

# 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.** [For questions regarding immunizations or medical care, please contact Student Health Services at (215-746-3535) or email [ypul-immun@pobox.upenn.edu](mailto:ypul-immun@pobox.upenn.edu) ]

Please attach a copy of the immunization record for the above named participant.

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.** It is your responsibility to ensure that your insurance coverage works in Philadelphia. Our closest ER locations are Hospital of University of Pennsylvania (HUP) and Children's Hospital of Pennsylvania (CHOP). **Please provide the information below, and SUBMIT A COPY OF (BOTH sides) OF YOUR MEDICAL INSURANCE CARD OR POLICY DOCUMENT with this form.**

Name of insurance company: \_\_\_\_\_

Policy or plan number(s): \_\_\_\_\_

Name of subscriber to policy or plan: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_



Pre-Matriculation Immunization  
Requirements Spring 2022  
**Non-Healthcare Students**

The University of Pennsylvania has strict immunization requirements. All full-time students and all students living in campus housing must meet these requirements. Please Note: Incoming students must complete the immunization requirements **BEFORE** arriving on campus. Vaccine documentation must include at least the month and year of administration.

**Hepatitis B**

- 3 Dose Series (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**

- Positive titer (blood test report showing immunity)

**Measles, Mumps, Rubella (MMR)**

- 2 Dose Series (Dose 1 must be administered after the 1st birthday; Doses 1 and 2 must be administered at least 4 weeks apart)

**OR**

- Positive titer (blood test report showing immunity)

**Tetanus-Diphtheria-Pertussis (Tdap - Adacel or Boostrix)**

- One-time dose of Tdap (tetanus, diphtheria and acellular pertussis) required after age 10, with Tdap or Td boosters every 10 years thereafter

**Please Note:** A Td vaccine alone does not satisfy this requirement. A DTP primary series is not accepted.

**Varicella (Chicken Pox)**

- 2 Dose Series (Dose 1 must be administered after the 1st birthday; Doses 1 and 2 must be administered at least 4 weeks apart)

**OR**

- History of Varicella Illness **WITH Positive** titer (blood test report showing immunity)

**Meningococcal A, C, Y, and W-135 (All Students Living On-Campus)**

- 1 dose administered at age 16 or older of Meningococcal vaccine(A,C,Y,W-135)
  - Age 21 or younger: Submit proof of vaccination
  - Age 22 or older: Submit proof of vaccination **OR** Meningococcal Vaccine Waiver Form found on the SHS website

**Influenza (Quadrivalent)**

- **1 Dose Annually.** Under the Student Campus Compact students require a dose of the current season's Influenza vaccine. \*\*\*Attend the SHS Flu Clinic in October\*\*\*

**COVID 19 (Sars-CoV-2)**

- 1 or 2 dose series recommended. Depending on the manufacturer, a booster dose may be required.

**Tuberculosis (TB)**

The University performs TB risk screening of all incoming students using an online TB Risk Screening Form located on the SHS Portal: <https://shs.upenn.edu>. This form will be reviewed to determine whether additional testing is needed. If TB testing is needed, you will be notified by the Immunization Compliance Office for further steps.

**Exemptions from Requirements:** Please go to <https://shs.wellness.upenn.edu/immunization-exemptions> for more information.

If you have questions, please contact us at (215) 746-3535 or email [vpul-immun@pobox.upenn.edu](mailto:vpul-immun@pobox.upenn.edu). Please do not send immunization records through email as they will not be processed. Please see <https://shs.wellness.upenn.edu/imemfinfo> to learn how to submit your records online.

Be Well,

Immunization Compliance Office  
Penn Wellness  
3535 Market Street, Suite 50, Mezzanine Level  
Philadelphia, PA 19104