on or off campus, or other documentation of a medical condition provided to the health center, is insufficient to grant an excused class absence. For questions about course work or attendance policies, it is the student’s responsibility to communicate directly with their faculty member, academic adviser, or office of disability services.
• Emergency medical withdrawals from school may be granted only in emergency situations and require documentation of diagnosis and subsequent emergency situation which substantially interfered with the student’s ability to function academically for an extended period of time. This documentation must be completed by a licensed provider. Be sure to review the student handbook and academic calendar for more details.
• Any evidence in the future that this Health Form has been falsified or incomplete may be grounds for immediate suspension from the College. Ringling College shall reserve the right to reject or overturn acceptance for admission to the College if information on this form would indicate need for such action.

HEALTH INSURANCE REQUIREMENTS

- ALL degree-seeking students are required to have health insurance. You will be automatically charged and enrolled in the Student Health Insurance Plan (SHIP). All students must complete one of the following: submit a waiver OR submit an enrollment request. Visit www.universityhealthplans.com/ringling for more information, including the waiver and enrollment links.
• WAIVER: Student who have comparable insurance, and wish to decline the SHIP, must complete an online waiver form. The waiver form is accessible via the above link and must be submitted prior to September 3, 2021. Please note: It may take up to five business days for the charge to be reversed once the waiver is approved.
• ENROLLMENT: If you would like to elect coverage in the SHIP (with coverage dates of 8/1/21-7/31/22), you will need to confirm enrollment at the link above.
• Students who do not submit a waiver or confirm enrollment by September 3, 2021 will be auto-enrolled in the SHIP and payment will be reflected on your bill. Waivers cannot be submitted after this date. Partial refunds will not be granted.
• Students may not withdraw from the full-academic year policy after September 3, 2021. Students are only allowed to reenroll in a subsequent year policy, if they continue to be eligible. Students previously granted a medical leave of absence will not be eligible for a subsequent year policy.
• If I elect to waive participation in the SHIP, I acknowledge that I am legally responsible for any and all medical expenses incurred for the policy period at Ringling College.
• Please contact United Health Plans directly for questions about coverage, claims and eligibility at 1-800-437-6448 or email info@universityhealthplans.com.

I certify that I have read the College’s Policies above. I understand that failure to complete this form in full and to return it by the deadline (7/16/2021) may result in the College preventing me from registering for classes or assuming occupancy in the residence halls. I understand I am also responsible for having a physician review and sign Part A of the immunization packet, or provide official vaccination records, before returning it to the College by the deadline. Parent/Guardian signature only required if student is a minor.

Student Name (Print): _____ Parent/Guardian Name (Print): _____
Student Signature: _____ Parent/Guardian Signature: _____
Date: _____ Date: _____

- Are you a minor (will you be under the age of 18 as of the first day of classes, 8/30/2021)?
 No
 Yes → Please fill out the Minor Consent Forms for Medical Services and the Peterson Counseling Center.