



Health Assessment Form for Non Matriculated Students

Completion of this entire form is required of every non-matriculated student coming to SUNY Downstate Medical Center. ***It must be submitted with your application.*** Please note that a recent Mantoux test and chest x-ray (if needed), as well as immunity to measles, mumps, and rubella are required by New York State Health Code.

Name: _____ SID: _____
Address: _____
Tel: _____ E-Mail: _____
School: _____ DOB: ___/___/___
Elective at SUNY: _____ Elective Dates: ___/___/___ to ___/___/___

To the Health Provider:

1. Does this student have any acute or chronic health problems? If yes, please explain: _____
2. Date of last physical exam (must be no more than 1 year prior to start of elective): ___/___/___
Result of exam: _____

3. PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IS REQUIRED BY NEW YORK STATE LAW.

Two (2) Doses of live measles, mumps and rubella vaccines after the first birthday or immune titers satisfy this requirement

MMR vaccine:	___/___/___	___/___/___
	#1 date	#2 date
Measles Titer:	___	___/___/___
	POS NEG	Date
Mumps Titer:	___	___/___/___
	POS NEG	Date
Rubella Titer:	___	___/___/___
	POS NEG	Date

4. **HISTORY OF VARICELLA?**
 YES NO OR TITER _____

IF NO HISTORY OF VARICELLA AND NEGATIVE TITER, TWO DOSES OF VARICELLA VACCINE ARE REQUIRED.

DATES: ___/___/___ ___/___/___
dose 1 dose 2

5. **TUBERCULIN TEST** (if known negative, Mantoux test must be administered, or blood-based tuberculin test, within 6 months prior to elective)

Date: ___/___/___ Result: ___ mm induration Manufacturer & Lot # _____
CHEST X-RAY Date: ___/___/___ Result: _____
(Required if mantoux or blood-based tuberculin test is positive):

6. A dose of adolescent/adult Tdap within the past 10 years: DATE: ___/___/___

I certify that the above statements are true.

Name of Health Care Provider: _____
Signature of Health Care Provider: _____
State and License #: _____
Address: _____
Telephone #: _____
Date: ___/___/___

After your Non-Matriculated application has been approved by the department you must submit this form to the above address or fax #.

Failure to do so will delay the processing of your application.