

## NEW STUDENT HEALTH FORM

**Student Name:**

(Last, First, M.I) \_\_\_\_\_

**Student ID:**

(X Number) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Student's Personal Email Address:** \_\_\_\_\_

**Otis Email Address:** \_\_\_\_\_

Please specify where you will be living: (only check ONE box)

<input type="checkbox"/> Off Campus	<input type="checkbox"/> Residence Hall	<input type="checkbox"/> Off Campus Apartment through Otis Housing (ex: Park West)
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**Otis College of Art and Design requires new students to submit the following, as part of the admission requirements:**

1. Copy of your vaccination record that shows proof of:
  - a. **TWO doses of MMR vaccines** or **positive immunity**.
  - b. **Tuberculosis (TB) screening** (back side of this form) or blood/skin test **within 6 months** prior to the first day of class.
  - c. **At least one dose of meningitis vaccine (MCV4 or MPSV4)** ONLY IF you will be living in residence halls or apartment(s) through Otis Housing Program. This applies to ALL students (first year and upper classmen)
    - i. If the meningitis vaccine dose was received younger than 16 years old, a booster shot (dose #2) is required prior to starting school. If the meningitis vaccine dose was received after 16 years old age, no booster shot is required.

**All students must upload this form along with a copy of their immunization records to Owl Care.**

COVID-19 vaccine is no longer required but is highly recommended for all students.

**A COPY OF YOUR IMMUNIZATION RECORD MUST BE SENT WITH THIS FORM.**

**\*\*The following section below must be completed by a healthcare provider\*\***

**REQUIRED TUBERCULOSIS SCREENING QUESTIONNAIRE**  
**\*\*must be completed within 6 months prior to the first day of classes\*\***  
**(Required for all new students)**

**History of positive TB test or TB disease:**

- Yes → Symptom review and chest x-ray/IGRA needed within 6 months prior to the first day of classes.
- No → Continue with questions below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1.	One or more signs & symptoms of TB (prolonged cough, bloody cough, fever, night sweats, weight loss, and excessive fatigue). Note: A chest x-ray and/or sputum examination may be necessary to rule out infectious TB.
<input type="checkbox"/> Yes <input type="checkbox"/> No	2.	Close contact with someone with infectious TB disease.
<input type="checkbox"/> Yes <input type="checkbox"/> No	3.	Birth in a high prevalence country? (Any country other than the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.) <b>Please be aware that China, Korea, Viet Nam are considered as high prevalence countries.</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	4.	Travel to a high prevalence country for more than 1 month.
<input type="checkbox"/> Yes <input type="checkbox"/> No	5.	Current or former residence or work in a correctional facility, long term care facility, hospital, or homeless shelter.

- **If student answered "YES" to any of the screening questions above, they must get:**
  - **either TST (Mantoux) with result 48-72 hours later**
  - **or Quant Gold or T spot with result as "negative"**
    - **If either are positive, the student must have a negative CXR to be fully compliant.**

**TUBERCULOSIS TESTING**

(only required if a "Yes" is selected for any of the above screening questions)

**TST(Mantoux)**

Results within 6 months prior to the first day on campus.

Date Given: \_\_\_\_\_

Results(mm): \_\_\_\_\_

Date Read: \_\_\_\_\_

Interpretation:  Negative  Positive

**Quant Gold or T spot**

Results within 6 months prior to the first day on campus.

Date Obtained: \_\_\_\_\_

Method:  QFT GIT  T-Spot

Results: \_\_\_\_\_

**X-ray**

Required if positive TST/IGRA.

Date Taken: \_\_\_\_\_

Result:  Normal  Abnormal (please explain below)

**Notes:**

TB Clearance for school  Yes  No

**HEALTHCARE PROVIDER'S SIGNATURE**

Healthcare provider's Name \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Healthcare provider's signature or stamp (REQUIRED)

**A COPY OF YOUR IMMUNIZATION RECORD MUST BE SENT WITH THIS FORM.**

Send completed forms online through the SHWC health portal called "OwlCare" (instructions can be found [here](#))

**FORMS SENT VIA EMAIL OR FAX WILL NOT BE ACCEPTED.**

Questions? Call us at: 310-846-5738