



International **Student Admissions Packet**

Thank you for your interest in Cayuga Community College! Please complete this packet and send it to the Office of Admissions by the following deadlines in order to ensure timely review of your materials.

The College must receive the necessary requirements (Academic, Financial and Linguistic) by:
August 1 for the Fall Semester

December 1 for the Spring Semester

Please send required materials to:

Office of Admissions
Cayuga Community College
197 Franklin Street
Auburn, NY 13021-3099 USA
admissions@cayuga-cc.edu

For questions, please contact Bruce Blodgett, blodgett@cayuga-cc.edu (001) 315-255-1743 ext. 2241 or 2242

Cayuga Community College Admissions Application-please complete attached form or select [Admissions Application](#). (please write clearly)

TOEFL Information- Applicants whose native language is not English are required to demonstrate an acceptable level of English language proficiency. At this time, Cayuga Community College does not offer English as a Second Language (ESL) courses.

Is English your Primary language? ___Yes ___No

If English is not your primary language, (TOEFL exam required) please indicate your primary language-

_____ Have you taken the TOEFL exam? ___Yes ___No

If so, please indicate the month/date/year the exam was taken. _____

What was your TOEFL score? _____

Please note: Official TOEFL score report must be submitted to Cayuga Community College

- TOEFL Website: www.toefl.org (Please reference this website for important information regarding the exam and the process/timeline for forwarding your exam scores)
- The Institution Code for Cayuga Community College is 2010

The Office of Admissions reserves the right to require a Skype (audio/visual) interview prior to acceptance. The audio component of the interview is to demonstrate English proficiency and the visual component is to confirm identity.

Academic Records- Cayuga Community College advises students who wish to have their international high school transcripts evaluated or to transfer in college credit to do so by an accredited organization. Please visit the American Association of Collegiate Registrars and Admissions Officers (AACRAO) website for more information at <http://ies.aacrao.org/evaluations/> or the World Education Services at <http://www.wes.org>. **Students may still enroll at the College without the evaluation, but must pass the entrance exam during their placement test.**

Photo Identification- Provide a copy of an official government-issued form of identification, such as a passport.

Foreign Student Financial Statement (required for F-1 students)-please complete attached form or select [Foreign Student Financial Statement form](#).

NOTE: Cayuga Community College has **NO** financial aid or scholarships available for international students. Students must demonstrate ability to pay for their total educational and living expenses for their entire enrollment at Cayuga.

F-1 visa applicants are required to demonstrate that they have financial resources to cover their educational expenses while attending Cayuga Community College.

The “Foreign Student Financial Statement” should be completed carefully. It **MUST** be accompanied by a current notarized bank statement supporting the information reported on the form.

Estimated Expenses for International Admissions		
	Estimated Expenses	
	Academic Year (9 Months)	Calendar Year (12 Months)*
Housing **	\$ 6,800	\$ 8,600
-Lattimore Hall Application Fee	\$200	
-Lattimore Hall Security Deposit	\$300	
-Mandatory Activity Fee	\$20 (per semester)	
Tuition & Fees***	\$ 8,600	\$ 12,804
Personal Expenses†	\$ 1,500	\$ 1,900
Transportation****	\$ 200	\$ 400
Books & Supplies	\$ 1,250	\$ 1,750
TOTALS‡	\$ 18,890	\$ 26,014

Please note: All international students must have health insurance that is valid in the United States. Students may either show proof of such insurance or purchase international student health insurance.

* Additional expenses for remaining in the US and taking a full-time course load in the summer (students may enroll part time during the summer, additional fees apply for online coursework), subject to change

**based upon 2013-2014 Lattimore Hall costs, subject to change

***Tuition and fees are based on 2013-14 costs, additional fees may apply, subject to change

**** local bus transportation to and from college is free to Cayuga students, estimated costs excludes airfare

† Including food, please note: costs may vary depending on eating habits and personal care. Students from warm climates should allow an additional \$500 for purchase of cold weather clothing.

‡ This amount must be reflected in your Bank Statement and the Foreign Student Financial Statement.

Additional Information:

First Semester Tuition Deposit

Please note: The first semester's tuition and fees of \$4,600 (refundable if unable to attend) is due before the I-20 and acceptance is issued. Students may pay with cash, wire transfer (peerTransfer- tuition payment process which allows students to pay from any country and any bank), or a valid Visa or MasterCard.

