Welcome Cornell Tech students

Cornell Health is the university’s center for health services on the Ithaca campus. Cornell Health does not provide off-campus services; however, Cornell Tech students may use our services when in Ithaca.

Information about eligibility, services, scheduling, and costs is available at health.cornell.edu [search: Cornell Tech].

New Student Health Requirements

Cornell Health also oversees the New Student Health Requirements process for Cornell Tech students. Through this process, you will provide information required to comply with state and federal laws, and meet public health guidelines. The information you provide, as well as any health care you receive at Cornell Health, is confidential. Health care records are completely separate from all other university records.

Overview

1. Print this document. It will guide you through all the steps to meeting Cornell’s Health Requirements.
2. Plan ahead. This process involves completion of a number of forms.
3. Log onto myCornellHealth with your Cornell net ID: mycornellhealth.health.cornell.edu. This is our secure patient portal. You will access your Health Requirements forms there.
   * If we find problems, we will send an email alert directing you to read a secure message at myCornellHealth for further instructions.
5. The status on the To Do list at newstudents.cornell.edu will be updated after a review of your materials demonstrates compliance with immunizations and TB screening. (Please allow several weeks for review.)

Deadline

* Fall semester entrants: June 15, 2018
* Fall semester transfer students: July 31, 2018
* Spring semester entrants: December 20, 2018

Checklist for Completing Requirements

1. Health Emergency Contact Information
   - Complete online form
2. Privacy and Consents
   - Complete online form
3. New York State Immunization Registry: age 19 and over
   - Complete online form
4. New Student Immunization and TB Screening History
   - Carefully review instructions (attached)
   - Obtain copies of your official immunization records (from health care provider, school, or military) and any recent TB screening test reports
   - Use official records to complete online form
   - Upload or send copies of official records
   - If you decide not to get the Meningococcal vaccine, complete and upload Meningococcal waiver form (pdf)
1. Access Cornell Health’s secure patient portal by going to mycornellhealth.health.cornell.edu
2. Login with your Cornell NetID and password
3. Enter your date of birth
4. Access everything you need from the Home screen

To upload forms and documents:

- Select “Messages” from navigation
- From the “Secure Messages Inbox,” select “New message”
- From the “Select Communication Option” window, select “Send a message or attachment to Health Records”
- Select “I understand” to continue
- In the “Compose New Secure Message” window:
  - Identify the form or document in the “Subject” window
  - Add attachment (.png, .gif, .jpeg, .jpg, .pdf; file size limit 4 MB)
  - You may need to send several messages, depending on your requirements

To learn more about myCornellHealth: health.cornell.edu/get-care/mycornellhealth
Who must complete this form?

- All incoming Cornell Tech students must complete this form.
- If you were a full-time student at Cornell between 2012–2018: you may skip the “Required Immunizations.” You may need to document a recent TB screening test. See “Tuberculin Screening Requirement” below. If you are not required to complete this form, you may remove it from your form list in myCornellHealth: open the form, scroll to the bottom, click “Submit.”

Instructions

Step 1: Obtain official records from your health care provider, school, or military; or ask your health care provider to complete the attached Cornell Health form. Records must include your full name and birthdate, and be in English.

Step 2: Go to myCornellHealth, and open the online New Student Immunization and TB Screening History form.

Step 3: Enter your immunization information (and, if required, TB screening test results) into the online form.

Step 4: Upload a copy of the printed Cornell Health form or other comparable official records.

Required immunizations (Items 1 – 20)

To comply with New York State laws and public health guidelines, you must provide documentation that you have met immunization requirements for: Measles/Mumps/Rubella, Meningococcal, Tetanus/Diphtheria/Pertussis, and Varicella (Chicken Pox).

If you are not able to provide official documentation demonstrating that you have met all immunization requirements before you begin your program, you must get all needed vaccines as soon as you arrive at Cornell Tech. Failure to do so will result in late fees and a hold on your registration.

Recommended immunizations (items 21 – 24)

We urge you to receive these vaccinations recommended by the U.S. Centers for Disease Control and Prevention and the American College Health Association: Hepatitis A, Hepatitis B, and Human Papilloma Virus (HPV).

- Enter information about all the recommended vaccinations (and other vaccinations, Items 25 – 34) you have received.
- Provide copies of official immunization records. See “Official Documentation Instructions” below.*

Tuberculin (TB) screening requirement (items 35 – 38)

Following public health and college health guidelines, Cornell requires full-time students from countries that have a “high incidence” of tuberculosis (pdf) to provide documentation of results from a recent TB screening blood test. We recommend testing for all students, especially those who have spent time in a country where TB is endemic.

