

PREREGISTRATION HEALTH REQUIREMENTS FOR NON-CLINICAL PROGRAMS

Non-Clinical Programs: Public Health, Human Nutrition, Graduate School of Arts and Sciences

Dear New Student,

Welcome to Columbia University Irving Medical Center (CUIMC). Here at Student Health Service (SHS), we look forward to working with you to achieve optimal health and academic success.

This packet lists the required information you must provide in order to register for classes. The information is required for participation in the non-clinical programs listed above. Incomplete information will result in a delay in your ability to register for classes. If you have any questions, do not hesitate to contact us.

We look forward to welcoming you on campus, and to working with you during your time here.

Sincerely,
CUIMC Student Health Service

How to Submit Your Preregistration Requirements

Deadline Dates:

- Summer 2020 Enrollment: **April 24, 2020**
- Fall 2020 Enrollment: **June 26, 2020**
- Spring 2021 Enrollment: **December 18, 2020**

We *strongly recommend* you submit your preregistration requirements via our secure Web Portal.

- Upload your immunization records or completed immunization form and required attachments via our secure Web Portal: cuhs.studenthealthportal.com.
- Once logged in, select "Document Upload."
- In the "Document Type" menu, select "Immunization Form" or "Preregistration Forms."
- Use the browse button to locate the PDF or TIFF files (JPEG files will not be accepted), and select "Save."

If you are unable to submit preregistration documents via our Web Portal, please allow an additional three weeks for processing via the following methods:

- **Email:** shsregistration@cumc.columbia.edu
- **Fax Number:** 212-342-3955
- **Postal Mail is strongly discouraged. Be sure to keep original copies if mailed:**

U.S. Postal Address: CUIMC Student Health Service, 100 Haven Avenue, 2nd Floor, New York, NY 10032

FedEx Address: CUIMC Student Health Service, 100 Haven Avenue, 2nd Floor, NY 10032 (accepted 8 a.m.-5 p.m.)

CUIMC PREREGISTRATION HEALTH REQUIREMENTS

All information sent to CUIMC Student Health Service (SHS) is confidential and part of your medical record. It will be stored in a secure, confidential electronic medical record system accessible only to SHS staff.

<input type="checkbox"/> HEALTH HISTORY REQUIRED	Health History: <ul style="list-style-type: none"> Must be entered online after you receive your Columbia UNI. Enter at cuhs.studenthealthportal.com.
<input type="checkbox"/> MENINGITIS VACCINE RESPONSE FORM REQUIRED	Meningococcal Meningitis Response Form: <ul style="list-style-type: none"> Must be entered online after you receive your Columbia UNI. Enter at cuhs.studenthealthportal.com. Receipt of the vaccine is optional, but encouraged. Information on the vaccine is available at: cdc.gov/meningococcal/vaccine-info.html.
<input type="checkbox"/> MEASLES (RUBEOLA), MUMPS, RUBELLA (MMR) (NYS PUBLIC HEALTH LAW)	Two Doses of MMR Vaccine OR Two Doses of Measles, Two Doses of Mumps, and One Dose of Rubella OR Serologic Proof of Immunity for Measles, Mumps and Rubella <ul style="list-style-type: none"> Must submit lab reports.
<input type="checkbox"/> TUBERCULOSIS SCREENING REQUIRED *Testing is required regardless of BCG status	PPD Skin Testing: <ul style="list-style-type: none"> One PPD (tuberculosis screening) skin test administered within twelve months of program start date. OR IGRA Blood Test (QuantiFERON or T-SPOT): <ul style="list-style-type: none"> Documentation of a negative QuantiFERON Gold or T-SPOT test completed within six months of program start date. – Lab Report Required
<input type="checkbox"/> FOR PEOPLE WITH A POSITIVE SKIN TEST OR A POSITIVE IGRA BLOOD TEST	Positive Skin Test (Reading > 10 mm) History: <ul style="list-style-type: none"> Submit date and mm reading of your positive PPD and report of a chest x-ray completed after positive test. Positive IGRA Blood Test: <ul style="list-style-type: none"> Submit lab report and/or date of positive test and a report of a chest x-ray completed after positive test.

