

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 vpul-immun@pobox.upenn.edu]

A copy of your child's immunization record may be requested if medical treatment is needed

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. International students may opt to purchase travel insurance that will provide coverage during the program dates from a **carrier of their choice.**

Please provide your insurance information below and be sure to upload a copy of BOTH SIDES of your insurance card or policy document as a single pdf to College Net.

Name of insurance company: _____

Policy or plan number(s): _____

Name of subscriber to policy or plan: _____

Relationship to Participant: _____



Pre-Matriculation Immunization
Requirements Spring 2023
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***

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.

COVID 19 (Sars-CoV-2): STRONGLY RECOMMENDED, but not required

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

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. 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