

Curry College Health Services
1071 Blue Hill Avenue
Milton, MA 02186
617-333-2182 (phone)
617-333-2029 (fax)
healthservices@curry.edu

Dear Student and Parent:

- ◆ **ALL** newly enrolled full-time undergraduate students need to print and complete this form. This form is NOT compatible with Google Docs.
- ◆ The Health Form *with Covid Immunization information*, must be submitted directly to Health Services via mail, fax (617-333-2029) or email, healthservices@curry.edu. **Please keep a copy for your records.**
- ◆ Please fill out all health information and have it reviewed and signed by your healthcare provider.
- ◆ Please note, a physical exam is NOT required by the college. If you are an **NCAA athlete**, additional requirements and forms can be found on the Athletics website under Sports Medicine.
- ◆ All **Nursing and Exploratory Health students** are required to have a reactive **Hepatitis B titer** regardless of vaccination history in order to begin clinical placement work your second year. If your titer is non-reactive, you will require further immunization. Proof of immunity to **Varicella** is required either by a reactive varicella titer **OR** two immunizations. Please note: Although Curry College may grant an approved waiver of Curry College's COVID-19 vaccine requirement, as a general practice hospitals and clinical agencies are not accepting college-approved waivers. Clinical agencies that Curry College School of Nursing has affiliations with are requiring that nursing students be vaccinated against COVID-19, and only in the rare exception might students receive a waiver from the hospital or agency's own COVID-19 vaccination policy. Starting Jan 1, 2022 due to this clinical requirement from hospitals and clinical agencies the School of Nursing cannot reasonably suggest unvaccinated students will be able to participate in clinical settings. The clinical experience is a regulatory requirement of the nursing curriculum. The required participation in off-site clinical experiences, at clinical agencies, cannot be replaced through completion of laboratory/simulation hours or by other non-direct activities. If you require additional information please contact the School of Nursing at 617-333-2450.
- ◆ Once the form is reviewed by Health Services the hold will be removed from the Student Portal. If the form is incomplete, you will be notified by phone or email and a health clinic hold will remain on the student's portal .
- ◆ **Massachusetts State law requires students enrolled in 75% of full-time curriculum in any Massachusetts institution of higher education to participate in a school-sponsored qualifying student health insurance program or an alternate health plan with comparable coverage.** *Travel medical insurance plans and international insurance plans will NOT be accepted .* Out-of-state Health Maintenance Organizations (HMOs), Exclusive Provider Organizations (EPOs) and Out of State Medicaid Programs have a limited network of providers that will not provide comprehensive coverage in the area surrounding Curry College. If you need lab work, imaging or a referral to a specialist, services may not be covered by your insurance. Before you waive the Curry College Student Health Plan, please make sure your current insurance coverage is comparable to the Student Health Insurance Plan. For additional information please visit www.curry.edu/healthservices and/or www.universityhealthplans.com/curry.
- ◆ If you have any questions or concerns, please call us at 617-333-2182 or email healthservices@curry.edu .

Thank you,
Health Services

Curry College Health Form

Student Information

Last Name		First Name	Middle Initial
Date of Birth	Country of Birth	Gender	Major
Home Address			
City	State	Zip Code	Country
Home Phone Number	Cell Phone Number	Email	

Return completed form to:
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 Fax: 617-333-2029
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DEADLINES:

July 31, 2021

January 3, 2022

Parent/Next of Kin/Emergency Contact

Name		Relationship		
Address Street	City	State	Zip	Country
Home Phone	Work Phone	Cell Phone		
Email				

IMPORTANT NOTE:

The Health Form is a separate requirement from documentation of student health insurance coverage.

