

Please keep a copy of this form for your own records.

Find more information about this form and related information at this FAQ page: <https://precollege.brown.edu/PIMR>

NOTE: Participants may not engage in programs until this form has been received. Information provided on this form will be made available to healthcare providers and Program staff.

Please fill out all outlined sections. Please print.

### **PARTICIPANT CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Male  Female  Self-defined Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**CURRENT HEALTH INFORMATION AND REQUIRED IMMUNIZATIONS MUST BE REVIEWED  
AND SIGNED BY A HEALTH CARE PROVIDER OR MEDICAL RECORDS PROFESSIONAL.**

### **CURRENT HEALTH INFORMATION**

Below is a general list of expectations for the participant regarding their daily activity, with the understanding that each participant's experience is different and this only provides a short list of basic expectations.

- » Transporting oneself to different locations on- and off-campus, including class and the dining halls
- » Managing self-administration of prescribed medications
- » Managing own diet within a dining hall setting, unless a reasonable accommodation for a disability is requested and granted
- » Sleeping in a University-issued bed
- » Waking and preparing for the day
- » Participating in optional recreational events
- » Attending class, studying, and completing assignments

**Does the participant have any history of or current significant physical or mental health conditions?**  No  Yes

*If yes, please explain:* \_\_\_\_\_

**Does the participant have any predisposing physical or mental health conditions which under stress of adjusting to living in new surroundings may require support and/or treatment?**  No  Yes

*If yes, please explain:* \_\_\_\_\_

**May the participant engage in all program activities, including sports?**  No  Yes

*If no, please explain:* \_\_\_\_\_

## REQUIRED IMMUNIZATIONS

Please document immunization dates below (or attach a certified immunization history). If immunization documentation is unavailable, re-immunization is a pre-matriculation requirement. Registration will be denied if the required immunizations are not documented. **If you are uploading a copy of your immunization record, please be sure that it includes all required COVID-19 vaccinations. If it does not, please upload COVID-19 documentation separately.**

- Check here if the participant is exempt from immunization requirements due to a medical condition or religious belief. For a COVID-19 vaccination exemption request, contact our office at [precollege@brown.edu](mailto:precollege@brown.edu) or 401-863-7900 to obtain the required forms. For exemptions for all other vaccinations, a completed and submitted Rhode Island Department of Health [Medical Immunization Exemption Certificate](#) or [Religious Exemption Certificate](#) is required. Medical exemption forms will be accepted until May 13, 2023. Religious exemption forms will be accepted until June 2, 2023. Once received, families will be informed of the determination of an exemption within 7 business days. Please email all exemption forms to [precollegevaccination@brown.edu](mailto:precollegevaccination@brown.edu).

You may attach an immunization record provided by your physician at [this upload link](#).  
Please ensure all required immunizations and dates are provided and it is signed by a physician.

**1. MMR (Measles, Mumps, Rubella)** – two MMR doses required: One at least 12 months after birth or later, and one at least one month after the first dose. **Measles vaccinations must be complete at least 2 weeks prior to attending a pre-college program.**

Dose #1: \_\_\_\_\_ DATE                      Dose #2: \_\_\_\_\_ DATE

*OR if Measles, Mumps or Rubella given separately, two doses of each are required:*

Measles Dose #1: \_\_\_\_\_ DATE                      Measles Dose #2: \_\_\_\_\_ DATE

Mumps Dose #1: \_\_\_\_\_ DATE                      Mumps Dose #2: \_\_\_\_\_ DATE

Rubella Dose #1: \_\_\_\_\_ DATE                      Rubella Dose #2: \_\_\_\_\_ DATE

**2. Hepatitis B** - must have at least first dose

Dose #1: \_\_\_\_\_ DATE                      Dose #2: \_\_\_\_\_ DATE                      Dose #3: \_\_\_\_\_ DATE

**3. Chicken Pox** - two doses or date of prior infection

Dose #1: \_\_\_\_\_ DATE                      Dose #2: \_\_\_\_\_ DATE                      Date of Infection: \_\_\_\_\_ DATE

**4. Tetanus, Diphtheria, Acellular Pertussis (Tdap)** – required within last 10 years: \_\_\_\_\_ DATE

**5. Meningococcal Conjugate (MCV4):** \_\_\_\_\_ DATE

**6. COVID-19 Vaccination and Boosters**

All required doses of COVID-19 vaccinations (including boosters) must be completed prior to attending a pre-college program. Completion means a primary series and one booster. If a participant's program dates fall within two months of receiving a first or second dose of the COVID-19 shot, meaning they are not yet eligible to receive a second shot or booster, they are still eligible to participate.

*If you are uploading a copy of your immunization record, please be sure that it includes all required COVID-19 vaccinations. If it does not, please upload COVID-19 documentation separately.*

**Accepted brands of vaccine:**

Bharat Biotech/Covaxin	Janssen/Johnson & Johnson	Moderna
Novavax	Pfizer-BioNTech	Oxford/AstraZeneca
Serum Institute of India (COVOVAX)	Serum Institute of India (Covishield)	
Sinopharm BBIBP-CorV	Sinovac/CoronaVac	

Other World Health Organization approved COVID-19 vaccine brand: \_\_\_\_\_

**Dose #1:** \_\_\_\_\_  
DATE BRAND

**Dose #2:** \_\_\_\_\_  
DATE BRAND

**Dose #3:** \_\_\_\_\_  
DATE BRAND

**Other COVID-19 doses (not required):**

**Dose #4:** \_\_\_\_\_  
DATE BRAND

**Additional doses:** \_\_\_\_\_  
DATE BRAND

COVID-19 infection dated within the 90 days prior to program start that has prevented a required vaccination: \_\_\_\_\_  
DATE OF INFECTION

**HEALTH CARE PROVIDER SIGNATURE AND CONTACT INFORMATION**

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



## **LINKS TO REFERENCED RESOURCES**

Physician Immunization and Medical Report - Frequently Asked Questions

<https://precollege.brown.edu/PIMR>

Rhode Island Department of Health Medical Immunization Exemption Certificate

<https://health.ri.gov/forms/exemption/MedicalImmunizationExemptionCertificateForSchools.pdf>

Rhode Island Department of Health Religious Immunization Exemption Certificate

<https://health.ri.gov/forms/exemption/ReligiousImmunizationExemptionCertificateForSchools.pdf>

Healthy Summer at Brown Pre-College

<https://precollege.brown.edu/student-life/healthy>