

GRADUATE STUDENTS

FALL 2018

Important Information
for new
international students



New Paltz
STATE UNIVERSITY OF NEW YORK



NEW STUDENT CHECKLIST

F1 Students Fall 2018

Please read the enclosed materials carefully as they contain important information for you. Here is what you need to do:

Visa (see attached information)

- Contact the U.S. Consulate in your country and make an appointment for an interview.
- Pay the \$200 SEVIS fee BEFORE your interview at the U.S. Consulate, if necessary.

Send to us immediately (even before you get your visa):

- Attendance Response Form (even if you are not planning to come to SUNY New Paltz)

Send BEFORE you come to the U.S.

- Health Form-make sure you and your physician have filled it out completely and send it to the **Student Health Center**. (You will not be able to register for classes if the university health center has not received your health form before you arrive in the U.S.). Bring a photocopy of the completed health form with you when you come to New Paltz.

Travel to New Paltz

- Make sure you arrive before **Wednesday, August 22, 2018** to attend orientation.
- E-mail the New Student Airport Pick-Up Request form to us if you want to use our bus service from JFK airport to SUNY New Paltz on **Tuesday, August 21, 2018**. The bus can only pick you up if you arrive on **Tuesday, August 21, 2018**. The bus will leave JFK airport at 6 p.m. Make sure your plane arrives at least 2 hours before the bus leaves the airport to give you enough time to clear customs and immigration. The cost of airport pick-up is \$40. You will be emailed a link to make payment and provide your flight details. You must make your payment by **July 27, 2018**. If your flight gets delayed or if you miss your flight, the bus cannot wait for you.

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NEW GRADUATE STUDENT ORIENTATION

REQUIRED CHECK-IN



**MARK
YOUR
CALENDAR!**

**WEDNESDAY, AUGUST 22, 2018
9 A.M.
LECTURE CENTER SOUTHSIDE LOBBY**

Attendance at New Graduate Student Orientation is **MANDATORY!**

During orientation, you will find out:

- Requirements of the Graduate Programs and progress toward completion of your graduate degree.
- Important immigration information so that you can stay in the U.S. legally.
- How to apply for a Social Security number.
- Employment options on campus.
- How to use the SUNY student health insurance
- How to register for your courses
- How to access your e-mail and Blackboard accounts

We look forward to seeing you then!

IMPORTANT STEPS FOR GETTING YOUR F-1 VISA

PREPARING FOR YOUR VISA INTERVIEW

I-20

Enclosed is your SUNY New Paltz I-20 Certificate of Eligibility for F-1 student status. You might receive several I-20 forms if you are accepted to several U.S. schools, but you must use the form from the school you want to attend. Sign the I-20 at item #1.

For citizens of India, please go to www.ustraveldocs.com for visa instructions.

For citizens of all other countries, please follow the steps below.

Schedule a Visa Interview

Contact your local U.S. Consulate or Embassy to ask about how to get an F-1 international student visa. First look at the U.S. Embassy/Consulate's website instructions to schedule an interview for your F-1 student visa. A list of Consulates and Embassies can be found at usembassy.state.gov. It is important to apply for your student visa as early as possible.

Visa Application Forms

Most U.S. Consulates now require all applicants for entry visas to complete the **DS-160: Online Nonimmigrant Visa Application**. The online form combines several forms into one. The form and instructions are available on the website of the U.S. State Department at ceac.state.gov/genniv

Please follow these instructions carefully. The website of your consulate may provide instructions in your native language or provide additional information specific to the procedures of that consulate.

Visa Fee

- Pay the \$160 Nonimmigrant Visa Application Fee by following the instructions on your local U.S. embassy or consulate's website. Note that this fee is different from the \$200 "SEVIS Fee" described below. (You may also have to pay a visa issuance fee, which is based on reciprocity between your country and the United States.)

□ SEVIS Fee

F-1 students with an I-20 marked for “initial” attendance (see #3 on your I-20 form), will also need to pay the \$200 SEVIS fee.

We recommend that you pay the fee online by following the instructions:

To Pay Online

- (a) Find the Form I-901 at www.fmjfee.com/index.html
- (b) Complete the form online and write your Visa, MasterCard or American Express information.
IMPORTANT: write your name exactly how it appears on your I-20 form.
- (c) Print a copy of the online receipt.
- (d) Make copies of your receipt, and keep it with your other important immigration document.

