

**Enrolling Student**  
**‘To-Do’ List**  
**MA-MBA-PhD**

The following is a list of deadlines and forms needed to process your enrollment. Please note that it is important that all forms in this package are completed as soon as possible and no later than the listed deadline. For the most up-to-date information on on-line forms and orientation, please visit the IBS website at [www.brandeis.edu/global](http://www.brandeis.edu/global) and refer to the section, *Current Students*.

DATE	FORM	COMPLETE
Now	Visa Form for International Students (If not included in application)	_____
Now	Open a UNET account	_____
Now	Change of Address and Update Contact Information (through SAGE)	_____
June 1	Student Profile Form	_____
June 1	House Hunting Weekend Form	_____
June 1	Application for Graduate Student Housing	_____
June 15	Graduate Assistantship Application	_____
July 15	Health Insurance Reporting/Selection Form (through SAGE)	_____
August 1	Health Report	_____
August 12*	Tuition Payment (View Account Summary through SAGE) *Late Fees will be applied to accounts not paid by this date	_____

## VISA INFORMATION/DECLARATION OF FINANCES (VIDOF) FOR IBS

This form must be completed by all incoming students who are not U.S. Citizens or U.S. Permanent Residents (Green Card Holders), **after an offer of admission is made**. Without complete information and appropriate certification, the Certificate of Eligibility (I-20 or DS-2019) for a visa cannot be issued. If you have questions about financing your IBS education, please contact the Office of Admissions. **Please return the completed form directly to the Office of Admission at the address indicated above.**

### PLEASE TYPE OR PRINT IN BLOCK LETTERS:

- 1) Name as it appears on your Passport \_\_\_\_\_  
Family Name First Name Middle Name
- 2)  Male  Female 3) Date of Birth \_\_\_\_\_ 4) Marital Status: Single  Married  (see #11 below)  
Month/Day/Year
- 5) Place of birth \_\_\_\_\_ 6) Citizen of \_\_\_\_\_  
City Country Country
- 7) Permanent Resident of \_\_\_\_\_ 8) Occupation \_\_\_\_\_  
Country (If student, state level, e.g. graduate; if employed, specify government or private sector and job title)

**IMPORTANT: Please enclose a copy of the identity pages of your Passport** (photo, expiration date, Passport number, and address information)

- 9) Intended field of study at Brandeis: MAief  MBA  MSF (Full Time)  PhD

10) If you are presently in the U.S or if you have just completed your program of study in the United States, describe your current immigration status (F, J, B, H etc.) \_\_\_\_\_ and enclose copies of your immigration documents (i.e. I-94, I-20, DS-2019, I-797, OPT card, etc.)

### SEVIS Transfer Process for Students Who Have Been in F or J Status in 2005 or 2006:

For students who are already in F or J status, what is your SEVIS ID number? \_\_\_\_\_. You must be released in SEVIS by your current school and after that release date, Brandeis will be able to issue your new I-20 or DS-2019. The first step is to complete the Brandeis Transfer Verification Form at [http://www.brandeis.edu/isso/Students/Incoming\\_Students/index.html](http://www.brandeis.edu/isso/Students/Incoming_Students/index.html). Any employment authorizations from your previous program will be canceled when you begin classes at IBS.

NOTE: If you plan to attend a summer program in the United States (ESL, Economics, etc.), please specify the name of the program.  
\_\_\_\_\_

\*\* We will not be able to issue your Brandeis I-20 until you transfer your I-20 from that school to Brandeis. (See visa transfer information above)

- 11) The information below is required for any dependents (spouse or child) who will accompany you on your visa and remain with you during your time in the U.S.A. Please note that you will need to provide evidence of \$350 per month per dependent for their support.

