Welcome to St. Bonaventure University!

The staff of the Center for Student Wellness in Doyle Hall welcomes you to St. Bonaventure. We want to make sure you have the best experience possible and that we are able to provide the best CARE possible for you as needed. In order to do so, and to be compliant with NYS law, we need a few things from you.

New York State Public Health Laws 2165 and 2167 requires that you provide us with your complete immunization record. The required immunization information is located on pages 2-3 of this packet. You need to have this information to us by:

- 30 days after the first day of classes for New York residents;
- 45 days after the first day of classes for out of state and international students.

You can submit the COMPLETED forms to us by:

1. Faxing them to The Center For Student Wellness at 716-375-7892.
2. Scanning the completed forms and emailing them to us at cswsbu@sbu.edu
3. Mailing them to:
   
   Center for Student Wellness
   St. Bonaventure University
   127 Doyle Hall, PO Box 2469
   St. Bonaventure, NY 14778

4. Bringing the completed forms to the Graduate Admissions Office, second floor of Hopkins Hall, or to the Center for Student Wellness, room 127 in Doyle Hall.

**PLEASE DO NOT SUBMIT PHOTOS OF YOUR RECORDS USING YOUR CAMERA.**

**PLEASE NOTE:** Immunizations may be provided by a medical office, or may be a copy of records you possess that include the name of the clinic or office providing them and bear a copy provider's original signature. Note that many grad students are able to have their undergraduate college send immunization records. If you were an undergraduate student recently, please try this first as it is often the most convenient way to obtain them.

**ATTENTION VETERANS:** We will temporarily accept proof of honorable discharge if it was issued WITHIN THE PAST 10 YEARS until your actual immunization record from the armed services arrives. If an actual health risk incident occurs on campus while waiting for the actual record to arrive, you may be asked to leave campus until the incident abates or your record arrives.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS VERY IMPORTANT PART OF YOUR GRADUATE SCHOOL EXPERIENCE! WE WISH YOU WELL ON YOUR JOURNEY.  

–The Center for Student Wellness Staff
Please check when you will be starting and write which year.

____ Fall  Year: ________
____ Spring
____ Summer
Other: (please specify)

If you previously attended SBU, please specify which term and year: ____________________________

Please return forms to:
St. Bonaventure University
Center for Student Wellness
127 Doyle Hall
PO Box 2469
St. Bonaventure, NY 14778
Phone: 716-375-2310
Fax: 716-375-7892
Email: CSWSBU@SBU.EDU

GENDER:
____ Male  ______ Female
Other: (Specify)____________________

DATE OF BIRTH: MM/DD/YYYY

NAME: Last ______________________________ First ___________________________ Middle______________________

Previous names used (i.e. maiden names, etc):__________________________________________________________

HOME ADDRESS: Street ____________________________ PO Box: ______________ City: ______________________

State/Province:____________________ Zip Code: ______________ Country:____________________

PHONE: Home_____________________________ Cell ________________________

EMAIL _____________________________________________________________

EMERGENCY CONTACT:________________________________________ (Relationship to student) ______________________

PHONE: Home__________________________ Cell ________________________ Business ______________________

Permission To Release Medical Information  (For all students 18 and over.)

I hereby grant permission to the Center For Student Wellness, Health Services Unit, to release information to Campus Security, the Vice President of Student Affairs, the SBU Medical Emergency Response Team (MERT), Counseling Services, Residence Life, Club Sports Personnel, Ambulance Personnel, and Olean General Hospital Emergency Department Personnel if needed, in the best interest of my health and safety. I acknowledge this release is only valid in emergency situations where my safety or life is in danger. I understand that any other release of my personal information will require me to sign a third party release through the Center For Student Wellness.

Student signature: ____________________________________________ Date: MM/DD/YYYY ______________________

INSURANCE INFORMATION  Do you have health insurance?  _____ YES  _____ NO

Select one: _____ On parent/guardian/spouse policy  _____ Individual policy holder _____ Purchased SBU student policy

PLEASE NOTE: Health insurance is required by law for everyone. If you presently are not covered by health insurance and are taking at least 6 credits, you may purchase the SBU student policy. Information for obtaining coverage through the St. Bonaventure Plan is available at:

http://www.sbu.edu/life-at-sbu/services-for-students/health-wellness

*If you are interested in using the campus Center for Student Wellness Health Services, you may do so for a charge of $55 per semester. This amount is not prorated, so if you decide to start using campus Health Services, you will need to pay $55 regardless of when during the semester you decide to pay. This charge only covers campus Health Services. If you opt in to use campus Health Services, there will be additional health information forms for you to fill out. Please contact the Bursar's office for additional information at 716-375-2030 or the Center for Student Wellness at 716-375-2310. Thank you.
NOTICE: IT’S THE LAW!
These forms need to be completed and returned to the Center for Student Wellness.
New York State Public Health Law 2165 requires college students to show proof of immunity to measles, mumps, and rubella. People born before 1/1/1957 are exempt from this requirement, unless required by their academic major to meet clinical placement requirements. If you are exempt, you must provide proof of age. New York State Public Health Law 2167 requires colleges to distribute information about meningococcal disease and vaccination to all students.

PLEASE PROVIDE A COPY OF APPROVED IMMUNIZATION RECORDS, AS REQUIRED BY NEW YORK STATE.
(Must include student’s name, month, day, and year of all vaccinations.)

1. 2 (two) MMR shots (MEASLES, MUMPS, RUBELLA) as combined vaccinations. IF RECEIVING VACCINATIONS SEPARATELY,
   - Measles: Documentation of two (2) live measles vaccines
   - Mumps: Documentation of at least one (1) live mumps vaccine
   - Rubella: Documentation of at least one (1) live rubella vaccine

   OR

   *A copy of a positive MMR titer result.