If you are not able to pay online, you must follow the “Pay By Mail” instructions below:

To Pay By Mail

- (a) Get a Form I-901 “Fee Remittance for Certain F, J, and M Nonimmigrants.”
 - Download the form from www.FMJfee.com
OR
 - Contact the Center for International Programs at SUNY New Paltz to request the form
OR
 - Ask for the form by phone at 1-800-870-3676 (only inside the U.S.)
- (b) Complete the Form I-901. Write your name exactly how it appears on your I-20 form.
- (c) Prepare a check, international money order or foreign draft (drawn on U.S. banks only*) in the amount of \$200 USD, made payable to “The Department of Homeland Security, Immigration and Customs Enforcement.”
- (d) Mail the completed I-901 and payment to the address listed on Form I-901.
- (e) A Form I-797 receipt confirmation letter should be mailed within 3 days of processing the fee. Make copies of this receipt letter, and keep it with your other important immigration documents.

You must bring the receipt of fee payment with you to the interview.

If you are transferring schools, extending your program, applying for an F-2 dependent visa, or have paid this fee and been denied a visa within the last twelve months, you do not need to pay the \$200 SEVIS fee.

** Many foreign banks are able to issue checks or money orders drawn on a U.S. bank. You may therefore obtain a check from: a) a bank chartered or operated in the United States; b) a foreign subsidiary of a U.S. bank, or c) a foreign bank that has an arrangement with a U.S. bank to issue a check, money order, or foreign draft that is drawn on a U.S. bank.*

□ **The Visa Interview**

Arrive at your interview early and answer all the Visa Officer's questions to you openly and honestly. Prepare and bring the following to your visa interview:

- (a) **A passport valid for at least six months**
- (b) **Form I-20** (from SUNY New Paltz)
- (c) **School admission letter**
- (d) **Confirmation page with barcode of the DS-160.** This is the receipt of online submission of the application
- (e) **Two 2" x 2" photographs** in the prescribed format (unless these were uploaded with the online visa application)
- (f) **A receipt for the visa application fee**
- (g) **A receipt for the SEVIS fee.** If you have not received an official receipt in the mail showing payment and you paid the fee electronically, the consulate will accept the temporary receipt you printed from your computer. If you do not have a receipt, the consulate may be able to see your payment on the computer if your fee payment was processed at least 3 business days before your interview.
- (h) **Financial documents** that show you have enough funds to cover your tuition and living expenses during the period you intend to study. If you have a sponsor, you must bring the support letter and bank statement of your sponsor.
- (i) **Any information that proves you will return to your home country after finishing your studies in the U.S.** F-1 student status is for a temporary 'non-immigrant' stay in the United States. You may need to prove that you will return to your home country by showing personal and professional ties to your community, for example, proof of property (original documents of ownership required), or family (residing in your home country). Students may have problems documenting their plan to return home if:
 - i. They have previously stayed in the United States longer than permitted.
 - ii. They have many close family members living in the United States.
 - iii. They are not able to clearly explain why they plan to study in the United States and then return home.
 - iv. They are from a country where many students have not returned home after studying in the United States.
- (j) If any of these are true for you, ask yourself the following questions:

What major am I planning to study in the United States? How can I use the knowledge I learn when I return home? What kind of jobs will be available to me when I return to my home country? What personal/family ties do I have at home? Do I have close relatives, etc? What other personal, professional and financial reasons do I have to return home?

□ **Please Let Us Know**

when your visa is approved or if you experience a delay.

If you have any questions, please contact International Student Programs at international@newpaltz.edu or call 845-257-3595.

MEDICAL CARE and STUDENT HEALTH ISSUES

IMPORTANT

You must submit your completed Pre-Enrollment Health Report and Physician's Certificate form (page 19) to the Student Health Center **BEFORE** you come to the U.S..

If your form has not been submitted, you could have problems registering for classes.

Make a copy of your health report before you submit it to the Student Health Center and carry the copy with you when you come to New Paltz.

HEALTH REPORT

New Paltz
STATE UNIVERSITY OF NEW YORK

Student Health Service • Division of Student Affairs
1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415
healthservice@newpaltz.edu

Student Name: _____ Banner #

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Date of Birth: _____

Student Health Service
Welcomes
New Students

Student's Health Information

Completed form should be mailed, faxed or emailed to Student Health Service. Health Information should be on file at least one month before student's arrival to campus.

Attention Students

Student and their parents should complete pages 1-4.

Pages 5 should be completed by your **primary health care provider**. Page 6 should be completed if you haven't already submitted your **Immunization Records** or if you responded **YES** to any questions on page 4 indicating a Tuberculin Skin Test is needed.