- If you are from a country with a “high incidence” of TB, you must document your TB test here and provide copies of official test result records.
- Please note: only Quantiferon-TB Gold or T-SPOT blood test will be accepted. Skin tests do not meet this requirement.
- If your TB blood test result was positive, you also must submit a chest x-ray report (no films, please).
  - Students entering in the summer or fall of 2018: your test must be dated September 1, 2017 or later.
  - Students entering in the spring semester of 2019: your test must be dated February 1, 2018 or later.
- If you are not able to submit documentation of an approved method of TB testing before coming to Cornell: you must get tested as soon as you arrive. Failure to do so will result in late fees and a hold on your registration.
Submit official documentation

- **Upload copies of your official records.**
  - You may do so at the end of the New Student Immunization History on myCornellHealth, or by selecting “Immunization Record” from the menu and choosing “Add Immunization Record.”
  - Be sure to “SAVE” your work on the Immunization History before uploading records.

- If you are unable to upload records, you may *either* fax them to 607-255-0269, or mail them to:
  
  **CORNELL HEALTH**
  **ATTN: Requirements Office**
  **110 Ho Plaza**
  **Ithaca, NY 14853-3101**

  PLEASE NOTE: Once submitted, review of your records may take up to three weeks. If we discover any problems, we will send an email to your Cornell address, directing you to read a secure message at myCornellHealth. Please follow up promptly to assure compliance with Cornell requirements and avoid late fees and registration holds.

Costs

- The charges for required and recommended vaccinations, as well as required TB screening, are covered by Cornell’s Student Health Plan (SHP).
- Students with private health insurance should check with their plan provider to determine what coverage they have for required and recommended vaccinations.

Places to get required immunizations and/or TB screening tests

**Cornell Health:** If you will be on the Ithaca campus at the start of your program, you may receive all required (and recommended) vaccinations, as well as TB screening at Cornell Health. As soon as you arrive on campus, call the Requirements Office to schedule your appointment: 607-255-4364.

**Options on Roosevelt Island** (this is not an exhaustive list nor a list of recommended providers):

- **Kamin Health Urgent Care Center** ([kaminhealth.com/roosevelt-island-urgent-care](http://kaminhealth.com/roosevelt-island-urgent-care); 646-977-7974)
  - Available vaccinations: All required vaccinations
  - Tuberculin (TB) screening blood test: available here
  - Pre-schedule an appointment, and tell them which vaccinations you need and if you need a TB test
  - If you do not pre-schedule your appointment, you will be charged an urgent care copay, which can be significant

- **Duane Reade** (425 Main Street; 646-521-2260)
  - Available vaccinations: TDaP and Meningococal vaccines only
  - Tuberculin (TB) screening: NOT available here
  - Walk-in; no appointment necessary

**Other Providers:**

- Students enrolled in Cornell’s Student Health Plan (SHP) can locate other in-network participating providers using Aetna’s DocFind website ([aetna.com/dse/search?site_id=studenthealth](http://aetna.com/dse/search?site_id=studenthealth)).
- Include the zip code of the area where services will be received, and select “Student Health Plans” as the health plan type. (The zip code for Roosevelt Island is 10044. Other nearby zip codes in Manhattan are 10022, 10021, and 10017.)
Documentation of recent TB screening is:

- **Required** for students from “high incidence” countries (see World Health Organization list: [www.who.int/tb/data/en](http://www.who.int/tb/data/en))
- **Recommended** for all students, especially those who have lived or spent time in a country that has a “high incidence” of TB

### Students from these countries are **REQUIRED** to submit documentation of recent TB screening due to **HIGH INCIDENCE** of TB.

<table>
<thead>
<tr>
<th>Country</th>
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<td>Ghana</td>
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<td>Maldives</td>
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<td>Mali</td>
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<td>Guyana</td>
<td>Mexico</td>
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<td>Moldova-Rep</td>
<td>Sao Tome &amp; Principe</td>
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<td>Mongolia</td>
<td>Saudi Arabia</td>
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<td>Iraq</td>
<td>Mozambique</td>
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<td>Chad</td>
<td>ISIR Profile Country</td>
<td>Myanmar</td>
<td>Sierra Leone</td>
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<td>Namibia</td>
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<td>Somalia</td>
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### Students from these countries are **NOT REQUIRED** to submit documentation of recent TB screening due to **LOW INCIDENCE** of TB.