STEP 1: COMPLETE YOUR HEALTH HISTORY AND MENINGOCOCCAL RESPONSE ONLINE

Once your Columbia UNI has been assigned, you can access our secure [Web Portal](#) to enter your health history and meningococcal response. You will need to create a new account using your UNI. Please activate and use your Columbia email account or use a personal email for registration if your Columbia email account has not yet been activated.

STEP 2: GATHER PAST IMMUNIZATIONS RECORDS

If you already have your official immunization records available to you, you will not need a health care provider to complete the immunization form found at the end of these instructions. However, you will most likely need to schedule a TB skin test appointment. If you received health services outside the U.S., documents must be in English. You must submit copies of all lab reports. **Keep a copy of all documentation for your personal records.**

STEP 3: IF NECESSARY, MAKE AN APPOINTMENT TO GET MISSING IMMUNIZATIONS, TITERS, AND TUBERCULOSIS SCREENING

You may need to visit a medical provider to complete your preregistration requirements. Bring copies of all immunization records. Your providers will complete and sign the Immunization form.

STEP 4: SUBMIT YOUR COMPLETED IMMUNIZATION FORM AND REQUIRED ATTACHMENTS PRIOR TO DEADLINE DATE

Submit after your Columbia UNI has been assigned. **See front page of this booklet for important deadline dates and submission instructions.**

STEP 5: CHECK YOUR CLEARANCE STATUS VIA THE WEB PORTAL OR YOUR SSOL ACCOUNT

Log into cuhs.studenthealthportal.com, click on “My Profile” and select “Immunization History” to verify clearance; **please allow three weeks for processing.** If all requirements have been met, you will see “Cleared for Registration”. If some requirements are still pending, you will see “Preregistration Incomplete”. In that case, check your secure messages for information on the pending requirements. If neither entry is present, your submission has either not been received or reviewed.

You can also check your “Health Hold” status online in your Student Services On-Line (SSOL) account. CUIMC places a hold on your student account until your preregistration requirements are met. SSOL may state that the hold is due to a missing MMR requirement; please ensure that ALL CUIMC-specific health requirements are met. This hold blocks you from registering for class or being eligible for student health insurance. The hold will be released after your healthcare requirements are submitted and verified—this occurs within 48 hours of the “Cleared for Registration” status being visible on your immunization record. If at this time you have submitted all your information and you continue to see a health hold, please email us at shsregistration@cumc.columbia.edu.

OTHER QUESTIONS TO CONSIDER

What happens if I do not submit my completed documentation by the time I try to register?

You **CANNOT** register unless all requirements are met.

What if I have a medical condition that interferes with my ability to meet the requirements?

If you have a medical condition that interferes with your ability to meet the requirements listed above, please email us at shsregistration@cumc.columbia.edu.

Will any of my TB or immunization data impact my admissions status?

No! This data will not be reviewed by your school. SHS only reports if you are in compliance or out of compliance.

What if I did not get my form signed or do not have somewhere to go for services?

For a \$95 fee, plus the cost of any immunization and/or titers, SHS can perform this service for you. SHS can only do this for those entering students who are local since it must be completed prior to the first day of orientation. Be careful not to wait, as the process can take some time. We do not accept any type of insurance for these services, and full payment is due at the time of service (*via cash, check or credit card*). See the complete list on the SHS website: cumc.columbia.edu/student-health/especially/new-students/health-requirement-fee-schedule. Appointments can be scheduled by calling 212-305-3400, and selecting prompt 1.

What should I do if I do not have my completed preregistration information?

WAIT! Sending partial information delays the clearance process. Please submit only when complete immunization form and required attachments are available.

Who do I contact for questions about preregistration requirements?

For questions concerning preregistration requirements, email shsregistration@cumc.columbia.edu. For questions concerning insurance, email shsinsurance@cumc.columbia.edu.

Follow the steps below to understand the process for fulfilling and submitting documentation of your health and immunization requirements. These steps can also be found on the SHS website: cumc.columbia.edu/student-health/especially/new-students

Thank you! We look forward to serving as your healthcare partner while you are at CUIMC!

IMMUNIZATION FORM: NON-CLINICAL PROGRAMS

This form must be completed by an MD/DO, NP, or PA who is not a relative. Please ensure form is complete and has a health care provider signature and stamp. **Attach immunization records, and copies of all titers, antigens, and x-rays.** All reports must be submitted in English. Failure to do so will result in registration delays.