Completed form will provide us the background information necessary to take good care of you and ensure compliance with NYS Public Health Law.

Page 2

Student or Parent/Guardian Signature: _____ Page 3

Page 4

Provider Signature: _____ Page 5

Page 6

Provider Name: _____

International Student Health Insurance

All international students are required to purchase the State University of New York Health Insurance Policy. We do not accept applications for a waiver of the insurance requirement.

The United States system of medical care may be different from that of your home country. In the U.S., you must pay for medical services yourself; there is no national health insurance and you cannot afford to be without medical insurance. For this reason the University requires all full-time students, and strongly urges all dependents to purchase the SUNY Student Health Insurance in order to provide you with adequate medical insurance.

Most insurance policies purchased abroad are **not** comparable to the SUNY New Paltz insurance policy and do not provide adequate medical coverage. The University health insurance provides a comprehensive range of medical services up to US\$200,000 including emergency care, diagnostic tests, and hospitalization and it covers pre-existing conditions.

Student Health Service

Please note that the International Student Health Insurance is separate from the Student Health Center here on campus. The Student Health Center provides general health care for New Paltz students while the college is in session and promotes all aspects of maintaining good health, including prevention, mental health, and education. The Student Health Center may also provide you with a referral to a specialist that accepts the international student health insurance if you need to see a doctor off campus. When the Center is closed, on-call physicians are available.

Health Report and Immunization Record

Before coming to the U.S., all students must mail their completed Pre-Enrollment Health Report and Physician's Certificate form to the Student Health Center. This form is included in this packet and can also be downloaded from: www.newpaltz.edu/healthcenter/forms.html. This form must be on file at the Student Health Center before the start of the academic term, otherwise, you will not be able to register for classes. Note that Health Center records are confidential and information from a student's chart will not be released without proper authorization. If the Pre-Enrollment Health Report and Physician's Certificate form have not been submitted to the Student Health Center, it is harder for the health professionals to treat you if they do not have your medical history on file.

Spouse/Family Health Care

It is extremely important to have health insurance for your spouse and children who will accompany you. Health insurance for your dependents may be purchased through the University at additional cost, or, alternatively, through private insurance companies which provide coverage for international students and their dependents. The University Health Insurance policy must be purchased within 30 days of your family's arrival in the United States. If you and your dependents are in J-1/J-2 immigration status, you are all required to have a comprehensive health insurance policy in order to maintain your immigration status. Because of the high cost of family health insurance, plan to pay for health insurance for your family.

PAYING FOR YOUR EDUCATION

at SUNY NEW PALTZ

The following information is provided to help you pay for tuition, fees and living expenses, including residence hall charges and meal plans, while you are a student at SUNY New Paltz. You will receive a final bill after you have registered, but an estimate of your expenses is available from Student Accounts. Any increases in tuition and fees will be updated on the student accounts website at: www.newpaltz.edu/student_accounts

The university will not mail a printed bill to you. Instead, this information will be available electronically after you have registered and during orientation. Specific questions may be directed to the Office of Student Accounts at 845-257-3150 or by fax: 845-257-3495. You may also find helpful information on the Student Accounts website.

Payment in full is due on or before the first day of classes.

YOU HAVE SEVERAL PAYMENT OPTIONS

Cash or Travelers Check

Travelers Checks are recommended.

Personal Check

Must be in US\$ drawn on a bank with a United States branch.

Credit Card

If you choose this method, keep in mind that some credit cards have per-day or perweek limits on the amount you may charge. If your credit card limits you to \$1,000 per day and you must pay a total of \$4,000 you may need to come to the Office of Student Accounts four times to pay your total bill.

Time Payment Plan

This program allows you to spread out your payments over the course of the semester. Additional information is available on the Student Accounts website.

International Wire Transfer

This may be completed before you arrive on Campus. You will need to contact your bank in your home country to request specific information about fees and procedures for transferring money to the United States. Once you have contacted your bank, notify the Office of Student Accounts that you will be sending a wire transfer and request the Routing Number and Swift Code. You may contact them by telephone at 845-257-3150 or by e-mail at stuacct@newpaltz.edu. Please include your New Paltz Student Identification number on this transfer.

Peer Transfer (www.peertransfer.com)

This allows students to initiate the transfer of funds in the currency of their choice. Peer Transfer then converts the currency into US dollars and deposits the payment directly into the college's account. There is a fee charged for this. Please contact Student Accounts for more information.

If you have any questions, please contact the Office of Student Accounts at 845-257-3150.