Immunization Records (proof of required immunizations must be received before entering the country)-please complete attached forms or select [Health Form](#).

ADMISSIONS APPLICATION



OFFICE USE ONLY
Cayuga ID _____

Social Security Number ___ / ___ / _____

For Federal Tax Reporting Purposes Only

Date of Birth (Required) ___ / ___ / _____

Month Date Year
MM DD YYYY

PLEASE USE YOUR LEGAL NAME (the name that appears on your Social Security card or passport):

Last Name _____ First Name _____ M.I. _____

Former Name/Maiden Name _____

Permanent Address (address where you reside when you are NOT attending school) _____ City _____ State _____ Zip _____

Local Mailing Address (address where you reside WHILE at school) _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell (_____) _____

E-mail (Preferred Address) _____ IM Address _____

Falsifying student residence information to financially benefit from reduced tuition is residence fraud, which could result in criminal charges and restitution for the actual unpaid tuition.

Have you Resided in New York State as a Permanent Resident for the 12 Months Immediately Preceding this Application? Yes No

If Yes, County Of Permanent Residence _____

If You Have Resided In New York State Less Than 12 Months, Please Provide Previous Mailing Address _____

I PLAN TO START COLLEGE AT CAYUGA

SEMESTER AND YEAR: _____ Full Time (12 credits or more) Part Time (Less than 11 credits)

I WILL BE A First-Time College Student Transfer Student From Another College

I PLAN TO STUDY At the Auburn Campus At the Fulton Campus Online Only

I AM INTERESTED IN OFF-CAMPUS HOUSING Yes No

I AM INTERESTED IN ATHLETICS WOMEN'S: Basketball Golf Soccer Bowling Softball Volleyball

MEN'S: Basketball Golf Soccer Bowling Lacrosse

ALL APPLICANTS MUST ANSWER THE FOLLOWING THREE QUESTIONS:

Have you ever been convicted of a felony? Yes No Have you ever been dismissed from a college for disciplinary reasons? Yes No

How did you hear about Cayuga? I live in the area School counselor High School presentation College fair Cayuga admissions rep.
 Cayuga mailing Family/friend Cayuga website Social media TV Pandora radio Billboard

CITIZENSHIP STATUS U.S. Dual U.S./Canadian Permanent Resident Refugee/Asylee Other

If not U.S., Country of Citizenship _____ Country of birth _____ Visa type _____

If you are NOT a U.S. citizen or permanent resident, please go to <http://www.cayuga-cc.edu/international>

IS ENGLISH YOUR PRIMARY LANGUAGE? Yes No

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES (including Reserves or National Guard)? Yes No

If yes, DO YOU PLAN TO SEEK V.A. EDUCATIONAL BENEFITS? Yes No

I WOULD LIKE INFORMATION ABOUT ACCESSIBILITY RESOURCES Contact the Office of Accessibility Resources (OAR) at 315-294-8422 (Auburn) or 315-593-9327 (Fulton) www.cayuga-cc.edu/academics/accessibility_resources/

INFORMATION IN THIS BOX IS OPTIONAL. It will be kept confidential and used only to help you use college services. This information will not be used in a discriminatory manner, nor will you be penalized in any way if you choose not to respond.

GENDER (please check) Female Male ARE YOU HISPANIC/LATINO? Yes No

If YES, check one: Central American Dominican Mexican Puerto Rican South American Other Hispanic/Latino

ARE YOU? Am. Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

HIGH SCHOOL (please use school's formal name) _____ City _____ State _____

Current high school student/expected date of graduation (mo./yr.): _____ High school graduate/date of graduation (mo./yr.): _____

Home-schooled student Received an IEP or CDOS diploma GED recipient I did not graduate or receive a GED

Did you earn college credit while still in high school? Yes No

I have taken / am currently taking college courses in high school through Cayuga Advantage New Visions Other

Colleges and Universities previously attended (not including Cayuga Community College) Please have your academic records sent to admissions office

Name _____ City _____ State _____ Dates Attended _____

Name _____ City _____ State _____ Dates Attended _____

SCHOOLS

SCHOOL OF BUSINESS

- Accounting AAS
- Business Administration AAS*†
- Business Administration AAS*†
 - Entrepreneurship
 - Sports Management
 - Wine Studies
 (must be 21 years of age or older)

