

ENGINEERING

SUMMER ACADEMY at PENN

AUTHORIZATION FOR MEDICAL TREATMENT AND PROOF OF INSURANCE

I, _____ (please print **Participant** name), hereby authorize representatives of the Engineering Summer Academy at Penn at the University of Pennsylvania to consent to emergency treatment, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as the Participant is participating in the program.

Exceptions (if none, write "none"): _____

PARTICIPANT IS ALLERGIC TO THE FOLLOWING MEDICATIONS:

Other medical conditions that you wish for those providing treatment to be aware of:

Name of Participant's physician: _____ Phone: _____

Name of Participant: _____

By checking this box, I certify that my child meets the immunization requirements detailed on Page 2.

X _____
Parent/Guardian Signature Parent/Guardian Name (PLEASE PRINT) Date

HEALTH INSURANCE INFORMATION

All participants in ESAP **MUST** have health insurance coverage. **All participants are required to provide proof of health insurance. Please provide the information below, and SUBMIT A COPY OF (BOTH sides) OF YOUR MEDICAL INSURANCE CARD OR POLICY DOCUMENT document with this form.**

Name of insurance company: _____

Policy or plan number(s): _____

Name of subscriber to policy or plan: _____

Relationship to Participant: _____

Required Immunizations Summer 2017

As a condition of enrollment, all full-time students and all students living in campus housing must meet the following requirements. Failure to meet these requirements will result in denial of student registration privileges.

Hepatitis B

- 3 doses of Hepatitis B vaccine are required. Doses 1 and 2 must be administered at least 4 weeks apart. Dose 3 should be at least 6 months after the 1st dose and 8 weeks after the 2nd dose. Or submission of a blood test showing immunity if documentation of the completed series of three doses is unavailable.

Measles, Mumps, Rubella (MMR)

- 2 doses of MMR vaccine are required. Dose 1 must be administered after the 1st birthday. Dose 2 must be administered at least 4 weeks after the 1st dose. Or submission of a blood test showing immunity if documentation of two dose completed series is unavailable.

Varicella (Chicken Pox)

- 2 doses of varicella (chicken pox) vaccine are required. They must be administered at least 4 weeks apart. Or submission of a blood test showing immunity if documentation of two dose completed series is unavailable. Or if history of chicken pox disease signed provider documentation is required.

Tetanus-Diphtheria-Pertussis (Tdap)

- 1 dose of Tdap (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis) vaccine is required, and must be dated 2005 or later.
- Td (tetanus-diphtheria) vaccine does not satisfy this requirement.
- Td vaccine booster is also required if Tdap is older than 10 years.

Meningococcal

- 1 dose of meningococcal conjugate vaccine (MCV4, such as Menactra or Menveo) administered since age 16 is required of all incoming students living in campus housing who are age 21 or younger.
 - Meningococcal conjugate vaccine is preferred although meningococcal polysaccharide vaccine (MPSV4, such as Menomune) is acceptable.
 - At minimum, serogroups A, C, Y, and W-135 must be covered.
- Incoming students living on campus who are age 22 or older may submit either proof of vaccination or a Meningococcal Vaccine Waiver.

Note: Tuberculosis: *The University performs TB screening of all incoming students using an online TB Risk Screening form. If TB testing is indicated by this screening tool, you will be notified by the Immunization Compliance Office for further steps. Please note: Students in health professional programs may have additional immunization requirements. Please check with your program administration.*

Exemptions from requirements: Students may be exempted from the immunization requirements if there is a medical contraindication or if religious or philosophical belief prohibits immunizations. A signed statement indicating specific medical contraindication from a Medical Doctor, Osteopath, Nurse Practitioner or a Physician's Assistant is required for medical exemption. Students with religious or philosophical beliefs that prohibit them from immunization must submit a signed Declaration of Religious or Philosophical Objection form. This form may be requested by contacting the Office of Immunization Compliance. If the exemption includes meningococcal vaccine, the Meningococcal Waiver must also be submitted. The Online Student Health History and TB screening form still must be completed.

Please feel free to contact us with any questions at 215 746-3535 option #4 or email immun@pobox.upenn.edu. Please *do not email* us your immunization records as *they will not be processed*.

You can visit us at:

The Immunization Compliance office
Student Health Services
3535 Market Street, Suite 100
Philadelphia PA 19104