TRAVEL TO NEW PALTZ

BY AIR

Stewart Airport (Newburgh, New York)

This is the closest airport **to New Paltz**. Students arriving from Asia via American or United Airlines will find this airport convenient. Taxi service via A-1 Transportation Inc., Tel: 845- 473-7600 (24 hours a day) is available to the campus for approximately \$50.

Directions to New Paltz from New York area airports

If you do not use our airport pick-up service (see enclosed form on page 18).

- **JFK Airport**

Take Airtrain to Jamaica Station. (You pay \$5 when you EXIT).

At Jamaica Station, take the E subway (Cost \$7.50 to ride the subway) **to the ‘Port Authority Bus Terminal’ in Manhattan.**

OR

Take the New York Airport Transport Bus (\$19) **to the ‘Port Authority Bus Terminal’ in Manhattan.** For more information, visit: nycairporter.com

- **LaGuardia Airport**

Take the New York Airport Transport Bus (\$16) **to the ‘Port Authority Bus Terminal’ in Manhattan.**

- **Newark**

Take the New Jersey Transit Bus (\$15) **to the ‘Port Authority Bus Terminal’ in Manhattan.**

OR

Take the Airtrain to the Newark International Train station and the NJ transit or Amtrak train to Manhattan. For more information, visit: www.newarkairport.com

Once you arrive at the **Port Authority Bus Terminal** from the airport, take the Adirondack Trailways Bus (\$22) **to New Paltz**. Buses run to New Paltz every 1–2 hours, until 11:30 p.m.

In **New Paltz** a local taxi will take students from the bus station **to SUNY New Paltz** campus for about \$5.

- New Paltz Taxi, Tel: 845-255-1550 (runs 7 days/week from 10 a.m.–2 a.m.).

- Joey’s Taxi Company, Tel: 845-255-8294 or 845-691-5639.

OR

It is about a 10 minute walk; you can ask directions at the bus station.

TRAVEL TO NEW PALTZ

BY CAR SERVICE

Limousine Services To New Paltz

Students who are planning to travel to SUNY New Paltz in a group may want to reserve a limousine to take them from the airport directly to SUNY New Paltz. Reservations can be made in advance by contacting the airport service directly.

All Transportation • 800-525-2306 • www.alltrans.net

All Transportation provides door-to-door service for groups and individuals. In order to arrange a pickup from the airport, please notify them at least two days before your arrival and give complete flight information. You may call 800-525-2306 to make a reservation or reserve online at www.alltrans.net. This service accepts major credit cards such as American Express, MasterCard, Discover, Diners Club and Visa.

Claire Limousine Service • (201) 664-3526 • www.clairelimo.com

Information regarding Claire Limousine Service is online at www.clairelimo.com or you can call 201-664-3526. This limousine service accepts major credit cards such as American Express, MasterCard, Discover, Diners Club and Visa.

OFF CAMPUS HOUSING INFORMATION

SUNY New Paltz is not able to offer on campus housing to graduate students but we have compiled a non-inclusive listing of local apartments for our students' benefit. We strongly encourage students to research and secure off campus housing prior to arrival.

It is important to remember that if you do not have a car you need to live within walking distance of the university within the village of New Paltz. There are many different choices you have. You can live in one of the many apartment buildings in town or you can rent a room in a house.

Online Resources

The University has an off campus website for students looking for a place to live and those who are looking for potential roommates: www.newpaltz.edu/housingbb.

If you find yourself still searching for housing after you have arrived here, you can temporarily stay at the New Paltz hostel: www.newpaltzhostel.com • 845-255-6676.

Ulster Publishing: www.ulsterpublishing.com

Craigslist: hudsonvalley.craigslist.org

Commuting is another option for graduate students. Taking the bus to campus is a reliable transportation option:

The UCAT Bus Route (Kingston→Rosendale→New Paltz) can expand your apartment options.