CERTIFICATE PROGRAMS

- Accounting
- Event Management
- General Business*

SCHOOL OF MEDIA AND THE ARTS: SOMA

- Liberal Arts & Sciences/
Humanities & Social Sciences AA*
 - Concentration offered (not required)
 - Literature[†]
 - Music
 - Theatre
 - Writing[†]
- Studio Art & Design AS
 - Concentration offered (not required)
 - Ceramics
 - Graphic Design
 - Painting and Drawing
 - Photography
 - Printmaking
- Telecommunications:
Audio-Radio Production AAS
 - Music Production Option
- Media Production AAS
 - Concentration offered (not required)
 - Broadcast Journalism
 - Film and Cinema Studies
 - Video/Digital Film Production
- Telecommunications Technology AAS

SCHOOL OF HEALTH SCIENCES

- Health Sciences AS*
 - Must check one concentration:
 - Cardiovascular Perfusion
 - Chiropractic Medicine
 - Medical Imaging/Radiography
 - Medical Tech. & Medical Biotechnology
 - Physical Therapy
 - Radiation Therapy
 - Respiratory Therapy
- Nursing – R.N. AAS*
 - Nursing program has a separate and selective admission process; see catalog or website for requirements.

SCHOOL OF SOCIAL SCIENCES AND EDUCATION

- Criminal Justice – Corrections AAS*†
 - Criminal Justice – Police AAS*†
 - Early Childhood AAS
 - Liberal Arts & Sciences/
Adolescence Education AA
 - Must check one concentration:
 - Biology
 - Chemistry
 - Earth Science
 - English
 - History/Social Science
 - Mathematics
 - Liberal Arts & Sciences/Childhood Ed. AA
 - Must check one concentration:
 - English
 - General Science
 - History/Social Sciences
 - Liberal Arts & Sciences/
Humanities & Social Sciences AA*†
 - Concentration offered (not required)
 - Criminal Justice[†]
 - Early Childhood
 - Education
 - History
 - Psychology[†]
- #### CERTIFICATE PROGRAMS
- Criminal Justice*
 - Corrections Administration
 - Early Childhood

SCHOOL OF SCIENCES, TECHNOLOGY, ENGINEERING AND MATH: STEM

- Computer Hardware/Software Design AAS
- Computer Information Systems AAS*
 - Internet Technology Option
- Computer Science AS*
- Information Technology A.S.*
 - Must check one concentration:
 - Creative Game Design Concentration
 - Web Design Concentration
 - Network Administration Concentration
 - Cybersecurity Concentration
- Electrical Technology – Electronics AAS
- Geographic Information Systems AS
- Liberal Arts & Sciences/Mathematics AS
- Liberal Arts & Sciences/Math & Science AS*†
 - Concentration offered (not required)
 - Biology[†]
 - Chemistry
 - Geology
 - GIS (Geographic Information Systems)
- Mechanical Technology AAS
 - Must check one concentration:
 - Computer Aided Design (CAD)
 - Facilities Design
 - Mechatronics
 - Precision Machining

CERTIFICATE PROGRAMS

- Advanced Manufacturing
- Computer Hardware/Software Design
- Computer Information Systems*
- Electronics
- Plastics Manufacturing

* Degree can be completed entirely at Auburn or Fulton campus (*not all concentrations are available in Fulton*).

† Degree can be completed entirely online (*not all concentrations are available online or in Fulton*).

Note: Students living in Maryland, Arkansas, Minnesota, Utah or Wyoming are not authorized to enroll in any online degree or course.

PARENT / GUARDIAN INFORMATION (if you are under 19)

Father's full name	Address	Phone	E-mail
Mother's full name	Address	Phone	E-mail
Emergency contact name	Address	Phone	

I certify that the information on this application is complete and accurate. I understand that this application cannot be processed if it has not been completed according to its instructions, and that any deliberate falsification or omission of data could result in denial of admission or dismissal from the college.