NAME (Last, First)	RELATIONSHIP To You	DATE OF BIRTH (MM/DD/YY)	PLACE OF BIRTH (City, Country)	CITIZENSHIP
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 12) HOME Address (must be an address OUTSIDE of the US)  
\* REQUIRED \*

- 13) MAILING Address for your visa documents if different from #12  
(print clearly and exactly as it should appear on the mailing label):

Current contact information: Tel # \_\_\_\_\_ Email \_\_\_\_\_ Fax # \_\_\_\_\_

**I CERTIFY THAT THE INFORMATION PROVIDED ON BOTH SIDES OF THIS FORM IS COMPLETE AND ACCURATE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Financial Certification for a degree at the International Business School

**Estimate of Costs for 2006/2007**

**Academic Year**  
(September – May)

**Summer**  
(June-August)

Tuition	\$ <u>33,110</u>	\$ _____
Required Fees	\$ <u>35.00</u>	\$ _____
Room and Board (Based on on-campus housing costs)	\$ <u>12,000.00</u>	\$ _____
Books and Supplies	\$ <u>1000.00</u>	\$ _____
Medical Insurance	\$ <u>1300.00</u>	\$ _____
Personal Expenditures (clothing, laundry)	\$ <u>2,000.00</u>	\$ _____
Transportation (after arrival in the U.S.)	\$ <u>700.00</u>	\$ _____
Other	\$ _____	\$ _____
SUB TOTAL	\$ <u>50,145.00</u>	\$ _____
Dependents (spouse, children)	\$ _____	\$ _____
TOTAL	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

\* All figures given above are estimates only; actual costs may be higher so if possible, we request that you provide funds to exceed the figures listed.

**Supporting bank documents on original stationery are required. Letters of sponsorship stating sponsored amount must be included with sponsor's bank statement.**

SUPPORT AMOUNTS IN US\$	
Assured	Projected
1 <sup>st</sup> Year Amount Must Reflect the Full Total for the Academic Year	Estimates for Future Years
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
\$	\$
<b>TOTALS</b>	\$

**Personal Savings** – Please print your name here and attach the official bank statement with stamp, seal, and/or an official letter to verify the amount listed:

**\* Family Funds and/or Sponsors** – Please print the name of the bank, and account holder's name and relationship to you in this space, and attach the official bank statement with stamp, seal, and/or an official letter to verify the amount listed:

**\* Government Funds (U.S. or Home government)** – Please print name of agency, government source, and attach supporting documentation:

**Brandeis University**

*Enter Amounts (if any) that are awarded by IBS*

**\* Other** – Please specify. Enclose with this form a bank statement and a signed affidavit from an authorized person who will certify the sponsorship.

**All funding sources must be liquid and transferable to the U.S.**

**\* Explanation of the documents needed to verify family, sponsor, government, or other funding.**

- 1) If your funding includes sources that are not from your personal account, please provide the following:
  - A letter from your sponsor or family member including: their name, relationship to you, specific amount that they are sponsoring, address, date, and signature.
  - An official bank statement showing financial support available for at least the amount in his/her sponsorship OR a bank letter on official letterhead with the name of the bank, address, date, and signature of bank representative certifying the specific amount available.
- 2) For Official Government sponsorships – please provide the supporting documentation for your award.
- 3) All bank statements will need to be posted within the last 3 months. The most current statement/letter is preferable.

## **OPEN A UNET ACCOUNT**

Everyone should plan on opening an account

1. Go to <https://unet.brandeis.edu/> and click on 'Open a UNET Account'
2. Read through the information and click on 'I Agree'
3. Follow the Directions on the page (as seen below)

### **Account Eligibility**

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A UNet account supports email @brandeis.edu, file service, personal web page publishing, and authorization for various network services.

Continuing Studies and most Summer School students do not need a UNet account. Instead, simply log on to [MyCourses](#) with your registered email address. Use the "Send me a password" link the first time, or whenever you lose your password. Your full email address and MyCourses password will be accepted as authorization for online library resources and other Brandeis services.

Brandeis Alumni need to go elsewhere for [Alumni email forwarding](#).

All Brandeis affiliates are automatically eligible for exactly one account. Long-term contractors and guests may be sponsored for an account. Regardless of your affiliation, just fill out this form. You will be prompted for additional information on a followup "Get Help from a Human Being" form if necessary.

If you're seeking an email address for a group or role account, you want an [alias on your existing UNet account](#) or the [courier maildrop service](#).

### **Identification**

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Please enter your name below. This will be used to search for your entry in the [directory](#).

First name: <input type="text"/>	Last name: <input type="text"/>
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### **ID Verification**

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To make sure we have the right match between our records and student/staff records, we need a shared secret number.