ulstercountyny.gov/ucat/bus-schedules



Apartment Complexes

Maple Lane Apartment Rentals: 845-255-1298

Mulberry Square Apartments: 845-255-5047

The Ridge at New Paltz: 845-255-5047

Paltz Commons: 845-389-3321

Bella Terra Apartments: 845-256-1119

Southside Terrace Apartments: 845-255-7205

Three Prospect: 845-255-8721

Village Arms: 845-895-8122

Meadowbrook Farms: 845-255-5305

New Paltz Gardens: 845-255-6171

Gardiner Town Houses: 845-256-0278

Windsor Court Apartments: 845-255-0890

Turtle Rock Apartments: 845-255-5400

Town & Country Condominiums: 845-255-3167

Pencil Hill Apartments: 845-532-4113

Alan Goodman Associates: 845-256-1119

Local Hotels

America's Best Value Inn

845-255-8865

www.americasbestvalueinn.com

Hampton Inn by Hilton

845-255-4200

www.hamptoninn3.hilton.com

New Paltz Hostel

845-255-6676

www.newpaltzhostel.com

When signing a lease, students will be required to pay a deposit on the apartment in addition to the first month's rent. Sometimes the landlord will want the first month's rent, a security deposit, and the last month's rent. Be ready to pay a large amount of money up front when you move in, but realize that you will receive the deposit back at the end of your lease if there is no damage done to your rented space. You will not have to pay the last month of rent if you are required to pay it up front.

Please remember that SUNY New Paltz has no affiliation with any of the hotels, apartments, or houses mentioned. This information is provided as a service to international students but is not a guarantee that apartments will be available.



Center for International Programs ▪ International Student Programs
 1 Hawk Drive, New Paltz, NY 12561
 Tel: 845-257-3595 E-mail: international@newpaltz.edu

**NEW STUDENT AIRPORT
 PICK-UP REQUEST**
 FALL 2018

THIS FORM DOES NOT GUARANTEE YOUR SEAT ON THE BUS. YOU MUST VISIT THE ONLINE LINK AND MAKE PAYMENT BY THE DEADLINE.

The Center for International Programs can provide transportation to New Paltz for new students arriving at **John F. Kennedy Airport (JFK) in New York**. A chartered bus will meet students arriving on **Tuesday, August 21, 2018** at JFK airport.

The bus will leave JFK airport at 6 p.m. When you make your travel plans, make sure your plane arrives at least 2 hours before the bus leaves JFK airport. You will need at least 2 hours to clear immigration and customs after your plane arrives at JFK airport.

We are unable to provide transportation to New Paltz at any other time. The cost of airport pick-up is \$40. After submitting this form, you will be sent a link in a separate email where you can make payment and provide your flight details.

Please provide your information below. **Note that if your travel plans change, if you miss your flight, or if your flight is delayed for any reason and you are not able to arrive during the times specified, the bus WILL NOT wait for you. You will need to make other arrangements to travel to SUNY New Paltz.** Detailed information on travel to New Paltz by public transportation is provided with this packet.

Name _____

Student ID # _____

E-mail _____

Arrival Date Tuesday, August 21, 2018 Time of Arrival _____

Please e-mail this completed form to Centerfor International Programs at international@newpaltz.edu **no later than July 27, 2018**.

You will receive an e-mail from SUNY New Paltz approximately one week before the scheduled arrival date with detailed information regarding pick up. Please notify the Center for International Programs of any changes in your travel plans.

We look forward to meeting you Tuesday, August 21, 2018



New Paltz

STATE UNIVERSITY OF NEW YORK

Student Health Service • Division of Student Affairs
1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415
healthservice@newpaltz.edu

Student Name: _____ Banner #

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Date of Birth: _____

Student Health Service

Welcomes

New Students

Student's Health Information

Completed form should be mailed, faxed or emailed to Student Health Service. Health Information should be on file at least one month before student's arrival to campus.

Attention Students

Student and their parents should complete pages 1-4.

Pages 5 should be completed by your **primary health care provider**. Page 6 should be completed if you haven't already submitted your **Immunization Records** or if you responded **YES** to any questions on page 4 indicating a Tuberculin Skin Test is needed.

Completed form will provide us the background information necessary to take good care of you and ensure compliance with NYS Public Health Law.

MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires all college students enrolled for at least six credits per semester complete the following:

Student Name _____
Last First

Check one box and sign below.

I had a **Meningococcal ACWY immunization within the past 5 years**. Medical documentation required.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment. Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College students should discuss the Meningococcal B vaccine with a healthcare provider.]

I read, or have had explained to me, the information regarding meningococcal disease. *To access this information, go to:* www.newpaltz.edu/healthcenter/forms.html and click on the Meningococcal Disease Fact Sheet. I understand the risks of not receiving the vaccine. I have **decided, I (my child) will not obtain immunization against Meningococcal ACWY disease.**

Signed _____ Date _____
Parent/guardian to complete and sign if student is a MINOR

CONSENT FOR MEDICAL CARE: To the Parents/Guardians of Applicants Under 18 Years of Age

In order to procure any necessary medical care for your student and to protect the clinicians and institutions involved, please sign the consent for medical treatment below. We make every effort to notify parents/guardians in case of major injuries or serious illnesses.

