

Please return this form no later than May 11, 2012

RINGLING COLLEGE OF ART AND DESIGN
PRECOLLEGE PERSPECTIVE . 2700 NORTH TAMiami TRAIL, SARASOTA, FL 34234 . (FX) 941-955-8801

STUDENT HEALTH FORM - PART A

Ringling College of Art and Design does not provide on-campus health services. Office of Student Life arranges for medical attention through Sarasota urgent care facilities for any student requiring medical attention. (Students will be accompanied and transported by taxi and taxi payment will be deducted from the residency deposit). Ringling College does provide on site mental health services as noted below.

The College requires the following health information for use in emergency or epidemic situations. Any evidence in the future that this self-report has been falsified or incomplete may be grounds for immediate dismissal from the College. Ringling College shall reserve the right to reject or overturn acceptance for admission to PreCollege Perspective if information on this form would indicate need for such action.

NOTE: ALL INFORMATION IS CONFIDENTIAL AND SHARED ON A NEED-TO-KNOW BASIS ONLY.

NAME: _____ DATE: _____

BIRTHDATE: _____ SEX: ___Male ___Female

Name of parent, guardian, or relative who should be notified in case of illness or emergency:

Name _____ Relation to Applicant _____

Street Address _____ City _____ State _____ Zip Code _____

Area Code and Phone Numbers _____ / _____ / _____
Daytime Evening/Weekend Cell

HEALTH INSURANCE: Ringling College requires all domestic and international students to have health insurance. Students will be automatically enrolled in the College's plan, underwritten by Monumental Life as noted below, until evidence of sufficient coverage is submitted.

_____ I VOLUNTARILY AGREE to be enrolled in a Student Health Insurance Plan offered through Ringling College that provides benefits toward sickness or injury for the duration of the program at a cost of \$65. I understand I will be automatically billed and a copy of the plan benefits will be given to me at check in.

Will you also have ANOTHER health insurance plan in effect while enrolled in PreCollege Perspective?
___No ___Yes

_____ I HEREBY ELECT TO WAIVE participation in the Student Health Insurance Plan and certify that I have coverage as indicated below, confirmed by submission of a copy of insurance card. I acknowledge that I am legally responsible for any and all medical expenses incurred for the duration of PreCollege Perspective 2012 at Ringling College of Art and Design. ALL INFORMATION REQUIRED FOR SERVICES TO BE PROVIDED IN FLORIDA.

Name of Insurance Carrier/ Company _____
Policyholder's Name _____ Policy No. _____
Policyholder's SS# _____ Policyholder's Date of Birth _____
Policyholder's Signature _____

(Parent or Guardian required if under 18)

ATTACHED IS A CLEARLY LEGIBLE COPY OF MEDICAL INSURANCE CARD SHOWING STUDENT'S COVERAGE.

SELF-REPORTED MEDICAL HISTORY: *Answer all questions. State none or N/A if not applicable.*

1. Please check any of the following conditions you have had or now have:

___Arthritis/Rheumatism ___Tuberculosis ___Measles ___Diabetes
___Mumps ___Epilepsy ___Fainting Spells ___Chicken Pox
___Heart Trouble ___Hypoglycemia ___Asthma ___Clinical Depression
___Allergies (please identify) _____

2. Other significant medical problems or conditions that require regular visits to a physician (e.g. asthma):
3. Are you currently taking any prescription medications? _____ Yes _____ No
If yes, please specify medication, dosage and frequency and any possible side effects:
4. Please check any of the following conditions that are recognized by Section 504 of the Rehabilitation Act and the American Disabilities Act:
- (a) ___ Physical Disability (which would impact mobility, require special care or assistance, or which may limit participation in College events or field trips, etc.)
 - (b) ___ Deafness/Hearing Impairment
 - (c) ___ Vision Impairment (other than wearing glasses or contact lenses)
 - (d) ___ Learning Disability
 - (e) ___ Attention Deficit Disorder (ADD/ADHD)
 - (f) ___ Autism/Asperger Syndrome
 - (g) ___ Dyslexia
 - (h) ___ Speech Disorder
 - (i) ___ Physical Disability or Chronic Illness. Please specify _____
 - (j) ___ Psychological/Psychiatric Disability

Please describe the condition:

Please describe the services you have received in the past during high school or college:

Are you currently taking any medications on a regular basis for the above disability?

Appropriate documentation of one's disability will be required to receive special accommodations. An appointment with the Director of the Academic Resource Center is advised.