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<thead>
<tr>
<th>Country</th>
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<td>Albania</td>
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<td>Malta</td>
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<td>Costa Rica</td>
<td>Greenland</td>
<td>Martinique</td>
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<td>Croatia</td>
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<td>Mayotte</td>
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<td>Cuba</td>
<td>Guadeloupe</td>
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<td>Curacao</td>
<td>Heard and McDonald Islands</td>
<td>Montserrat</td>
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<td>Australia</td>
<td>Cyprus</td>
<td>Holy See (Vatican City State)</td>
<td>Netherlands</td>
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<td>Austria</td>
<td>Czech Republic</td>
<td>Hungary</td>
<td>Netherlands Antilles</td>
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<td>Bahamas</td>
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<td>East Timor</td>
<td>Ireland</td>
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<td>Bermuda</td>
<td>Estonia</td>
<td>Italy</td>
<td>Oman</td>
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<tr>
<td>Bouvet Island</td>
<td>Falkland Islands (Malvinas)</td>
<td>Jamaica</td>
<td>Palestinian Territory, Occupied</td>
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<td>British Indian Ocean Territory</td>
<td>Faroe Islands</td>
<td>Japan</td>
<td>Pitcair</td>
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<td>Cayman Islands</td>
<td>French Polynesia</td>
<td>Libyan Arab Jamahiriya</td>
<td>Reunion</td>
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<td>Chile</td>
<td>French Southern Territories</td>
<td>Liechtenstein</td>
<td>Saint Helena</td>
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<td>Christmas Island</td>
<td>Germany</td>
<td>Luxembourg</td>
<td>Saint Kitts and Nevis</td>
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<tr>
<td>Cocos (Keeling) Islands</td>
<td>Gibraltar</td>
<td>Macedonia-TFYR</td>
<td>Saint Lucia</td>
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|                               |                                |                                |                                | 02/2018
INSTRUCTIONS

Step 1: Ask your health care provider to complete and sign this form. NOTE: If you have comparable official records from your health care provider, school, or military, you may submit those rather than using this printed form.

Step 2: Once you have your records, go to myCornellHealth, and open the online New Student Immunization and TB Screening History form.

Step 3: Enter your immunization information (and, if required, TB screening test results) into the online form.

Step 4: Follow instructions in the online form to upload a copy of this form OR other comparable official records.

Student name (last, first, middle)

Date of birth (mm-dd-yy) Cornell student ID #

REQUIRED IMMUNIZATIONS

Students taking 6 or more credits must provide documentation that you have met all four of these immunization requirements.

1. Measles/Mumps/Rubella. Complete Option 1 or Option 2.

   Option 1: Two doses of live MMR on or after the first birthday (Must have been given at least 28 days apart.)
   
   Date #1 (mm-dd-yy) __________________ Date #2 (mm-dd-yy) __________________

   Option 2: If vaccines were given separately, select one each for Measles, Mumps, and Rubella.

   Measles. Check one box only.
   
   □ Two doses of live vaccine administered on or after the first birthday (Must have been given at least 28 days apart.)
   
   Date #1 (mm-dd-yy) __________________ Date #2 (mm-dd-yy) __________________

   □ Physician-diagnosed illness Date (mm-dd-yy) __________________

   □ Protective antibody titer Date (mm-dd-yy) __________________ Lab □ positive □ negative If negative, student must receive vaccine.

   Mumps. Check one box only.
   
   □ Two doses of live vaccine administered on or after the first birthday
   
   Date #1 (mm-dd-yy) __________________ Date #2 (mm-dd-yy) __________________

   □ Physician-diagnosed illness Date (mm-dd-yy) __________________

   □ Protective antibody titer Date (mm-dd-yy) __________________ Result: □ positive □ negative If negative, student must receive vaccine.

   Rubella. Check one box only. (Previous clinical diagnosis of rubella is not sufficient.)

   □ One dose of live vaccine administered on or after the first birthday
   
   Date (mm-dd-yy) __________________

   □ Protective antibody titer Date (mm-dd-yy) __________________ Result: □ positive □ negative If negative, student must receive vaccine.

2. Meningococcal Vaccine. Check all that apply.

   For any of the ACYW-135 (*) meningococcal vaccines, the date of your vaccine should be within the past 5 years.

   □ Menactra™ * Date (mm-dd-yy) __________________

   □ Menveo™ * Date (mm-dd-yy) __________________

   □ Menomune™ * Date (mm-dd-yy) __________________

   □ Meningococcal ACYW-135 * Specify other brand or brand unknown __________________
   
   □ Trumenba™ (for Type B only) Date #1 (mm-dd-yy) __________________ Date #2 (mm-dd-yy) __________________ Date #3 (mm-dd-yy) __________________

   □ Bexsero™ (for Type B only) Date #1 (mm-dd-yy) __________________ Date #2 (mm-dd-yy) __________________

   □ I have decided not to obtain the meningococcal vaccine. I understand I must sign and upload Cornell Health’s Meningococcal Waiver Form. [This form is available on the New Student Immunizations and TB History form (item #16) accessed through myCornellHealth.]

