

# ON-CAMPUS PHYSICIAN IMMUNIZATION & MEDICAL REPORT



Brown University Pre-College Programs  
Box T, Providence, Rhode Island 02912-9120  
Tel 401-863-7900

## INFORMATION FOR PARENTS/GUARDIANS

The State of Rhode Island and Brown University regulations require participants attending any of the University's programs to be immunized against certain communicable diseases and provide documentation that they are fit to participate. Rhode Island and Brown University immunization requirements are strict and may differ significantly from other states and countries.

To comply, please have this Immunization and Medical History Report completed by your health care provider.

This form may be submitted via upload or fax.

- To upload: Use the link provided in your student portal to upload the report. This link may be shared with your health care provider to upload directly.
- To fax: (401) 863-3916

## Frequently Asked Questions

### **My parent/guardian knows the dates I received my shots. Can they sign the form?**

No, all immunization documentation and information must be certified by a health care provider or medical records official. We cannot accept self-reported immunization information.

**Can I submit a form from another school instead of the Brown Immunization and Medical Report?** You may submit alternate documentation such as a copy of your immunization records from another school you attended or a copy of your personal immunization card. This documentation MUST satisfy the following requirements:

- It must be in English.
- It must include the full dates of each immunization (i.e. month, day, and year).
- It must be certified by a health care provider.
- The health care provider must be able to indicate that the student can engage in all program activities

Alternate documentation that does not fulfill these requirements will not be accepted.

### **What if I don't have enough time to complete the full series of the MMR, Hepatitis B, or Varicella vaccinations?**

Due to recent measles outbreaks within the United States, all I Pre-College students must have completed their measles vaccinations at least two weeks prior to starting their program. For other immunizations requiring more than one inoculation (such as hepatitis B and varicella), you must submit proof that you have begun the series and had as many of the inoculations (shots) as possible within the time frame/schedule specified on the Brown Immunization and Medical History Report. In this case, you are considered to be in compliance with the requirements for the current summer term.

### **What if my health care provider does not know the exact date I received the shot or does not have record of it?**

Without the full dates of your vaccinations (including month, day, and year), your immunization history does not comply with Rhode Island and Brown University regulations, and your documentation cannot be accepted.

There may be a possibility of having a blood test done to prove you had the vaccine in the past. Please speak to your health care provider about this option.

### **Are there any exemptions from having immunizations?**

- There are no exemptions permitted for the measles vaccine.
- For other vaccinations:
  - You provide written certification by an examining health care provider that your health would be endangered by one or more of the immunizations. In this case, the participant must submit a signed [Rhode Island Department of Health Medical Immunization Exemption Certificate](#). Please click the link, or contact our office at [precollege@brown](mailto:precollege@brown) or 401-863-7900 to obtain the required forms.
  - You provide a signed written statement that the required immunizations would conflict with your religious beliefs. A signed [Rhode Island Department of Health Medical Immunization ReligioExemption Certificate](#). Please click the link, or contact our office at [precollege@brown.edu](mailto:precollege@brown.edu) or 401-863-7900 to

obtain the required forms.

**Are the residence halls air-conditioned?**

No, Brown University's residence halls do not have A/C. We recommend that you bring a fan to campus. You may also rent one through Brown Student Agencies. More information about fan rentals is provided to students after acceptance. If a student needs an air conditioner for medical reasons or any other accommodation with housing, they should begin the registration process as soon as possible by contacting the Student and Employee Accessibility Services (SEAS) at [SEAS-SPS@brown.edu](mailto:SEAS-SPS@brown.edu) or 401-863-9588.

**Are refrigerators provided for students in their residence halls?**

No, refrigerators are not provided in each student's room. Micro-fridges can be rented through Brown Student Agencies. More information about fridge rentals is provided to student after acceptance. If a student needs a refrigerator to store medication or for other medical reasons they should begin the registration process as soon as possible by contacting the Student and Employee Accessibility Services (SEAS) at [SEAS-SPS@brown.edu](mailto:SEAS-SPS@brown.edu) or 401-863-9588.

**Does Health Services or Brown University staff administer medication to participants?**

No, participants are responsible for managing and administering their own medication while attending Pre-College Programs. Parents/Guardians should discuss this structure with their participant to ensure they are prepared to be manage this task on their own. If you have any questions, please call Health Services at 401-863-1330 and ask to speak to Nursing or email [nursing@brown.edu](mailto:nursing@brown.edu) prior to arriving on campus.

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

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**NOTE: Participants may not engage in programs until this form has been received. Information provided on this form will be made available to health care providers and Pre-College Program staff.**

Please fill out the highlighted sections.

**PARTICIPANT CONTACT INFORMATION** Please print

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

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

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

## THESE SECTIONS MUST BE REVIEWED AND SIGNED BY HEALTH CARE PROVIDER

### CURRENT HEALTH INFORMATION

Pre-College students have varied experiences while attending these programs. That said, below is a general list of expectations for the student regarding their daily activity, with the understanding that each student’s experience is different and this only provides a short list of basic expectations.

- Sleeping in a University-issued bed
- Waking and preparing for the day
- Transporting oneself to different locations on- and off-campus, including class and the dining halls
- Manage own diet within a dining hall setting, unless a disability accommodation is requested and granted
- Managing self-administration of prescribed medications

Y N

Δ Does the participant have any significant mental health history? (If yes, please describe): \_\_\_\_\_

Δ May the participant engage in all program activities, including sports (if not, please list restrictions both temporary and permanent): \_\_\_\_\_

Δ Does the participant have any predisposing medical, psychological and/or physical conditions which may require support/treatment? If yes, please explain: \_\_\_\_\_

Other medical information relevant to routine care and emergencies: \_\_\_\_\_

### 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 or if measles vaccinations are not completed.

Check here if the participant is exempt from immunization requirements due to a medical contraindication or religious beliefs. A signed [Rhode Island Department of Health Medical Immunization Exemption Certificate](#) or [Religious Exemption Certificate](#) is required. Please click the links here or contact our office at [precollege@brown.edu](mailto:precollege@brown.edu) or 401-863-7900 to obtain the required forms.

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

(Tdap) Date

2. Measles vaccinations must be complete at least two weeks prior to attending a Pre-College Program.

2a. **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:

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

2b. **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

3. **Hepatitis B (must have at least first dose):** Dose #1: \_\_\_\_\_ DATE    Dose #2: \_\_\_\_\_ DATE    Dose #3: \_\_\_\_\_ DATE

4. **Chicken Pox** -  $\Delta$  had disease \_\_\_\_\_ **OR**  $\Delta$  had 2 doses of vaccine \_\_\_\_\_ DATE

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

**HEALTH CARE PROVIDER'S INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Specialty \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_