5. Have you ever undergone treatment for any emotional or mental condition, difficulties in adjustment, or been under the care or treatment of a clinical social worker, psychologist, psychiatrist or other mental health professional? _____ Yes _____ No
(NOTE: THIS INFORMATION WILL BE HELD IN STRICT CONFIDENCE)

If yes, please provide circumstances, dates and, if applicable, medications:

The Peterson Counselor Center provides free and confidential psychotherapy and our counselors also make referrals to off-campus providers. Would you like a clinician from the Counseling Center to contact you regarding confidential mental health services (e.g. psychotherapy, psychopharmacological medications)? _____ Yes _____ No

STUDENT VERIFICATION:

I certify that, to the best of my knowledge, the answers to all questions are correct and that I have read the statement of policy of the College at the top of the front page. I understand that failure to complete this form in full and to return it by the deadline noted in my acceptance letter from the College may result in the College preventing me from registering for classes or assuming occupancy in the residence halls. I understand I am also responsible for having a physician review page 3 of the health form, and that it, too, must be returned to the College by the established deadline.

Student Signature

Date

MEDICAL CONSENT IF UNDER 18 YEARS OLD: I hereby authorize admission to the hospital in case of emergency and agree that the attending physician may, in case of extreme emergency, operate and/or administer the necessary anesthesia if the undersigned cannot be contacted. I also grant permission for the transfer of my child to an accredited hospital or other care facility if deemed necessary by the medical or mental health provider for the psychological or psychiatric care deemed necessary to the health and well-being of my child.

Signature of Parent or Guardian

Date

Name of Student _____

RINGLING COLLEGE OF ART AND DESIGN
PRECOLLEGE PERSPECTIVE
IMMUNIZATION FORM – PART B

To be completed by a physician and returned by May 11, 2012. When complete send to:

**PreCollege Perspective
Ringling College of Art and Design
2700 N. Tamiami Trail
Sarasota, FL 34234
941.955.8801 (fax)**

I have reviewed the immunization history of this patient as reported below and find it to be complete and accurate to the best of my knowledge. A tuberculosis risk assessment has also been completed: the student has either been screened or tested.

NOTES:

Physician/Nurse Practitioner Signature

Physician/Nurse Practitioner Name (printed)

Medical Office Area Code and Telephone Number

Date

REQUIRED VACCINATIONS AND INOCULATIONS:

Please give dates of all **required** vaccinations and inoculations below. See the reverse of this form for the full policy.

I. Either two doses of MMR or Measles with one dose of Rubella are required for entry by State of Florida.

_____/_____/_____ MMR (Measles/Mumps/Rubella) *or* _____/_____/_____ Measles ____ Rubella ____ Mumps
1st 2nd 1st 2nd

II. One dose of the Meningitis vaccine given within the last 5 years is mandatory. Exemptions based on medical advice required a waiver form, signed by a physician, which is attached.

Date of Meningococcal _____

III. At least one Hepatitis B vaccination of the series or a signed waiver declining the vaccine.

_____/_____/_____ Hepatitis B *or* signed waiver below
1st 2nd 3rd

I have read the information pertaining to Hepatitis B on the reverse of this form. I choose to decline the vaccine.

Signature of student or parent/guardian if under 18 years of age. Date

IV. Exposure to Tuberculosis has been discussed and evaluated. REQUIRED for students coming from countries with a high incidence of TB.

Tuberculin Test: Type _____ Date _____ Results _____ If positive, follow-up: _____

RECOMMENDED VACCINATIONS AND INOCULATIONS:

Please give dates of **recommended** vaccinations or inoculations:

_____/_____/_____ Polio _____/_____/_____ Tetanus-Diphtheria DTaP or DTP _____/_____/_____ Varicella
series/booster series/booster and booster with Td 1st 2nd

IMMUNIZATION POLICIES/RECOMMENDATIONS FOR MATRICULATION AND REGISTRATION

I. MEASLES AND RUBELLA

As a prerequisite to matriculation or registration, Ringling College of Art and Design requires all students born after 1956 to present documented proof of immunity to measles. All students less than 40 years of age shall present documented proof of immunity to rubella. According to the Florida Department of Health and Rehabilitation Services acceptable proof of immunity is as follows:

MEASLES (Rubeola or ten-day measles)

Students can be considered immune to measles only if they have documentation of at least one of the following:

1. Documentation of immunization with two (2) doses of live measles virus vaccine on or after the first birthday. Persons vaccinated with killed or an unknown vaccine prior to 1968 must be revaccinated. Persons born before 1957 may be considered to have had natural infection and therefore do not need measles vaccine.
2. Laboratory (serologic) evidence of measles immunity.
3. A written, dated statement signed by a physician on his stationery which specifies the date seen and states that the person has had an illness characterized by a generalized rash lasting three (3) or more days, a fever of 101 degrees Fahrenheit or greater, a cough and conjunctivitis, and, in the physician's opinion, is diagnosed to have had the ten-day measles (rubeola).

