

### Welcome Summer College Students!

Cornell Health provides medical care, counseling, and pharmacy services for all participants in Cornell University Summer College. Visit us when you come to campus and online at [health.cornell.edu](http://health.cornell.edu). You'll discover that we are focused on supporting your health and promoting a healthy campus community.

### New Student Health Requirements

Cornell Health oversees the New Student Health Requirements process, through which you will provide information required to comply with state and federal laws, meet public health guidelines, and support optimal health care for you during your time at Cornell. The information you provide, as well as all health care you receive at Cornell Health, is confidential. Health care records are completely separate from all other university records.

**Please complete all items on the check list to the right that applies to you (under 6 credits OR 6 or more credits).**

### 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](http://mycornellhealth.health.cornell.edu). This is our secure patient portal. You will access your Health Requirements forms there.
4. **Complete all forms; submit required documentation.** View your progress at "Forms" in myCornellHealth.
  - \* **If we find problems, we will send an email alert** directing you to read a secure message at myCornellHealth for further instructions.

### Deadline

**May 14 for students admitted before May 4**  
**May 28 for students admitted after May 4**

Be sure to meet your deadline to avoid a late fee and registration delays.

### Students taking fewer than 6 credits

#### 1. New Student Health History

- ☐ Complete online form

#### 2. Health Emergency Contact Information

- ☐ Complete online form

#### 3. Privacy and Consent: under age 18

- ☐ Print Parent/Guardian Permissions form
- ☐ Ask parent or guardian to read and sign
- ☐ Upload or send completed form

#### Privacy and Consent: age 18 and over

- ☐ Complete two online forms: Part 1 and Part 2

#### 4. New York State Immunization Registry

- ☐ Complete online form

#### DO NOT COMPLETE: New Student Immunization and TB Screening History

It is for students taking 6 or more credits only. To remove it from your myCornellHealth Forms list: open the form, scroll to the bottom, and click "Submit."]

### Students taking 6 or more credits

#### 1. New Student Health History

- ☐ Complete online form

#### 2. Emergency Contact Information

- ☐ Complete online form

#### 3. Privacy and Consent: under age 18

- ☐ Print Parent/Guardian Permissions form
- ☐ Ask parent or guardian to read and sign
- ☐ Upload or send completed form

#### Privacy and Consent: age 18 and over

- ☐ Complete two online forms: Part 1 and Part 2

#### 4. New York State Immunization Registry

- ☐ Complete online form

#### 5. 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, you must submit the Meningococcal waiver form (pdf)

1. Access Cornell Health’s secure patient portal by going to [mycornellhealth.health.cornell.edu](https://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

The screenshot shows the myCornellHealth Home screen. The left sidebar contains navigation links: Home, Profile, Appointments, Referrals, Handouts, Messages, Letters, Forms, Insurance Card, Surveys, Account Summary, Health Records, and Immunization Record. The main content area is titled 'Home' and displays the following information:

- You last logged in:** 3/14/2018 10:01:32 AM
- You have 5 Forms awaiting completion:**
  - Emergency Contact Information
  - Parent/Guardian Permissions for Student Under Age 18
  - New York State Immunization Registry Under Age 19
  - New Student Immunization and TB Screening History
  - New Student Physical Examination
- You Can Receive Text Message Appointment Reminders and Other Alerts:** [Enable Text Messages](#)
- Most Popular links:**
  - Appointments**
    - Schedule and cancel appointments
    - View scheduled appointments
    - Complete pre-appointment questionnaires
  - Messages**
    - Review **secure messages** from Cornell Health, including lab results
    - Select **"New Message"** on next page to:
      - Ask a **nurse** or a **pharmacist** a non-urgent question
      - Fill, refill, or transfer a **pharmacy prescription**
      - Provide **pharmacy insurance** information
      - Attach a file** to send to Cornell Health
  - Account Summary**
    - View and print bills

Annotations (green boxes with arrows) point to the following elements:

- Access your health requirements forms** points to the 'You have 5 Forms awaiting completion' section.
- Upload forms & documents** and **View secure messages from Cornell Health** point to the 'Messages' link in the sidebar.
- Access health requirements forms and track their status** points to the 'Forms' link in the sidebar.
- Review your immunization records and compliance** points to the 'Immunization Record' link in the sidebar.
- ... for timely communication with Cornell Health** points to the 'Enable Text Messages' link.

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 (If a form or document has several pages, please upload it as one multi-page document. Do not combine different forms or documents into one attachment.)
  - 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](https://health.cornell.edu/get-care/mycornellhealth)

### School of Continuing Education & Summer Sessions and Cornell University Summer College for High School Students

#### Who must complete this form?

All students taking 6 or more credits must complete this form.

- Do not complete this form if you are taking fewer than 6 credits OR you have met Cornell's health requirements in the past 5 years.
- 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, and 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 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, you must schedule (and keep) an appointment for immunizations at Cornell Health as soon as you arrive on campus. *Failure to do so will result in late fees and a hold on your registration.* To schedule, call the Requirements Office: 607-255-4364.

#### Other immunizations (items 21 – 34)

You are NOT REQUIRED to complete this section. If you choose to enter information, you must provide copies of official records for any immunization you enter in this section.

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

You are NOT REQUIRED to complete this section. . If you choose to enter information, you must provide copies of official TB screening test records for any item you enter in this section.

#### 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.

### Not able to meet requirements before coming to Cornell?

- If you are not able to provide official documentation demonstrating that you have met all immunization requirements, you must schedule (and keep) an appointment for immunizations at Cornell Health as soon as you arrive on campus.
- *Failure to do so will result in late fees and a hold on your registration.* To schedule, call the Requirements Office: 607-255-4364.

### Paying for vaccinations at Cornell Health

- The charges for required immunizations are covered by Cornell's Student Health Plan (SHP).
- They are not covered by Cornell's Student Health Fee. If you have private health insurance, you will be charged for the immunizations. Check with your insurance company to make sure you understand their reimbursement policy.

## 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 net 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 \_\_\_\_\_

Date (mm-dd-yy) \_\_\_\_\_

☐ 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 (*or begin the series*) 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.

<input type="checkbox"/> PPD, Mantoux (skin tests)	Date (mm-dd-yy) _____	Result: _____ mm of induration
<input type="checkbox"/> T-SPOT®.TB (blood test)	Date (mm-dd-yy) _____	Result: <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> QuantiFERON®-TB Gold (blood test)	Date (mm-dd-yy) _____	Result: <input type="checkbox"/> positive <input type="checkbox"/> negative
<input type="checkbox"/> Chest x-ray	Date (mm-dd-yy) _____	Result: <input type="checkbox"/> normal <input type="checkbox"/> abnormal

## HEALTH CARE PROVIDER INFORMATION AND SIGNATURE

Signature \_\_\_\_\_ Date (mm-dd-yy) \_\_\_\_\_

Name \_\_\_\_\_ last, first, middle degree/title Work Phone \_\_\_\_\_

Address \_\_\_\_\_