



Graduate Students **FALL 2017**

Preparing for arrival at SUNY New Paltz

Important information for
new international students



New Paltz
STATE UNIVERSITY OF NEW YORK



New Student Checklist

F1 Students Fall 2017

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

1. 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.

2. 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)

3. 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.

4. Find a place to live in the U.S.:

SUNY New Paltz is not able to provide on campus housing to graduate students.

5. Travel to New Paltz

- ☐ Make sure you arrive before **Wednesday, August 23, 2017** to attend orientation.
- ☐ Fax or email 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 22, 2017**. The bus can only pick you up if you arrive on **Tuesday, August 22, 2017**. The bus will leave JFK airport at 6pm. 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 28, 2017**. If your flight gets delayed or if you miss your flight, the bus cannot wait for you.

6. Join Grad Cafe

- ☐ Meet other graduate students from your country and/or your program of study! The Grad Cafe is a great way to network with other students before arriving to the U.S. Go to gradcafe.newpaltz.edu to join.

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NEW GRADUATE STUDENT ORIENTATION

Required Check-In



Mark your
calendar!

Wednesday, August 23, 2017

9:00 a.m.

Lecture Center Southside Lobby

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

During orientation, you will find out:

- Requirements of the Graduate School 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.

IMPORTANT

Graduate students who do not have a minimum score of 80 ibt TOEFL or 6.5 on IELTS exam must take the English Language Proficiency Exam. There are no exceptions.

We look forward to seeing you then!

GETTING YOUR F-1 VISA

Important Steps For 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. **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 <http://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 http://travel.state.gov/visa/forms/forms_4230.html.

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 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 <http://www.fmjfee.com/index.jhtml>.
- (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 documents.

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 <http://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: 1) 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 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.**
- (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 The Center for International Programs at international@newpaltz.edu or call (845) 257-3595.


MEDICAL CARE & STUDENT HEALTH ISSUES

Important

You must submit your completed Pre-Enrollment Health Report and Physician's Certificate form 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 send it to the Student Health Center and carry the copy with you when you come to New Paltz.

	HEALTH REPORT AND PHYSICIAN'S CERTIFICATE								
RETURN TO: Student Health Services, SUNY New Paltz, 1 Hawk Drive, New Paltz, New York 12561-2443 Fax: (845) 257-3415									
Banner Id# <table border="1" style="display: inline-table;"><tr><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		N							
N									
Student Name: _____ Date of Birth: _____									
HEALTH INFORMATION FOR STUDENTS, PARENTS, AND PHYSICIANS									
HEALTH REPORT AND PHYSICIAN'S CERTIFICATION OF IMMUNIZATIONS. The completed form should be mailed or faxed to the office indicated above. This form should be on file at least one month before a student's arrival to campus.									
MENINGITIS VACCINATION RESPONSE FORM									
New York State Public Health Law requires that all students at New Paltz enrolled for at least six (6) semester hours must complete the following:									
Check one box and sign below, <u>after</u> reading the information about meningococcal meningitis disease. To access this information, go to www.newpaltz.edu/healthcenter/ and click on "Forms", then click on "Meningococcal Disease Fact Sheet."									
<input type="checkbox"/> Had the meningococcal meningitis immunization within the past 10 years. Date received: _____									
<input type="checkbox"/> Read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will <u>not</u> obtain immunization against meningococcal meningitis disease.									
Signed: _____ Date: _____									
To be completed and signed by parent/guardian if student is a minor.									
CONSENT FOR MEDICAL CARE: To the Parents/Guardians of Applicants Under 18 Years of Age Only									
In order to procure any necessary medical care and to protect the clinicians and institutions involved, please sign the consent for medical treatment below. Be assured that we make every effort to notify parents at once in case of major injuries or serious illnesses.									
I (print 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 the 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: _____ Date: _____									
Page 1									

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 US, 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 at the website: www.newpaltz.edu/healthcenter/healthreport2014.pdf. 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 and fees 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 Web site 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 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 web site.

