

Health Evaluation Packet

There are a number of steps involved in completing the health evaluation packet. This process may take several weeks to complete. Please take the time to carefully read the instructions on this page. This will give you an opportunity to plan the actions you must take to complete the packet, submit it by the deadline, and avoid penalties and registration delays.

Health Services requires all students to upload a copy of a fully completed and signed Health Evaluation Packet. The Health Evaluation Packet includes the following forms :

1. **Immunization Records**
2. **Tuberculosis Screening**
3. **Physical Examination**

To upload your completed health evaluation:

1. Go to <https://www.pratt.edu/about/offices/student-affairs/health-services/immunization-information/>
2. Upload each of the three forms of the health evaluation packet individually. You will have the opportunity to attach supporting documentation. (ex: vaccine records or testing reports) Make sure the form you are uploading matches the type of document selected. Mismatched or incomplete forms will be rejected and will result in a delay in the approval process.
3. For each successful upload, you will receive a confirmation email to your Pratt email account.
4. Once Health Services has fully reviewed and accepted your Health Evaluation Packet, an email will be sent to your Pratt email account notifying you that the process has been successfully completed.

Please keep in mind the following tips to ensure your forms are completed accurately:

- **Gather your immunization/vaccination records. All records must be written or translated into English.** These records may be located through your previous school/college, your doctor's office, or your parents. Be aware it may take some time to contact previous schools or complete request forms.
- **Schedule an appointment with your personal physician** for a full health evaluation and for your provider to complete the health evaluation packet. You may also schedule an appointment with an urgent care center or clinic if your medical provider is not available.
- **Make sure your physical exam is completed no more than 6 months prior to your entry at Pratt.** For example, Physical exams completed earlier will not be accepted.
- **Have your medical provider complete a tuberculosis screening.** All students are required to submit tuberculosis testing completed within the last 12 months. A BCG vaccination does not exempt students from this requirement.
- **Provide the name and phone number of an emergency contact.** For students entering Pratt under the age of 18, **please also ensure the Emergency Medical Authorization is completed by a parent or guardian.**
- **Check that each form has been completed in full and your medical provider has signed or stamped every form in the designated box.**

Students cannot register for classes until they have fulfilled all health evaluation requirements.

Pratt Institute Health Services
 200 Willoughby Avenue, Willoughby Hall
 Brooklyn, NY 11205
 Phone: 718-399-4542 Fax: 718-399-4544
 health@pratt.edu

Immunization Record

STUDENT COMPLETES

Name: _____
Last First MI

Date of Birth: ____/____/____ Pratt ID #: _____
Month Day Year

Emergency Contact: _____
Name Relationship Phone Number

Emergency Medical Authorization (For parents/guardian of students under the age of 18)
 I, the undersigned parent or legal guardian of _____, do hereby authorize Pratt Institute, on my behalf, to consent to any emergency hospital care or treatment to be rendered him or her upon the advice of any licensed provider. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Parent/Guardian Signature Relationship Date

MEDICAL PROVIDER COMPLETES

Required Vaccines

Must be completed and signed by a healthcare provider or have attached immunization records from previous school, healthcare provider, or government agency. Proof of COVID-19 vaccination is submitted separately. See instructions page for more information.

MMR (Measles, Mumps, Rubella) REQUIRED

| Vaccinations | Vaccine Date Month/Day/Year | Or Attach Serology Results |
|--|-----------------------------|----------------------------|
| 2 MMRs (measles, mumps, & rubella vaccine) 1 st dose after 1 st birthday; 2 nd dose at least 28 days later. OR individual vaccines below | #1 | Must attach lab results |
| | #2 | |
| 2 Measles 1 st dose after 1 st birthday; 2 nd dose at least 28 days after | #1 | Must attach lab results |
| | #2 | |
| 1 Mumps After 1 st birthday | | Must attach lab results |
| 1 Rubella After 1 st birthday | | Must attach lab results |

Recommended Vaccines

| Vaccination | Vaccine Date(s) (Month/Day/Year) | | |
|--------------------------------------|----------------------------------|----|------------------------|
| | #1 | #2 | #3 |
| Hepatitis A | | | |
| Hepatitis B | | | |
| HPV | | | |
| Influenza (date of most recent dose) | | | |
| Polio | | | |
| Chickenpox (Varicella) | | | Or year of chicken pox |
| Tetanus | | | |
| | Circle: | Td | Tdap |

Meningitis Information Verification REQUIRED

New York State Public Health Law requires all students to verify that they have received information about meningococcal disease and made an informed decision about immunization. Review this information at <http://on.ny.gov/2Bef4pj> Please choose one option and complete.

| | | |
|--------------------------|------------------------------------|--|
| <input type="checkbox"/> | Meningitis (within 5 years) | Vaccination Date: ____/____/____ Circle: MenACWY MPSV4 MenB |
| <input type="checkbox"/> | Meningitis Waiver | I have read the information regarding meningococcal meningitis disease. I acknowledge the risks of not receiving the vaccine and have decided not to obtain the vaccine. (Sign & Date; Under 18, Parent/Guardian signs.) _____ <small>Signature Date</small> |

Must be completed in full. An official stamp and/or authorized signature from a healthcare provider must appear on this form or it will not be accepted.

 Medical Provider Signature/Stamp (MD/DO/NP/PA/RN) Date

 Address

 City State Zip Phone number