I (print your full name) _____, pursuant to the authority vested in me as the parent/guardian of (student's full name) _____ do hereby authorize the clinical staff at SUNY New Paltz's Student Health Service to provide routine medical care to my son/daughter. This care may include treatment of common illnesses, physical examinations for sports preparation, ordering of laboratory tests, prescribing of medications and the administration of immunizations to meet New York State immunization requirements. Furthermore, I do hereby authorize the clinical staff at New Paltz to seek emergency medical care from outside clinicians if they feel it is necessary.

I understand that if my/son daughter participates in intercollegiate athletics, information about his/her medical condition and/or insurance coverage may need to be shared with the athletic training staff in order to ensure his/her safe participation in athletics. Any medical information not directly related to athletic participation will be kept confidential. My signature below includes authorization to release information to the athletic training staff as outlined above. I understand I am free to withdraw this consent, in writing, at any time.

Signed: _____ Dated: _____



TO BE COMPLETED BY STUDENTS AND PARENTS:

DEMOGRAPHICS:

Student Name: _____
Address: _____
Street City State Zip Code Country
Cell Phone: _____ Other Phone: _____

Parent or Guardian: _____ Relationship: _____
Address: _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____

Primary Health Provider: _____ Years under their care: _____
Address: _____
Phone: _____ Fax: _____

Emergency Contact if Other Than Parent or Guardian:
Person: _____ Relationship: _____
Address: _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____

Insurance Information:

PLEASE INCLUDE A PHOTOCOPY OF FRONT AND BACK OF STUDENT’S HEALTH INSURANCE CARD.

Primary Insurance Company Name: _____
Member ID: _____ Policy Holder’s Name: _____
Student Relationship to Insured: Dependent Self Spouse

HEALTH HISTORY:

Are you on a Varsity Athletics Roster? Yes No

Diseases in parents and grandparents: eg. Diabetes, Hypertension, Arthritis, Cancer, Heart Disease, Depression, etc:

Diseases in student: check box if history of this condition exists in student:

Infectious Disease

- Chicken Pox
- Frequent Respiratory Infections
- Mononucleosis
- Positive TB Skin Test
- Tuberculosis
- Malaria
- HIV/AIDS
- Hepatitis A,B, or C
- Pneumonia
- Sexually Transmitted Disease

Chronic Medical Disorders

- Diabetes
- Seizure Disorder
- Anemia
- Sickle Cell Disease
- Heart Abnormality
- Kidney Disease
- Chronic Intestinal/Stomach Problem
- Arthritis
- Respiratory Allergies
- Hives
- Asthma
- Cancer
- Orthopedic Problems

Neurologic/Psychiatric Problems

- Head Injury/Concussion
- Emotional Disorder
- Depression
- Anxiety
- Attention Deficit Disorder
- Eating Disorder
- Hearing Deficit
- Visual Deficit
- Speech Deficits
- Fainting
- Alcohol/Drug Addiction
- Migraine Headaches
- Learning Disabilities

Please list any MEDICAL PROBLEMS not noted above. Please clarify any positive responses. _____

Severe Injuries: Yes No Explain: _____

Operations: Yes No Explain: _____

CURRENT MEDICATIONS: _____

ALLERGIES: (Please Specify)

Allergies to Medication: _____

Allergies to food: _____

Allergies to Insects: _____

No Allergies

Student or Parent/Guardian Signature: _____

Date: _____

Name: _____ Banner # _____ Cellphone # _____

TST (TUBERCULIN SKIN TEST) IS REQUIRED FOR INTERNATIONAL STUDENTS FROM THE COUNTRIES LISTED BELOW AND STUDENTS WHO HAVE TRAVELED TO THESE COUNTRIES.

Tuberculosis (TB) is still a worldwide health problem. Screening for TB means assessing each student’s risk for developing active TB while on campus at New Paltz and further testing those students at increased risk. Students with a Tuberculin Skin Test or a blood test that indicates exposure to TB are required to have a chest x-ray to be TB compliant at New Paltz.