RUBELLA (Three-day measles)

Students can be considered immune to rubella only if they have documentation as follows:

1. Documentation of immunization with live rubella virus vaccine on or after the first birthday or,
2. Laboratory (serologic) evidence of rubella immunity (titer).

ADDITIONAL INFORMATION AND RECOMMENDATIONS

If the student has no documentation of any dose of measles vaccine, vaccine should be given at the time of entry and the second dose no less than thirty (30) days and no more than three (3) months later. It is recommended that both doses of measles vaccine be given as combined measles-mumps-rubella (MMR) vaccine. The documented date of immunization for both measles and rubella should include the day, month and year. However, only month and year will suffice as long as the month and year show that the immunization was given at least 13 months after the month of birth. It is strongly recommended that all students, regardless of age, who have questionable immunity to measles or rubella be immunized unless otherwise contraindicated.

Since there is no evidence of increased risk from measles revaccination, it is recommended that those students who cannot provide an immunization date after extended research, those who present questionable immunization dates, and those with a questionable diagnosis of measles, be vaccinated (revaccinated) prior to time of matriculation/registration. All immunizations should be given in accordance with the recommendations of the United States Public Health Service, Center for Disease Control's (CDC), Advisory Committee on Immunization Practices.

II. MENINGOCOCCAL MENINGITIS

Meningococcal meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e. coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability.

Meningitis is a rare but potentially dangerous illness that mainly affects children and young adults. However, college-aged students have a greater potential risk of outbreaks than the general population due to a prevalence of risk factors that are often part of campus life. These risk factors include dormitory living, active and passive smoking, bar patronage, and alcohol consumption (more than 15 drinks per week).

A safe, effective vaccine is available and protects against four of the five strains of the disease for at least five years. The Center for Disease Control recommends that undergraduates under 25 years of age, particularly those who plan to live in residence halls, receive the vaccine. As such, Ringling College requires the vaccine of all new residential students, effective Fall 2009.

III. HEPATITIS B

Hepatitis B is a serious liver disease caused by the Hepatitis B virus (HBV) that can lead to chronic liver disease, liver cancer or death. It can be spread through contact with blood or body fluids of an infected person. Fifty percent of people with hepatitis B have no symptoms (but can infect others). Symptoms can include fever, poor appetite, fatigue, joint pain, nausea and vomiting. Some individuals also have yellowing of the skin (jaundice). Seventy five percent of cases occur in individuals between ages 15 and 39.

IV. TUBERCULOSIS

Screening and targeted testing for TB is a key strategy for controlling and preventing infection on college campuses. Students who have had a positive TB skin test; have had close contact with anyone who was sick with TB; were born in or traveled to a high risk area, or have been vaccinated with BCG are required to have a health care provider complete a tuberculosis risk assessment.



Ringling College of Art + Design

Health Information and Immunization Checklist

If you can check all the boxes listed below, you are ready to mail and/or fax your Health Information Form to:

Ringling College of Art and Design
PreCollege Perspective
2700 N. Tamiami Trail
Sarasota, FL 34234
Tel: 941-955-8869
Fax: 941-955-8801

PART A

- I have provided information for emergency notification.
- I have provided required information regarding health insurance, and have enclosed a clearly legible copy of BOTH SIDES of my medical insurance card.
- I have completed the self-reported medical history.
- If I am a student with a disability, I have provided disability information.
- I have provided confidential information regarding medications.
- I have provided confidential information regarding emotional, mental, or adjustment difficulties.
- I have signed the statement stating I have read and understand the policies of Ringling College of Art and Design regarding the Health Information Form.
- If I am currently under the age of 18, my parent/guardian has also signed the health form.

PART B

- I have listed dates for two MMR vaccinations *or* I have listed dates for two measles vaccinations and one rubella vaccination.
- I have listed a date within the past 5 years for my meningitis vaccination; or submitted a signed medical exemption form.
- I have listed a date for at least one Hepatitis B vaccination of the series *or* declined the vaccine and signed the waiver.
- My physician has screened me for risk factors for TB. (REQUIRED only for students coming from high-risk regions.)
- My doctor's office or clinic has officially signed or stamped the form.