**Students:** Please enter your SAGE (Student Administration Gateway) User ID. Your sage User ID is an eight character code that begins with a capital W followed by seven numbers. You should have received it from the Registrar. For more information, see [the SAGE web site](#).

**Staff and Faculty with US SSNs:** Enter your Social Security Number. We will match it with the payroll system. Read our [privacy note](#) if you have concerns about how this information is transmitted and stored.

**Affiliates without US SSNs:** Enter nine zeroes (000000000). You will be directed to a "get help from a human being" account sponsorship process.

ID Verification: <input type="text"/>
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## Your Username

Your permanent login name, which becomes your default email address @brandeis.edu, must start with a lower case letter and may include only numbers and lower case letters. Your username must be between three and eight characters long. By convention, people at Brandeis have been using a first initial and last name, but since it is impossible to completely hide usernames from external queries, people especially concerned about privacy should use something else. Examples: jdoe, joeschmo, jane3, roe, blff.

After your account has been created, you will be able to set additional email aliases that are not subject to many of the above restrictions.

**Please bear in mind that your username will be used for *many* services and can *never* be changed.** Before picking a silly name, think how it will look on your resume. If you think you might change your name during the lifetime of your account (for marriage, for example), you might not want to use that part of your name as your username.

First choice:	<input type="text"/>	Second choice:	<input type="text"/>
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## Your Password or Pass Phrase

Please enter the pass phrase that you would like to use for all UNet services. To make it more difficult to guess, your pass phrase must be 7-24 characters and should include at least one non-alphanumeric character (a space or punctuation). One way to devise a strong password that is easy to remember is to take the first (or last) letter or number of each word of a phrase that means something to you.

For help coming up with a sufficiently secure password, try [Password Libs](#). Also, if you enter a pass phrase longer than 10 characters, the password complexity restrictions are relaxed.

Pass phrase:	<input type="text"/>
Again to catch typos:	<input type="text"/>

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## Forgotten Password Challenge Question & Answer

If you ever forget your password, you will need to come to the Help Desk (Feldberg 134, 529-UNET) in person in order to change it. For such an event, you need to choose a question can be used to verify your identity, such as:

- What is the name of the sled you used as a child? (Rosebud)
- Last name of your first kiss? (Charming)
- What was the name of your first pet? (Charlie)
- Last name of your favorite teacher in High School? (Chips)

(The traditional "mother's maiden name" doesn't provide much security.)

Question:	<input type="text"/>
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Please make sure the answer to this question is unambiguous and easy to spell, since you might some day need to communicate it over the phone.

Answer:	<input type="text"/>
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You are now ready to create your new account. Press the button below to submit your information and create your new account.

Create Account

## CHANGE OF ADDRESS FORM

Everyone should plan on updating this information

1. Go to <https://sage.brandeis.edu>
  2. Log in with your UNET username and password
    - Select SA Self Service
    - Personal Portfolio
    - Home
    - Personal Portfolio
  3. From here you can update your Mailing Address, Email Address, Phone Number, Emergency Contact Information, and your Directory/Privacy Settings
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## STUDENT PROFILE FORM

Everyone should plan on completing this information

1. Go to <http://www.brandeis.edu/global/studentservices/profileform.php>
2. Complete online form and click submit

REGISTRATION FORM FOR HOUSE HUNTING WEEKEND, 2006-2007



**Brandeis International Business School**

Office of Admissions, Mailstop 032

415 South Street  
Waltham, MA 02454-9110

**Tel:** (781) 736-3600 **Fax:** (781) 736-3607 **e-mail:** [mullin@brandeis.edu](mailto:mullin@brandeis.edu)

This form should be completed by those students who would like to participate in the House Hunting Weekend. This form should be completed in its entirety and returned by June 1, 2006 along with a \$35.00 deposit, to the Office of Admissions. Upon receipt, you will be mailed a packet that will include a schedule of events, maps, and other important information.