High Risk Countries:

Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Central African Republic, Chad, China, Colombia, Comoros, Congo, Cote d’Ivoire, Democratic People’s Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Gabon, Gambia, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iran, Iraq, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People’s Democratic Republic, Latvia, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Nicaragua, Niger, Nigeria, Niue, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russia, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Russian Federation, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela, Vietnam, Yemen, Zambia, Zimbabwe
(Based on 2015 WHO statistics)

Are you a student from one of the high risk countries listed above?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes where were you born?
Do you have signs or symptoms of active TB? (Unexplained cough greater than 2 weeks duration, fevers, chills, night sweats, weight loss or swollen glands)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Tuberculosis Screening Questions:		
Have you ever had close contact with anyone who was sick with TB?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes when?
Have you traveled to a country listed above within the past five years?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes when? _____ If yes which country? _____
Have you ever been an employee or volunteer in a correctional facility, nursing home, homeless shelter or other health care facility within the last five years?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes when? _____ If yes what facility? _____
Are you taking immunosuppressant medications such as prednisone?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Have you received an organ transplant?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Do you have HIV disease?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Any YES response to questions above REQUIRES A TST TO BE DONE		

Students with a history of a previously positive TST or have been vaccinated with BCG should consider having a TB blood test to further evaluate their risk of developing active TB.		
Have you previously had a positive TST?	<input type="checkbox"/> Y <input type="checkbox"/> N	Yes answer indicates a need for a chest x-ray
Have you previously received a Bacille Calmette-Guerin (BCG) vaccination?	<input type="checkbox"/> Y <input type="checkbox"/> N	A history of BCG vaccination should not preclude testing a member of a high risk group.



Student Name: _____ Date of Birth: _____ M/D/Y

TO BE COMPLETED BY STUDENT'S PRIMARY HEALTH PROVIDER:

STAMP:

Provider Name: _____

Address: _____

Phone: _____ Fax: _____

Please list any significant past or current medical, surgical, or psychiatric conditions: None

Please list any ongoing therapy, medications with dosages and directions: None

ALLERGIES: (PLEASE SPECIFY)

Allergies to Medication: _____

Allergies to Food: _____

Allergies to Insects: _____

No Allergies

Epipen prescribed? Yes No

Date of Exam: _____ **Height:** _____ **Weight:** _____ **BMI:** _____ **BP:** _____ **P:** _____

Please list all abnormal findings of your history and physical exam: _____

Please use check off format below to document history and physical:

N = Normal ABN = Abnormal NE = Not Examined

Systems:	N	ABN	NE		N	ABN	NE	<input type="checkbox"/> Male <input type="checkbox"/> Female	N	ABN	NE
Skin				Abdominal Organs				Female: Breasts			
HEENT				Ano Rectal Area (if indicated)				Pelvic (if indicated)			
Lungs				Orthopedic: Limbs							
Heart				Spine				Male: Testes			
Blood Vessels				Endocrine				Inguinal Canals			
Lymphatics				Neurologic							

Urinalysis:	N	ABN
Glucose		
Protein		
Blood		

Information required for Varsity Athletes:

Sickle Cell Trait: Present Absent Unknown

Do you recommend further evaluation? Yes No _____

Will you remain involved in this student's care? Yes No

Is this student able to participate in all physical activities including intercollegiate athletics? Yes No

Is this student able to meet the physical and emotional demands of college? Yes No

Provider Signature: _____

To be completed by student's health care provider or attach a copy of provider's immunization records.

Student Name: _____ Date of Birth: _____

REQUIRED IMMUNIZATIONS:

Vaccine	Date: M/D/Y	Date: M/D/Y
MMR (Measles, Mumps, Rubella) Two doses required (1 st dose after student's first birthday, 2 nd dose at least 28 days after the 1 st)		
OR		
Measles Two doses required as above		
Mumps One dose after 1 st birthday		
Rubella One dose after 1 st birthday		
OR		
Blood Titers (Please include documentation)		
Measles		
Mumps		
Rubella		

TST (Tuberculin Skin Test):

If indicated, it must be within 6 months. Please refer to the Tuberculosis Screening Form page 4 of Health Report for indications.
• TST is required for students from China, India, Japan, Mexico, Turkey and other high risk countries listed on page 4 of Health Report
<input type="checkbox"/> Student is at low risk for TB exposure: TST not done
<input type="checkbox"/> TST test done: Date Placed: _____ Date Read: _____ M/D/Y M/D/Y
Result: _____ (Record actual mm of induration, transverse diameter, if no induration, write "0")
Chest x-ray (required if tuberculin skin test is positive) Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal PLEASE SUBMIT COPY OF WRITTEN CHEST X-RAY REPORT TO STUDENT HEALTH SERVICE.