Name: _____ **UNI:** _____
Last First Middle Initial

Date of Birth: _____ **CUIMC School:** _____ **Full-time** **Part-time**
mm/dd/yyyy

Contact Telephone: (_____) - _____

<p>MEASLES (RUBEOLA), MUMPS, RUBELLA (MMR) REQUIRED</p> <ul style="list-style-type: none"> Items A, B, or C on right will meet requirements 	<p>A. MMR Immunizations (after age 1 and at least 28 days apart)</p> <p>MMR Dose 1 date: ____/____/____</p> <p>MMR Dose 2 date: ____/____/____</p> <p style="text-align: center;">OR</p> <p>B. Positive MMR IgG Antibody titers</p> <p>Measles (Rubeola) titer date ____/____/____ Result: _____ <input type="checkbox"/> Copy Attached</p> <p>Mumps titer date ____/____/____ Result: _____ <input type="checkbox"/> Copy Attached</p> <p>Rubella titer date ____/____/____ Result: _____ <input type="checkbox"/> Copy Attached</p> <p style="text-align: center;">OR</p> <p>C. Measles, Mumps and Rubella Immunizations (after age 1 and at least 28 days apart)</p> <p>Measles Dose 1 date: ____/____/____ Measles Dose 2 date: ____/____/____</p> <p>Mumps Dose 1 date: ____/____/____ Mumps Dose 2 date: ____/____/____</p> <p>Rubella Dose 1 date: ____/____/____</p>
TB SCREENING (REQUIRED)	
<ul style="list-style-type: none"> Please complete one TB section only. Testing is required regardless of prior BCG status 	
<p>TB SCREEN (No prior positive test)</p> <ul style="list-style-type: none"> Please submit data for either A or B. Either of the options will meet the requirement. <p>NOTE: A PPD skin test may NOT be placed in the 30 days after administration of a live virus vaccine to be considered valid. Live virus vaccines include measles, mumps, rubella, and varicella.</p>	<p>A. Tuberculin skin testing: PPD skin test administered in the twelve months preceding program start date.</p> <p>PPD test placement ____/____/____ Reading ____/____/____ reading ____ mm</p> <p><input type="checkbox"/> Result Interpretation Negative <input type="checkbox"/> Result Interpretation Positive</p> <p style="text-align: center;">OR</p> <p>B. IGRA Blood Test (QuantIFERON or T-SPOT testing): Documentation of a negative test reported within twelve months of program start date.</p> <p>Test date ____/____/____ (only a negative test meets requirement)</p> <p>Result _____ <input type="checkbox"/> Copy Attached</p>

<p>TB SCREEN <i>(History of prior positive test)</i></p> <ul style="list-style-type: none"> • History of latent TB, positive skin test or positive blood test complete C 	<p>C. POSITIVE skin test (reading > 10 mm):</p> <p>PPD read date ____/____/____ Reading ____mm</p> <p style="text-align: center;">OR</p> <p>Positive IGRA Blood Test (QuantIFERON or T-SPOT testing):</p> <p>Test date ____/____/____ Reading ____mm <input type="checkbox"/> Copy Attached</p> <p style="text-align: center;">AND</p> <p>Chest X-ray Report (required):</p> <p>X-ray results: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Date: ____/____/____ <input type="checkbox"/> Copy Attached</p> <p style="text-align: center;">AND</p> <p>Prophylactic Medications for Latent TB Taken:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date started ____/____/____ Date ended ____/____/____</p> <p>Medications take: _____</p> <p>Length of treatment: _____ months</p>
<p>HISTORY OF ACTIVE TB (Recent or past)</p>	<p>D. History of Active TB:</p> <p>Date of diagnosis: ____/____/____ Date treatment completed: ____/____/____</p> <p>Chest X-ray Report (required):</p> <p>X-ray results: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Date: ____/____/____ <input type="checkbox"/> Copy Attached</p>

I attest that all dates, results, and immunizations listed on this form are correct and accurate.

Provider's Signature _____ Date _____
Physician, Nurse Practitioner, Physician's Assistant, or RN

Provider's Printed Name _____ License Number _____
Physician, Nurse Practitioner, Physician's Assistant, or RN

Clinician/Practice Stamp