**PLEASE TYPE OR PRINT IN BLOCK LETTER**

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Family Name

First Name

**Present Address:** (print exactly as it should appear on the mailing label)

**Phone Number:** (If International, please include the country code) \_\_\_\_\_

**e-mail address:** \_\_\_\_\_

**School:** Brandeis International Business School

**Gender:** Male          Female

**Dietary Restrictions/Needs:**



APPLICATION FOR GRADUATE STUDENT HOUSING, 2006-2007

Brandeis International Business School

Office of Admissions, Mailstop 032

415 South Street

Waltham, MA 02454-9110

Tel: (781) 736-2250 Fax: (781) 736-2263 e-mail: [ssmith@brandeis.edu](mailto:ssmith@brandeis.edu)

Staff Use:		
Date received	_____	
Assignment	_____	
H	GA	GI

This form should be completed by any incoming student who would like to request university housing. This form should be returned no later than June 1, 2006, however preference is given to applications received first. Please return the completed form directly to the Office of Admissions at the address indicated above. You may also complete your request online at <http://www.brandeis.edu/global/student-services/housingapp.php>.

(please print) Last Name	First Name	Middle Initial	<input type="checkbox"/> Male	<input type="checkbox"/> Female
--------------------------	------------	----------------	-------------------------------	---------------------------------

Address
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Number and Street Name

City	State	Zip Code	Country
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Phone Number ( )	Email Address
(please include country code of outside of United States)	

Date of Birth	Social Security Number
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For *all* students: Please *circle* the degree you will be following:

Ph.D.

Masters

Other (please specify)

For *IBS* (International Business School) students, please *circle* one of the following:

IBS Exchange

IBS Lemberg/ M.A.

IBS MBA

On-campus graduate housing space is limited, therefore, not all graduate students are offered on-campus accommodations. Offers for on-campus graduate housing are made at the **discretion of each of the three University graduate schools**. The three graduate schools forward all approved applicants to the Department of Residence Life for final assignment.

Meal plans through the University are available, but not required.

**Married, couple and/or housing for individuals with children is not available. All apartments and rooms are designated as non-smoking.**

Brandeis University does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin, age, genetic information, disability, or status as a veteran in its programs and activities.

**Early arrival, extension and Summer accommodations are not available.**

**Request for Reasonable Room Accommodation:**

Students may request a reasonable room accommodation for a diagnosed medical or psychological issues as defined by Section 504/ADA by completing the Reasonable Accommodations Request Form and returning it to the Health Center by **June 1, 2006**. Accommodations are made upon recommendation of the Health Center and availability of space. Availability may be limited.

## Graduate Housing Application 2006-2007 Continued

The University strives to consider all individual preferences when determining housing assignments. Students may make specific roommate requests. However, **ALL** roommates must provide the written request below, received not later than June 1, 2006, in order to receive consideration. **Any requests made past this deadline will not be considered.**

**All efforts will be made to honor requests. However, not all requests can be granted.**

- o Would you prefer to live with someone studying in the same field?  
Yes  No
- o Would you be willing to share an apartment with individuals of the opposite sex?  
Yes  No
- o Please print the name (if any) of a person with whom you would like to live.

All graduate housing is located in the Charles River Apartments. All accommodations are in single rooms in **two-**, **three-**, and **five-** person apartments. A kitchen and a bathroom are provided in each apartment. The five person apartments and three person apartments are also provided with a living room, but the single rooms are smaller than the 2 bedroom apartments. The five person apartments are provided with an additional bathroom. The 2 bedroom apartments do not have a living or common room.

- o Do you like to study with music?  
Yes  No
- o Do you prefer to stay up late (after 11:00pm)  
Yes  No
- o Are you a smoker? (for placement only.  
**Smoking is not permitted in residence halls**)  
Yes  No
- o Graduate communities are one of the following choices; please rank your preference:
  - 2 person apartment
  - 3 person apartment
  - 5 person apartment

Please provide any additional comments in the space below:

I hereby apply for a space in the University residence halls designated for graduate housing and agree to occupy the room and apartment to which I am assigned for the **entire academic year**, unless otherwise required by my program of study. I agree to abide by all guidelines and standards established in the Brandeis University Rights and Responsibilities and the Residence Halls and Dining Services License. It is understood that failure to abide by these terms may result in revocation of my assignment, meal plan privileges, and/or other sanctions.