To enroll or waive the College's health insurance coverage, please visit

www.universityhealthplans.com/curry

Alternate Emergency Contact

Name		Relationship		
Address Street	City	State	Zip	Country
Home Phone	Work Phone	Cell Phone		

CONSENT FOR MEDICAL CARE FOR STUDENTS UNDER 18

SIGNATURE OF PARENT/GUARDIAN REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE, AND IS VALID UNTIL AGE 18 I HEREBY GRANT PERMISSION TO THE DIRECTOR OF CURRY COLLEGE HEALTH SERVICES OR AUTHORIZED REPRESENTATIVES, TO PROVIDE SUCH MEDICAL CARE AS MY CHILD, _____, MAY REQUIRE WHILE AT CURRY COLLEGE, INCLUDING EXAMINATIONS, DIAGNOSTIC TESTING, TREATMENT OR IMMUNIZATIONS. THIS ALSO INCLUDES REFERRAL TO AN OUTSIDE PROVIDER, LOCAL HOSPITAL, HOSPITALIZATION, ANESTHESIA AND /OR SURGERY SHOULD IT BE NECESSARY IN THE EVENT OF SERIOUS ILLNESS OR INJURY AND I AM UNABLE TO BE REACHED.

Name of Parent/Guardian.....Signature.....Date.....

Printed Name of Parent/

Guardian.....Signature.....Date.....

Medical History

Please list all current medications including dosage

.....
.....

Please list and describe all allergies (medication, food, environmental)

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.....

Please list current medical problems

.....
.....

Please list all hospitalization (including medical, surgical and psychiatric admissions)

.....
.....

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Medical Provider Information (Primary Care Doctor)

.....
Medical Provider's Name (please print)

.....
Address

.....
City State Zip Code

.....
Phone Number Fax Number

.....
Medical Provider Signature Date

NOTE:

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Health Insurance Information

Curry College Health Insurance

Insurance Provider.....

Policy Number.....Group Number.....

Guarantor.....Guarantor's Date of Birth.....

Relationship to Guarantor.....

****Please include a copy of your health insurance card****

Tuberculosis (TB) Risk QuestionnaireHave you ever had a positive TB skin test? Yes NoHave you had close contact to someone sick with infectious TB? Yes NoWere you born or lived in a country with a high rate of TB including any country in Asia, Africa, Central America, South America, Mexico, Eastern Europe, Caribbean, or the Middle East? Yes NoAre you immunosuppressed? (Persons with HIV infection; organ transplant recipient; treated with TNF-alpha antagonist; long-term steroid use or other immunosuppressive medication). Yes No**Return completed form to:**Curry College Health
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Fax: 617-333-2029
healthservices@curry.edu**DEADLINES:****July 31, 2021****January 3, 2022**

If the answer is **YES** to any of the above questions, you are considered high risk and Health Services requires a Tuberculosis Skin Test or Interferon-Gamma Release Assay (IGRA), and results documented below. If you were foreign born and have a history of BCG vaccination, IGRA testing is preferred. If you have a history of positive skin test or IGRA, repeat testing is NOT required but chest x-ray results and treatment dates must be listed below:

Interferon-Gamma Release Assay (IGRA) (blood test)	OR PPD (TST) (skin test)	If PPD positive:	PPD +, with Chest X-Ray negative	Length of Tx
Date:	Date planted:	Chest X-Ray		
Result:	Date Read:	Date of X-Ray:	Prophylactic Medication:	Date Completed:
	Result: Negative Positive	Result: Negative Positive		

Immunization Requirements For All Students Required by Massachusetts Department of Public Health

Hepatitis B	Date of Dose #1:	Date of Dose #2:	Date of Dose #3:	OR Titer Date: Result:	
Hepatitis B—Nursing Major	Date of Dose #1:	Date of Dose #2:	Date of Dose #3	Hep B Titer REQUIRED Date: Result:	
Measles, Mumps, Rubella, (MMR) Dose 1 on or after 1st birthday	Date of Dose #1:	Date of Dose #2:	OR Measles Titer Date: Result:	Mumps Titer Date: Result:	Rubella Titer Date: Result:
Meningitis (MenACWY) On or after 16th birthday for students under age 21	Date of Dose:	Signed Waiver Form (see attached)	Tdap (Tetanus, Diphtheria, and Acellular Pertusis) Date:		
Varicella Dose 1 on or after 1st birthday	Date of Dose #1:	Date of Dose #2:	OR Titer Date: Result:	OR Date of Disease	
COVID-19* *College Mandated	Date of Dose #1:	Date of Dose #2:	Influenza 2021-2022* *Not state mandated	Date	