INFORMATION FOR GRADUATE STUDENTS REGARDING MEDICAL CARE

As a graduate student at Bucknell University, you have the option to utilize Bucknell Student Health (BSH) for your medical care and health education needs, or you may choose to continue receiving medical treatment from your family physician.

If you choose to use BSH, the Incoming Undergraduate Medical Record Form must be completed in its entirety and returned to BSH prior to registration. The form and instructions are available online at bucknell.edu/StudentHealth (Medical Forms).

If you prefer to continue with your current health care provider, Bucknell requires:

- (TB) Screening that has been completed and signed by a medical provider.
- Tdap (Tetanus, Diphtheria and Pertussis) vaccine since August 2009.
- MMR (Measles/Mumps/Rubella) Two doses after age 12 months, given at least 28 days apart, and since 1981. Blood test reports indicating immunity are acceptable.
- Meningitis vaccine received AFTER AGE 16.

The form for reporting these vaccines (Graduate/Non-Degree Students Medical Requirements for Admission form) is available online at bucknell.edu/StudentHealth (Medical Forms). This document must be completed and returned to BSH prior to registration.

Failure to comply with TB/TDAP/MMR/Meningitis requirements will prevent you from registering for classes.
GRADUATE/NON-DEGREE STUDENTS
COMPLETING AND RETURNING THIS FORM ARE REQUIREMENTS FOR ADMISSION

Student Name (please print) ___________________________________________________
BU ID No. _____________________  Date of Birth __________________________________
Address/Primary Phone NO. ___________________________________________________
Admitted as a (check one): ______ Graduate    ______ Non-Degree
Session (check one):   ______ Fall   ______ Spring   ______ Summer

TST by Mantoux Skin Test (Tuberculin Skin Test)
All students must have a Tuberculin skin test (TST by Mantoux method only)
within the past 6 months prior to the start of the semester.

Date of Test __________________________  Signature of Provider Testing ____________________________________________
Date of Reading ______________________________  Negative _________ mm    Positive _________ mm
Signature of Provider Reading Test ____________________________________________
If test Positive: QuantiFERON Gold Test Date ____________________________ Results:  o Negative  o Positive
Please attached results.
Any Treatment ____________________________________        Date of Treatment  _______________________________________

MMR  (Measles/Mumps/Rubella) Two (2) doses after age 12 months, given
at least 28 days apart. Blood test reports indicating immunity are acceptable –
please attached them to this form.
MMR 1st Dose Date:  _______________________
MMR 2nd Dose Date:  ________________________ OR Blood test reports attached.

Tdap (Tetanus, Diphtheria and Pertussis) vaccine since August 2009.  Vaccine date __________________________

MENINGITIS
Meningitis vaccine (Serogroup A,C,Y, W135) (Menactra, Menveo or Menomune) AFTER AGE 16.
Vaccine Date _____________________________________.

MENINGITIS – Serogroup B, Bexsero or Trumenba is not required but strongly recommended.
Vaccine Date _____________________________________.

I verify that all the above information is correct and I am aware of the Notice of Privacy Practices available
at: bucknell.edu/HealthPrivacy
Student Signature ____________________________ Date __________________
Parent Signature required if student is under age 18 and not a high school graduate.
__________________________________________________________________________________   Date ________________________