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Student Signature

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Date



## GRADUATE ASSISTANTSHIP APPLICATION, 2006-2007

### Brandeis International Business School

Office of Admissions, Mailstop 032

415 South Street

Waltham, MA 02454-9110

Tel: (781) 736-2252 Fax: (781) 736-2263 e-mail: [trodrig@brandeis.edu](mailto:trodrig@brandeis.edu)

This form must be completed by all incoming students who wish to apply for Teaching Assistantships or Research Assistantships within the Brandeis International Business School. Assistantship applications are reviewed until June 15th and applications received after this date will be considered if assistantship funds are still available. Financial need is not required for selection. Please attach a copy of your resume with this application and return it to the Brandeis International Business School, Office of Admissions at the address above.

#### PLEASE TYPE OR PRINT IN BLOCK LETTERS

1. Name \_\_\_\_\_  
Family Name First Name Middle Name

2. Gender: Male Female 3. Date of Birth \_\_\_\_\_

4. Present Address \_\_\_\_\_  
Street City State Zip Code Country

5. Permanent Address \_\_\_\_\_  
Street City State Zip Code Country

6. Day Telephone \_\_\_\_\_ 7. Evening Telephone \_\_\_\_\_ 8. E-mail \_\_\_\_\_

9. Intended field of study at Brandeis University: MAief MBai MSF PhD Exchange

10. Undergraduate Institution \_\_\_\_\_

11. Undergraduate Major \_\_\_\_\_

12. Previous graduate institution, major, grade point average (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. TOEFL score and date (if applicable) \_\_\_\_\_

14. Preferred subject area or faculty employer, if known: \_\_\_\_\_

15. Please indicate any specific skills, i.e. relevant coursework or job experience, which you have that would enable you to perform well as a graduate assistant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INSURANCE REPORTING / SELECTION FORM

Everyone should plan on completing this information **no later than July 15<sup>th</sup>**.

1. Go to <https://sage.brandeis.edu>
2. Log in with your UNET username and password
  - a. Select SA Self Service
  - b. Student Services
  - c. Home
  - d. Student Services
3. From here you can update your Health Insurance, View your Account Summary, Sign up for a Payment Plan through TMS Gateway, Pay by Credit Card through TMS Gateway, and in future semesters Register for Classes online.

**PLEASE NOTE**

# HEALTH REPORT

Page 1

**FOR HEALTH SERVICES USE ONLY**

ALL STUDENTS THAT ARE THREE QUARTER TIME AND FULL TIME GRADUATE STUDENT ARE REQUIRED BY MASSACHUSETTS' STATE LAW TO PROVIDE IMMUNIZATION RECORDS OR PROOF OF IMMUNITY. THE INFORMATION PROVIDED MUST BE IN **ENGLISH.**

## GRADUATE STUDENT IMMUNIZATION RECORD

**Brandeis University**  
Health Center  
415 South Street MS 034  
Waltham, MA 02454-9110  
Telephone (781) 736-3677  
Fax (781) 736-3675

**ALLERGIES:**

**Date Received:** \_\_\_\_\_  
Measles: #1  #2   
Mumps:  Rubella:  Tetanus:   
Hepatitis B #1  #2  #3   
PPD  CXR  INH   
Meningitis   
Hep A #1  #2   
Complete:  Exemption

Name: \_\_\_\_\_ **Female**  **Male**   
Last (surname) First (given) Middle initial

Permanent Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code Country

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Month Day Year

Birthplace (Country): \_\_\_\_\_

Email address: (only if checked regularly) \_\_\_\_\_

Home Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Country Code if International Area Code

Address while at Brandeis University \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Local Telephone # \_\_\_\_\_

Graduate Program: Heller  GSIEF  GSAS  OTHER  Department Telephone # \_\_\_\_\_

Were you an undergraduate at Brandeis? Yes  No  If yes: What year did you graduate? \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
Last First Relationship  
Address: \_\_\_\_\_  
Street City State Zip Country  
Home Telephone: \_\_\_\_\_ (\_\_\_\_\_) Business Telephone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**PLEASE NOTE**

ALL STUDENTS THAT ARE THREE QUARTER TIME AND FULL TIME GRADUATE STUDENT ARE REQUIRED BY MASSACHUSETTS' STATE LAW TO PROVIDE IMMUNIZATION RECORDS OR PROOF OF IMMUNITY. THE INFORMATION PROVIDED MUST BE IN ENGLISH.

