



## INFORMATION SHEET REGARDING STUDENT HEALTH MEDICAL RECORD

1. You must have a completed health history, immunization record and a physical examination by a medical provider to complete your admission to York College of Pennsylvania. **THE COMPLETED FORMS MUST BE RETURNED TO ATTEND CLASSES.** Any questions regarding these forms should be directed to the York College of Pennsylvania Health Center by calling 717-849-1615.
2. The information contained in this record is considered confidential. It is kept on file for use by health care providers only.
3. Most services rendered in the Health Center are without charge, however, students are responsible for the cost of prescriptions, x-rays, laboratory studies, consultations and injections.

*An explanation of the immunization requirements for York College of Pennsylvania can be found below.*

### IMMUNIZATION REQUIREMENTS READ CAREFULLY

**Immunization history must be complete according to these requirements. Take this requirements list to your health care provider. Incomplete or incorrect immunization forms will be returned to you.**

Vaccine preventable diseases continue to be a major threat on American college campuses. We follow the recommendations of the Centers for Disease Control and the American College Health Association. Our goal at York College is to avoid the possibility of an outbreak on campus by requiring documentation of immunity as defined below for **all** entering students.

#### IMMUNITY TO MEASLES, RUBELLA AND MUMPS IS DEFINED AS FOLLOWS:

##### MMR

1. 2 doses required. Specify dates.

--OR--

**RUBEOLA (Measles) - One of the following required:**

1. Born before 1957 and therefore considered immune.
2. Report of immune titer (blood test). Attach copy of dated titer results.
3. Immunization after 12 months of age. 2 doses required. Specify dates.

**RUBELLA (German Measles) - One of the following required:**

1. Report of immune titer (blood test). Attach copy of dated titer results.
2. Immunization received. 2 doses required. Specify dates.

**MUMPS - One of the following required:**

1. Report of immune titer (blood test). Attach copy of dated titer results.
2. Immunization received. 2 doses required. Specify dates.

##### DIPHTHERIA/TETANUS/PERTUSSIS

1. Specify Tetanus (Td) booster or Tdap within past ten years.

##### MENINGOCOCCAL VACCINE

1. **Required. ENCLOSED WAIVER MUST BE SIGNED AT TIME OF EXAM IF VACCINE IS DECLINED.**

##### TUBERCULIN SCREEN INFORMATION (Date of test must be performed within one year of college entrance)

1. Date Applied, Date Read (must be within 48-72 hours or test considered invalid) and result in millimeters.
2. If results ten millimeters or greater, attach copy of chest x-ray report.

##### VARICELLA - One of the following required:

1. Two doses of the varicella vaccine.
2. Copy of titer (blood test). Attach copy of dated titer results.
3. Born in US before 1980 considered immune except for Health Care or Allied Health professionals.
4. Physician diagnosed varicella disease (chickenpox). Specify date.

##### POLIO

1. Completion of primary series. Specify date of last immunization.

##### HEPATITIS B, HEPATITIS A, HPV, FLU VACCINES

1. Recommended.