APPLICANT SIGNATURE* _____ **DATE** _____

PLEASE COMPLETE ALL REQUESTED INFORMATION AND SIGN, MAIL OR FAX TO:

Cayuga Community College Admissions Office

197 Franklin Street, Auburn, NY 13021: Auburn Campus Fax: 315.283.2075 **OR** 11 River Glen Drive, Fulton, NY 13069: Fulton Campus Fax: 315.598.4203

SEND YOUR OFFICIAL TRANSCRIPTS OR ORIGINAL GED TO THE SAME ADMISSIONS OFFICE

FOR MORE INFORMATION Call: 1-866-598-8883 E-mail: admissions@cayuga-cc.edu Live chat: www.cayuga-cc.edu/chat



**THE STATE UNIVERSITY of NEW YORK
FOREIGN STUDENT FINANCIAL STATEMENT**

This is a two-page form. Be sure to read all information before completing this form.

Part 1 – Write in ink or type:

- Name of Applicant [] Mr. [] Ms.: _____, _____, _____
(Family name) (First/ Given) (Middle)
- Permanent Address _____
- Campus to which you are applying: _____
- Major field/department: _____
- Degree for which you are applying: _____
- I expect my program of study to take _____ years to complete.
- Birth-date: ____/____/____
Month Day Year
- Country of Citizenship: _____
- [] I plan to come without dependents
[] The following dependents will accompany me (list names and relationships)

- Does your country restrict dollar exchange? [] Yes [] No
What is the maximum dollar amount permitted for a student? \$ _____
- Total amount of U.S. dollars you expect to bring with you upon arrival
(tuition, room, meals, and books must be paid at the beginning of each semester).
\$ _____
- Do you have a source within the U.S. for emergency funds once you arrive
in this country? [] Yes [] No
- If YES, name source _____
Amount Available in U.S.: \$ _____

Part II – Complete each relevant item below. Sign and date the form after (C).

Enter amount of assured support available for each year of study in U.S. dollars.

Source of Funds	Year 1	Year 2	Year 3	Year 4	Required Verification
Personal Savings Name of Bank _____ Account Holder _____ _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (C) below
Family/Relative/Sponsor Name _____ Name _____ Name _____	\$	\$	\$	\$	1. Bank Statement 2. Complete (A) and (C) below
Scholarship/Loan Awarded by _____ _____ _____	\$	\$	\$	\$	1. Official award letter. See instructions on reverse side 2. Loan approval letter. See instructions on reverse side 3. Complete (C) below
Government/Employer/Other Name of sponsor _____ Other (specify source and type of support) _____ _____	\$	\$	\$	\$	1. Official letter of support. See instructions on reverse side 2. Bank statements, affidavits, or sworn statements 3. Complete (C) below
Totals	\$	\$	\$	\$	

VERIFICATION:

A. This is to certify that the funds indicated above are on deposit or are being held in the name of the applicant, his family members, or sponsors (named above) at the savings institution named below. (Verification of amounts is without liability for the bank or its officials). Attach separate statement of accounts with official signature/seal.

Name of Bank _____ Date _____
Bank Official's Title _____ Bank Official's Signature/Seal _____

B. This is certify that I (we) the undersigned have agreed to provide the funds indicated above to the applicant for the purpose of full-time study at the State University Campus listed above and that I (we) are submitting bank statements indicating the availability of these funds. I (we) further understand that the State University cannot provide ANY financial assistance to the applicant and that I (we) must provide these funds for the duration of the applicant's course of study. If the commitment is not met, the student may be subject to dismissal from the University for non-payment.

Sponsor Signature _____ Date _____ Relationship to applicant _____
Sponsor Signature _____ Date _____ Relationship to applicant _____

C. This is to certify that the information given on this form is complete and accurate to the best of my knowledge. I am fully aware that any false or misleading statement will result in an automatic denial of admission, or cancellation of registration following enrollment.

Applicant's Signature _____ Date _____

Return this form with all additional financial documentation directly to the SUNY campus to which you are applying.



THE STATE UNIVERSITY of NEW YORK FOREIGN STUDENT FINANCIAL STATEMENT

All foreign applicants must document their ability to meet all educational and living expenses for the entire period of their intended study before this University can issue a Certificate of Visa Eligibility (form I-20 or IAP-66). Read the following instructions carefully before completing and submitting this form.

Instructions:

Part I: Answer questions 1-13 completely.

Part II: In the first column, indicate the source(s) of your funding. In the columns headed Year 1, 2, 3, and 4, indicate the amount (in U.S. dollars) available for each year of study. Each sponsor must verify these amounts by signing the form. Be sure to include supplementary documents as indicated, and attach originals not photo copies.

