

**NEW STUDENT HEALTH FORM**

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

Otis College of Art and Design requires new students to submit the following, as part of the admission requirements.

1. Proof of receiving **TWO** doses of MMR vaccines or positive immunity.  
**-AND-**
2. Tuberculosis (TB) screening or test **within 6 months prior to their first day of class.**
3. Also for any students (first year or upperclassmen) living in the residence hall or apartment(s) through Otis Housing Program, at least one dose of meningitis vaccine (MCV4 or MPSV4) is required. **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 submit this form along with supporting documentation of their immunizations.

Supporting documentation may be obtained from the student's childhood immunization record, previous school attended or doctor's office.

**COVID-19 vaccine is highly recommended for all students. If you have received the COVID vaccine please enter the dates below and also upload a copy of the vaccine card.**

<b>Student Name</b> (Last, First, M.I.): _____	<b>DOB:</b> _____
<b>Student ID</b> (X number): _____	<b>Cell phone number:</b> _____
<b>Student Email:</b> _____	<b>Otis Email:</b> _____

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
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**\*\*Sections below must be completed by healthcare providers\*\***

**REQUIRED IMMUNIZATIONS**

**MMR – Measles, Mumps, Rubella (required for all students)**

2 doses required at least 28 days apart after age one **-OR-** a positive titer (blood test) showing immunity.

1 <sup>st</sup> MMR _____ Month / day / year	2 <sup>nd</sup> MMR _____ Month / day / year
Titer date _____ Month / day / year	Titer result _____

Note: Students born prior to January 1, 1957 are considered to be immune and will automatically be listed as exempt from the measles and mumps immunity requirement.

**MCV4 – Meningococcal Quadrivalent - ONLY for students living in the residence hall or apartment(s) through Otis Housing Program**

If you are a college student living in the residence hall or off campus apartment(s) through Otis Housing Program, you need at least one dose of meningitis vaccine (MCV4 or MPV4); if you received a dose less than 16 years old, you will need a booster shot (dose #2) or if you received it 16 years or older, then no additional booster shot is needed.

1 <sup>st</sup> MCV4 or MPSV4 _____ Month / day / year	2 <sup>nd</sup> dose/booster shot of MCV4/MPSV4, if applicable _____ Month / day / year
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**REQUIRED TUBERCULOSIS SCREENING**

**\*\*must be completed within 6 months prior to the first day of classes\*\*  
(Required for all 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.

**Tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) should be performed if there is a "Yes" response to any of the questions 1-5 above.**

**A positive test should be followed by a chest x-ray and if normal, treatment for Latent TB infection considered.**

**TUBERCULOSIS TESTING**

**Only required if a "Yes" is indicated for one or more of the above questions**

**TST(Mantoux)**

Results within 6 months prior to first day on campus.

Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
Results(mm): \_\_\_\_\_ Interpretation:  Negative  Positive

**IGRA**

Results within 6 months prior to 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

**RECOMMENDED COVID-19 IMMUNIZATION**

**COVID-19 VACCINE**

1<sup>st</sup> COVID-19 Vaccine \_\_\_\_\_ 2<sup>nd</sup> Dose, if applicable \_\_\_\_\_

Name of vaccine \_\_\_\_\_ Month / day / year \_\_\_\_\_ Name of Vaccine \_\_\_\_\_ Month / day / year \_\_\_\_\_

**HEALTHCARE PROVIDER'S SIGNATURE**

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

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

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

Healthcare provider's signature or stamp **(REQUIRED)**

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Send completed forms

Online: via the SHWC health portal **OwlCare** (instructions can be found [here](#))

Email: [studenthealth@otis.edu](mailto:studenthealth@otis.edu)

Fax: 310-846-5739

Personal email is not a secure way to submit immunization requirements, **please use your Otis email account.**