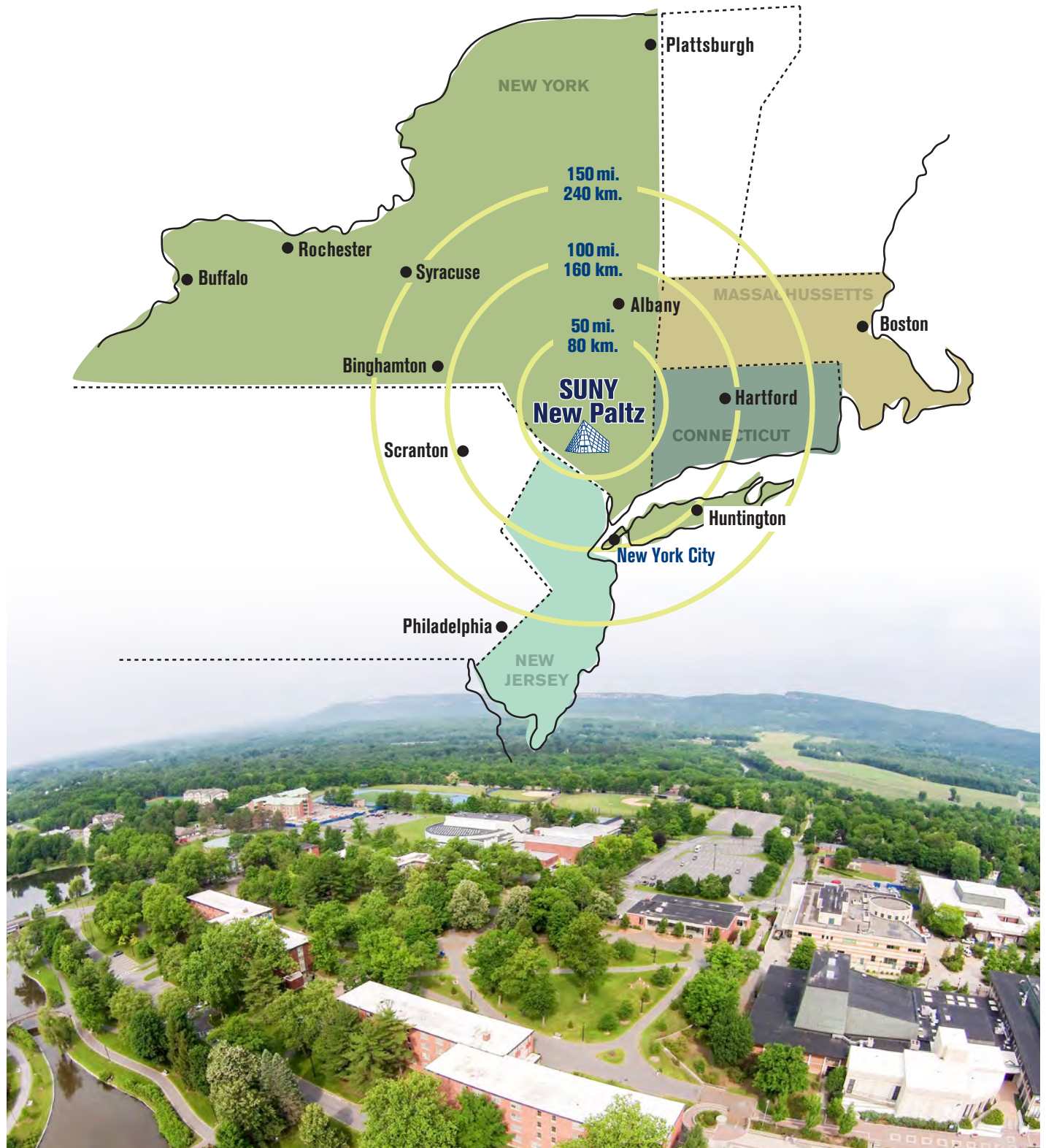
RECOMMENDED VACCINES:

Vaccine	Date M/D/Y	Date M/D/Y	Date M/D/Y
Meningitis MCV4 (MACWY) Menactra / Menveo			
Meningitis B Bexsero / Trumenba 2 or 3 doses			
Hepatitis B 3 doses			
Hepatitis A 2 doses			
Varicella 2 doses			<input type="checkbox"/> Disease
Last Booster Td			
Last Booster Tdap			
Human Papilloma Virus Gardasil 4 / 9			
Polio 3 doses minimum to complete series	<input type="checkbox"/> Completed Date: _____ <input type="checkbox"/> Incomplete		

Provider Name: _____ Signature: _____

NEW YORK STATE

Nestled in New York State's picturesque Hudson Valley, New Paltz is a vibrant, historic village offering students access to world-class venues and a spectacularly beautiful environment. Equally exciting is its proximity to the most dynamic city in the world, New York City.



International Student Programs

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