



Students living in UMBC housing ARE REQUIRED to check one paragraph in the following box, then sign and date this section of the form. You will not receive your room key if you have not done so.

- I received the Meningococcal Meningitis Vaccine on \_\_\_\_\_ (within the last 3 years) and understand that there is still a chance that I will get meningococcal meningitis. I have read about the signs and symptoms of meningococcal meningitis and will seek immediate medical attention if I have any of these problems.
- I have read about and understand the benefits of receiving the meningitis vaccine and elect not to have the vaccine at this time. I have read about the signs and symptoms of meningococcal meningitis and will seek immediate medical attention if I have any of these problems.

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

**ADDITIONAL RECOMMENDED VACCINES FOR ALL STUDENTS:**

- Hepatitis B Vaccine – may be required for some programs. Please list dates:  
#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_
- Varicella (Chicken Pox) Vaccine – for students who have not had varicella (chicken pox) date \_\_\_\_\_

**Section C. HEALTH CARE PROVIDER SIGNATURE**

I have reviewed this health form and to the best of my knowledge, the information provided is correct.

Provider Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Phone \_\_\_\_\_

Comments: \_\_\_\_\_

**Section D. SPECIAL MEDICAL PROBLEMS**

If you have a special medical problem or concern, please feel free to contact UHS and/or have your Health Care provider send us any records that you believe would be helpful for us to have on file.

**Section E. HEALTH INSURANCE**

All students are strongly encouraged to carry health insurance. Contact UHS for information about group health insurance programs that are available to all UMBC students.

Health Insurance Information \_\_\_\_\_

Company or Organization Address \_\_\_\_\_

Policy or contract number \_\_\_\_\_ Expiration date \_\_\_\_\_

**INSURANCE QUESTIONS TO KNOW THE ANSWER TO BEFORE YOU COME TO UMBC**

*Will my insurance pay for services provided by UHS?*

*Will my insurance send a blanket referral for services while I am at UMBC?*

**INTERNATIONAL STUDENTS** who have F-1 or J-1 Visas are REQUIRED to have health insurance that meets US State Department requirements. For those F1 and J1 visa holders; your Student Accounts will be billed automatically for health insurance during the first month of classes. If you already have health insurance and would like to waive coverage through UMBC, you MUST provide a copy of your insurance card with dates of coverage indicated and information about the US dollar amount of coverage, in English, to UHS by October 15. You will not be granted a waiver after that time.

**Section F. PARENT/LEGAL GUARDIAN Permission to Provide Treatment (for students less than 18 years old)**

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter and agree to present information concerning his/her medical condition to responsible University officials when deemed desirable. I understand that no major procedure will be performed, except in extreme emergency, without my being contacted and fully informed.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_