2. Meningococcal/Meningitis: PLEASE CHECK THE LINE FOR THE CHOICE YOU ARE PROVIDING. If you are unsure, please consult your doctor.
   a. Documentation of at least one (1) meningitis (ACWY) vaccine received within the past 5 years.
      OR
   b. Documentation of a completed two (2) or three (3) dose series of Men B vaccine
      OR
   c. You may check this option (c) if you have an appointment to receive one of the above (a or b) meningitis vaccine options within 30 days of arrival on campus.
      OR
   d. VACCINE REFUSAL WAIVER: Please read the meningococcal vaccine fact sheet found at: https://www.health.ny.gov/publications/2168/

“I have read the meningitis information found at the above website or on the St. Bonaventure University Health Services web page, or I have had the information explained to me by a professional health care provider regarding meningococcal disease (meningitis). I understand the risks of NOT having the vaccine. I have decided that I (or my child, for students under the age of 18) will NOT obtain the immunization against meningococcal disease (meningitis) at this time.”

Student signature (if 18 or over): ___________________________________________ Date_________________

*MEDICAL/RELIGIOUS EXEMPTIONS from vaccinations require a written statement of explanation signed by a physician for medical exemptions or a written explanation of genuine and sincere beliefs contrary to the practice of immunization for religious exemptions.

*STUDENTS WAIVING VACCINATIONS: Any student waiving vaccinations for any reason will be asked to leave campus (for resident students) or remain off campus (commuter students) if an outbreak occurs until the situation is resolved.
**Tuberculosis (TB) Screening**

Please answer the following questions:

Have you ever had close contact with a person who was known or suspected to have active tuberculosis (TB)?

______ Yes               ______ No

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease?

_____ Yes    (If yes, please circle the country below.)               ______ No

- Afghanistan
- Congo
- Kazakhstan
- Nigeria
- Sri Lanka
- Algeria
- Côte D’Ivoire
- Kenya
- Northern Mariana Islands
- Sudan
- Angola
- Democratic People’s Republic of Korea
- Kiribati
- Palau
- Suriname
- Anguilla
- Democratic Republic of Congo
- Kuwait
- Pakistan
- Swaziland
- Argentina
- Djibouti
- Kyrgyzstan
- Palau
- Tajikistan
- Armenia
- Dominican Republic
- Laos (People’s Democratic Republic)
- Panama
- Thailand
- Azerbaijan
- Ecuador
- Latvia
- Papua New Guinea
- Timor-Leste
- Bangladesh
- El Salvador
- Lesotho
- Paraguay
- Togo
- Belarus
- Equatorial Guinea
- Liberia
- Peru
- Trinidad & Tobago
- Belize
- Eritrea
- Libya
- Philippines
- Tunisia
- Benin
- Estonia
- Lithuania
- Poland
- Turkey
- Bhutan
- Ethiopia
- Madagascar
- Portugal
- Turkmenistan
- Bolivia
- Fiji
- Malawi
- Qatar
- Tuvalu
- Bosnia Herzegovina
- French Polynesia
- Malaysia
- Republic of Korea
- Uganda
- Botswana
- Gabon
- Maldives
- Republic of Moldova
- Ukraine
- Brazil
- Gambia
- Marshall Islands
- Romania
- Tanzania
- Brunei Darussalam
- Georgia
- Mauritania
- Russia
- Uruguay
- Bulgaria
- Ghana
- Mauritius
- Rwanda
- Uzbekistan
- Burkina Faso
- Greenwood
- Mexico
- St. Vincent & The Grenadines
- Vanuatu
- Burundi
- Guam
- Micronesia (Federated States of)
- Sao Tome and Principe
- Venezuela
- Cabo Verde
- Guatemala
- Mongolia
- Saudi Arabia
- Vietnam
- Cambodia
- Guinea
- Montenegro
- Senegal
- Yemen
- Cameroon
- Guinea-Bissau
- Morocco
- Serbia
- Zambia
- Central African Republic
- Guyana
- Mozambique
- Seychelles
- Zimbabwe
- Chad
- Haiti
- Myanmar
- Sierra Leone
- China
- Honduras
- Namibia
- Singapore
- China, Hong Kong SAR
- India
- Nauru
- Solomon Islands
- China, Macao SAR
- Indonesia
- Nepal
- Somalia
- Colombia
- Iran
- Nicaragua
- South Africa
- Comoros
- Iraq
- Nicaragua
- South Sudan

Have you had frequent or prolonged visits to one or more of the countries or territories listed above with high prevalence of TB?  _____ Yes (If YES, Place an “X” next to each visited.)  _____ No

If you answered **YES** and put an “X” to ANY of the above countries, please write the date(s) of exposure or visit(s) on the line below.

_________________________________________________________________________________________________

Have you been a resident and/or employee of high-risk setting(s) (i.e. correctional facilities, long-term care facilities, and homeless shelters)?

______ Yes               ______ No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?

______ Yes               ______ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent M. tuberculosis infection or active TB disease: Medically underserved, low-income, or substance abusing groups?  _____ Yes               _____ No

If you answered **“NO” TO ALL** of the above questions on Page 3: **STOP HERE. You do NOT need to fill out any additional forms.**

If you answered **“YES” TO ANY** questions on Page 3, **take this page and Parts II and III**, available at Doyle Hall Room 127, by calling 716-375-2310, or on the graduate website at: [http://www.sbu.edu/admission-aid/graduate-admissions](http://www.sbu.edu/admission-aid/graduate-admissions) to your healthcare provider to be filled out.