All documentation must be dated within one year of the date of initial enrollment at the SUNY campus to which you are applying. The SUNY campus has provided you with an estimate of their annual education and living costs for foreign students. You must document financial support equal to or greater than this amount. This estimate is subject to change without notice and will usually increase each year.

Source of Funds:

Required Documentation:

Personal/Family: Signatures of sponsors on this form. Bank verification on both this form and in a separate state of account.

Scholarship: Official scholarship letter from the institution awarding the scholarship. The award letter must contain the name of the applicant, the amount of money available for each year of study, the duration of the award (including beginning and ending dates), the degree and major field of study for which the award is tenable, and the name of the SUNY campus to which the award is applicable.

Government or Employer: Official letter indicating amount of support and containing the same information as for "Scholarship" described above.

Loans: Official letter from credit institution indicating approval of the loan and the amount approved.

Dependent Support: A student wishing to have his/her family member(s) accompany him/her must document the following amounts for each family member per calendar year of intended study:

- For Spouse: \$2,600 per calendar year
- For each child: \$1,400 per calendar year

The SUNY campus to which you are applying reserves the right to require additional financial documentation and/or pre-payment from applicants whose countries impose currency exchange restrictions or other obstacles to the transfer of currency. Applicants from such countries will be notified of specific requirements when they have submitted completed applications.

Immunization Records

Measles, Mumps, Rubella

New York State Public Health Law requires all college students born after 1956, and taking 6 credit hours or more during a semester, to provide proof of immunity to measles, mumps, and rubella.

This is what you need to provide:

- **Measles (rubeola): Two dates of immunization**
Both dates must be after 1967, and on or after your first birthday. Measles immunizations given in 1967 or before may be accepted if a live vaccine was used. A positive measles titer (blood test) or a disease statement from the diagnosing physician also constitutes valid proof of immunity.
- **Rubella (German measles): One date of immunization**
The date must be on or after your first birthday. A positive rubella titer (blood test) is also an acceptable proof of immunity in lieu of an immunization date.
- **Mumps: One immunization date**
The date must be on or after your first birthday. A positive mumps titer (blood test) or a disease statement from the diagnosing physician also constitutes valid proof of immunity.

You can obtain this information from your physician, high school record, former college, or baby immunization record book. Please use the health report form that is provided below and submit it to the College Health Services Office by the start of classes.

If you have a valid medical reason for not complying with this law, please advise the College Health Services Office. Your physician can sign a medical waiver form for you.

An exemption for religious belief is also available, and must be approved by the Health Services Office.

Meningitis

New York State Public Health Law requires colleges to distribute information about meningococcal disease and vaccinations to all students taking 6 credit hours or more, whether they live on or off campus.

Cayuga Community College is required to maintain a record of the following for each student:

- A response to receipt of information on meningococcal disease and vaccine, signed by the student or the student's parent or guardian (for students under age 18) ; and either
- A record of meningococcal meningitis immunization within the past 10 years; **or**
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunizations, signed by the student or the student's parent or guardian (for students under age 18)

Please read more about this [requirement](#) and submit your response to the College by the start of classes.

These laws allow a 30-day grace period for you to comply. Therefore, you will be restricted from class attendance 30 days after classes begin unless you comply before that date. You may resume classes as soon as you are in compliance with this law. Financial Aid and Final Grades will be withheld and no further registration allowed until you have met NYS requirements.



HEALTH REPORT

Please read, respond, and return this Health Report to:

**Health Office
Cayuga Community College
197 Franklin Street
Auburn, NY 13021**

New York State Public Health Law 2167 requires colleges to distribute information about meningococcal disease and vaccinations to ALL students taking 6 credit hours or more (on campus). A signed reply is then required from the student. This report includes the reply section for your signature.

New York State Public Health Law 2165 requires proof of immunity to measles, mumps and rubella. This law is mandatory for ALL college students born in 1957 or later and registered for six (6) credit hours or more (on campus).

Students who will work in the campus **Preschool Center** as part of their curriculum must have a physician complete Part V—Preschool Center Students Only section of this report.

Nursing students are required to have an annual physical examination (use last page of this report) and must complete Part IV—Nursing Students Only section in this report.

Members of College **athletic teams** are also required to have an annual physical examination (use last page of this report).

Information recorded on this form is confidential and will not be shared outside of this institution without your consent.