# HEALTH REPORT

## Page 2

### Health Information

**Brandeis University**  
Health Center  
415 South Street MS 034  
Waltham, MA 02454-9110  
Telephone (781) 736-3677  
Fax (781) 736-3675

**MEDICAL CONDITIONS:**


**HISTORY of MAJOR ILLNESS, OPERATIONS or HOSPITALIZATIONS:**

Date	Diagnosis	Comments

**ALLERGIES:**

Medication	Food	Insect Venom

**MEDICATIONS:**

Please list all medications currently being taken (include Vitamins, Over the Counter Medication, Contraceptives, Inhalers, Epi-Pens, Allergy Injections)


# HEALTH REPORT - Page 3

## IMMUNIZATION RECORD

In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15c, Brandeis University requires verification of immunity for measles, mumps, rubella, tetanus and diphtheria.

Student's Name \_\_\_\_\_  
Last First M.I. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### I. REQUIRED IMMUNIZATIONS:

**MMR (MEASLES, MUMPS, RUBELLA)** If Immune by titer a COPY of the lab report, with the value in ENGLISH is required.

If given instead of individual immunizations, **2 doses required.**

Dose 1 Immunized on or after first birthday

Dose 2 Given at least one month after Dose 1

Dose 1 \_\_\_\_\_

Dose 2 \_\_\_\_\_

**MEASLES (RUBEOLA)** If given instead of MMR, **2 doses required.**

Dose 1 Immunized with live measles vaccine on or after first birthday

Dose 2 Given at least one month after Dose 1

If unable to document 2 Measles Immunization dates, must provide:

Measles serology immune titer value \_\_\_\_\_ Interpretation:  Immune  Not Immune

Dose 1 \_\_\_\_\_

Dose 2 \_\_\_\_\_

Date: \_\_\_\_\_

**MUMPS** If given instead of MMR, **1 dose required.**

Immunized with vaccine on or after first birthday

If unable to document Mumps Immunization date, must provide:

Mumps serology immune titer value \_\_\_\_\_ Interpretation:  Immune  Not Immune

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**RUBELLA** If given instead of MMR, **1 dose required.**

Immunized with vaccine on or after first birthday

If unable to document Rubella Immunization date, must provide:

Rubella serology immune titer value \_\_\_\_\_ Interpretation:  Immune  Not Immune

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### TETANUS-DIPHTHERIA

Completed primary series of tetanus-diphtheria immunizations

Received tetanus-diphtheria booster within last 10 years

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### HEPATITIS B Vaccine

Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_  
Month Day Year Month Day Year Month Day Year

### II. RECOMMENDED

#### TUBERCULOSIS SCREENING

Date and test results required. BCG Vaccine is not a contraindication to testing.

PPD (Mantoux) test within the past 6 months.  Negative  Positive Induration \_\_\_\_\_ - mm

Date: \_\_\_\_\_

Chest x-ray (in the past 6 months if positive PPD) Result:  Negative  Positive

Date: \_\_\_\_\_

**Chest x-ray reports must be in ENGLISH.**

If positive PPD, treatment with \_\_\_\_\_ Dates: \_\_\_\_\_

#### Please provide dates of the below vaccines

**Meningococcal Vaccine** Dose 1 \_\_\_\_\_  
Month Year

**Hepatitis A Vaccine** Dose 1 \_\_\_\_\_  
Month Year

Dose 2 \_\_\_\_\_  
Month Year

**Varicella Vaccine** Dose 1 \_\_\_\_\_  
Month Year

Dose 2 \_\_\_\_\_  
Month Year

**Polio Vaccine** Dose 1 \_\_\_\_\_  
Month Year

Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_ Dose 4 \_\_\_\_\_  
Year Year Year

MUST BE VERIFIED BY A LICENSED HEALTH CARE PROVIDER

Name \_\_\_\_\_ MD, NP, PA, DO

Signature \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_