3. Tetanus/diphtheria/pertussis booster (Tdap) Date (mm-dd-yy) __________________ You must have received a Tdap vaccine in the past 10 years.

4. Varicella (Chicken Pox). Check all that apply.
   
   If you were born in the U.S. before 1980, this requirement does not apply.

   □ Two doses of vaccine Date #1 (mm-dd-yy) __________________ Date #2 (mm-dd-yy) __________________

   □ Physician-diagnosed illness Date (mm-dd-yy) __________________

   □ Protective antibody titer Date (mm-dd-yy) __________________ Result: □ positive □ negative If negative, student must receive vaccine.
RECOMMENDED IMMUNIZATIONS

These immunizations are recommended by the U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association. To protect your health, we urge students to receive these important vaccinations before starting at Cornell. Please provide dates.

**Hepatitis A Vaccine**
Date #1 (mm-dd-yy) ___________________________ Date #2 (mm-dd-yy) ___________________________

**Hepatitis B Vaccine**
Date #1 (mm-dd-yy) ___________________________ Date #2 (mm-dd-yy) ___________________________
Date #3 (mm-dd-yy) ___________________________

**HEP A / HEP B Combined Vaccine**
Date #1 (mm-dd-yy) ___________________________ Date #2 (mm-dd-yy) ___________________________
Date #3 (mm-dd-yy) ___________________________

**Human Papillomavirus (HPV) Vaccine Series** (recommended for students of all genders, 26 and under)
Date #1 (mm-dd-yy) ___________________________ Date #2 (mm-dd-yy) ___________________________
Date #3 (mm-dd-yy) ___________________________

**OTHER VACCINATIONS YOU MAY HAVE RECEIVED**

**HIB Vaccine** (Haemophilus Influenza B) Date (mm-dd-yy) ___________________________

**Pneumococcal Vaccine** Date (mm-dd-yy) ___________________________

**Polio Vaccine** (before age 18) Check one box only.
- [ ] IPOL Date of most recent dose (mm-dd-yy) ___________________________
- [ ] OPV Date of most recent dose (mm-dd-yy) ___________________________
- [ ] EPV DOSE #1 (mm-dd-yy) ___________________________ DOSE #2 (mm-dd-yy) ___________________________ DOSE #3 (mm-dd-yy) ___________________________

**Rabies Vaccine**
Date #1 (mm-dd-yy) ___________________________  [ ] RabAvert  [ ] Imovax  [ ] Unknown
Date #2 (mm-dd-yy) ___________________________  [ ] RabAvert  [ ] Imovax  [ ] Unknown
Date #3 (mm-dd-yy) ___________________________  [ ] RabAvert  [ ] Imovax  [ ] Unknown

**Typhoid Vaccine** Date (mm-dd-yy) ___________________________

**Yellow Fever Vaccine** Date (mm-dd-yy) ___________________________

**TUBERCULIN (TB) SCREENING TEST**
- REQUIRED for full-time students from countries with a high incidence of TB: T-SPOT or Quantiferon-TB Gold blood test. Students with a positive result must have a chest x-ray. If you are unable to get your required test before arriving at Cornell, you will have to get it as soon as you arrive.
- Recommended for all students, especially those who have spent time in countries with a high incidence of TB.
- Review list of countries with a high incidence of TB on the New Student Immunization and TB Screening History form at myCornellHealth.

Check all Tuberculin screening tests you have had.
- [ ] PPD, Mantoux (skin tests) Date (mm-dd-yy) ___________________________ Result: _______ mm of induration
- [ ] T-SPOT®.TB (blood test) Date (mm-dd-yy) ___________________________ Result: [ ] positive  [ ] negative
- [ ] Quantiferon®-TB Gold (blood test) Date (mm-dd-yy) ___________________________ Result: [ ] positive  [ ] negative
- [ ] Chest x-ray Date (mm-dd-yy) ___________________________ Result: [ ] normal  [ ] abnormal

**HEALTH CARE PROVIDER INFORMATION AND SIGNATURE**

Signature ___________________________________________ Date (mm-dd-yy) ___________________________

Name ___________________________________________ Work Phone ___________________________
  last, first, middle  degree/title

Address ___________________________________________