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 2008**.
- 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 since **August 2015**.

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 _____________________________________________________________________
Admitted as a (check one): _____ Graduate _____ Non-Degree
Session (check one): _____ Fall _____ Spring _____ Summer

BIRTH GENDER
○ Male ○ Female ○ Intersex

PREFERRED PRONOUN
○ He ○ She ○ Other__________

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 2008. Vaccine date __________________________

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.
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: ○ Negative ○ Positive
Please attached results.
Any Treatment __________________________________________ Date of Treatment __________________________

MENINGITIS
Meningitis vaccine (Serogroup A,C,Y, W135) (Menactra, Menevo or Menomune) since August 2015.
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 __________________________

PLEASE COMPLETE THIS FORM AND RETURN IT TO:
Bucknell Student Health, Bucknell University, One Dent Drive, Lewisburg, PA 17837
Telephone: 570.577.1401 Fax: 570.577.3570