Student's Name _____

myCayuga ID Number _____

Cayuga Community College

197 Franklin Street • Auburn NY 13021

Social Security # _____ Date of Birth _____

Name _____
Last First Middle

Home Address _____
Number and Street
City State Zip

Phone (with area code) () _____

Address while attending Cayuga (if same as above, write "SAME"): _____

Address at school _____

Phone (with area code) () _____

Person to notify in case of emergency _____

Phone (with area code) () _____

HEALTH HISTORY

Place an "X" in the appropriate box(es):

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression | <input type="checkbox"/> Headaches (recurrent) | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diarrhea (recurrent) | <input type="checkbox"/> Heart Defect | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Sore Throat (frequent) |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Joint Disease/Injury | <input type="checkbox"/> Ulcerative Colitis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Ear Trouble | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> OTHER (specify): _____ |
| <input type="checkbox"/> Colds (frequent) | <input type="checkbox"/> Eye Trouble | <input type="checkbox"/> Pneumonia | _____ |
| <input type="checkbox"/> Convulsion/Seizure | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Rheumatic Fever | _____ |

** Disclosure of personal information is voluntary and does not affect your acceptance at Cayuga*

Please list any allergies to food, drugs, etc. _____

Do you take any medications regularly? Yes No If "Yes," please list drug(s) and dosage(s) _____

Please list any serious injuries, illness, fractures, dislocations or surgeries: _____

Do you have any disability or impairment of which we should be aware? _____

Are you currently receiving treatment at a clinic or by a physician (other than regular check-ups)? Yes No

If "Yes," please explain: _____

IMMUNIZATION RECORD

Part I: REQUIRED A or B by NYS PHL 2165

A. **M.M.R.** (Measles, Mumps, Rubella) 2 doses required. Date of MMR #1 _____ Date of MMR #2 _____

OR

B. **Measles** (Rubeola) 2 dates of measles immunization. Both doses must be given after 1967.

First Date _____ Second Date _____

OR Date of Measles Titer _____ Results Positive Negative

Mumps Date of at least one mumps immunization. First Date _____ Second Date _____

OR Date of Mumps Titer _____ Results Positive Negative

Rubella (*German Measles*) Date of at least one rubella immunization. First Date _____ Second Date _____

OR Date of Rubella Titer _____ Results Positive Negative

Part II: REQUIRED A or B by NYS PHL 2167

Meningococcal Meningitis vaccine (check one box only)

A. Had meningococcal meningitis vaccine within past 10 years (Menomune™ Menactra™, Menveo™) Date _____

B. I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease at this time. I understand that I may choose to seek vaccination in the future.

Signature of Student (Parent/Guardian for student under age 18) _____ Date _____

Part III: RECOMMENDED VACCINES AND TESTING

Tetanus (TD) Booster Date _____ (within 10 years)

Tuberculin Skin Test (PPD) Test Date _____ Results Positive Negative

Hepatitis B Vaccine: Date #1 _____ Date #2 _____ Date #3 _____

Part IV: NURSING STUDENTS ONLY

1. REQUIRED MMR (Measles, Mumps, Rubella)

Date of MMR #1 _____ Date of MMR #2 _____

OR

Date of MEASLES TITER _____ Results _____

Date of MUMPS TITER _____ Results _____

Date of RUBELLA TITER _____ Results _____

2. **REQUIRED TB Tuberculin Skin Test (PPD)** (yearly) Date of PPD _____ Results _____

If Positive PPD, date of Chest X-ray _____ Results _____

3. REQUIRED Tetanus (TD) within 10 years

Date of TD _____ **OR** Date of TDAP _____

4. REQUIRED Chicken Pox/Varicella

Date of CP Disease _____ **OR** Date of Antibody Titer _____ Results _____

OR Date of CP Vaccine _____

5. **RECOMMENDED Hepatitis B Vaccination Series** Date of Hep B #1 _____ Date of Hep B #2 _____ Date of Hep B #3 _____

OR Date of Antibody Titer _____ Results _____ **OR** Declination of Hepatitis Vaccination _____
Signature Date

Part V: PRESCHOOL CENTER STUDENTS ONLY

1. Is this person free of communicable diseases? Yes No

2. Is this person physically fit to take part in this program? Yes No

3. Tuberculin skin test (PPD) Date _____ Results _____

Signature of Physician/NP/PA

Date