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

You Have Several Payment Options

1. Cash or Travelers Check

Travelers Checks are recommended.

2. Personal Check

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

3. Credit Card

If you choose this method, keep in mind that some credit cards have per day or per week 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.

4. 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 web site.

5. 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 be sure to include your name on the wire transfer.

6. 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 U.S. 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.



ESTIMATED COST of TUITION AND LIVING EXPENSES

Fall Semester 2017

August 28–December 21, 2017

Graduate Student – *full time*

Tuition	\$8,824.00
Health Insurance	\$690.00
University Fees	\$680.00
Room and Board*	\$6,593.00
Books*	\$500.00
Personal Expenses*	\$1,500.00

MBA Student – *full time*

Tuition	\$12,927.00
Health Insurance	\$690.00
University Fees	\$680.00
Room and Board*	\$6,593.00
Books*	\$600.00
Personal Expenses*	\$1,500.00

English As A Second Language Student – *full time*

Tuition	\$5,400.00
Health Insurance	\$690.00
University Fees	\$680.00

Tuition and fees are subject to change.

*Art studio or lab courses may incur extra fees for materials.
Students are responsible for these charges.*

** These charges are estimates only.*

*Current charges are updated on the Student Accounts website at:
www.newpaltz.edu/student_accounts*

TRAVEL TO NEW PALTZ

By Air

Stewart Airport (Newburgh, New York)

This is the closest airport **to New Paltz**. Taxi service via A-1 Transportation Inc., Tel: (845) 473-7600 (24 hours a day) is available to the campus for approximately \$80.

Directions to New Paltz from New York area airports

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

- **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 (\$16) **to the 'Port Authority Bus Terminal' in Manhattan.** For more information, visit: www.nyairportservice.com/fares.html

- **LaGuardia Airport**

Take the New York Airport Transport Bus (\$14) **to the 'Port Authority Bus Terminal' in Manhattan.**

- **Newark**

Take New Jersey Transit Bus (\$5.50) **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.panynj.gov/airports/ewr-airtrain.html



Once you arrive at the **Port Authority Bus Terminal** from the airport, take the Adirondack Trailways Bus (\$21.00) **to New Paltz**. Buses run to New Paltz every 1–2 hours.



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 10am–2am).

- 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.



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.

Premiere Transportation

800-772-2172 *<http://www.premierlimo.com/transportation-services/airport-shuttle/>

There is a direct shuttle bus service to/from New Paltz to/from JFK or LaGuardia. The shuttle picks up at the Plaza Diner in town. From there it is only a short cab ride to campus. Passengers need to make a reservation first.

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**

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

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; (845) 255-9102

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

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.

Forms to complete and return

- ☐ Attendance Response Form
- ☐ Airport Pick-up Request Form
- ☐ Health Report and Physician's Certificate Form



**ATTENDANCE RESPONSE
F-1 STUDENTS**

International Student Programs
Telephone: (845) 257-3595 · Fax: (845) 257-3608
E-mail: international@newpaltz.edu

Please let us know your plans for the FALL 2017 term by providing information requested on this form. SEND THIS FORM TO THE CENTER FOR INTERNATIONAL PROGRAMS BY E-MAIL OR FAX.

If you are NOT planning to attend SUNY New Paltz this semester, please return the I-20 form to us and indicate whether you wish to defer your admission to another date. We look forward to hearing from you soon and to meeting you!

- ☐ I plan to attend SUNY New Paltz in the **Fall 2017** term.
- ☐ I will not attend SUNY New Paltz in the Fall 2017 term and will apply to the graduate school to defer my admission to a later semester.
I am returning my I-20.
- ☐ I will not attend SUNY New Paltz and am returning my I-20.

Print Name

Student ID Number

Signature

Date

Please provide an address and telephone number where you can be reached before the start of the spring term. Please fax this document to the Center for International Programs at (845) 257-3608 or e-mail to international@newpaltz.edu.

Address

Email/Fax #

Telephone #

**NEW STUDENT AIRPORT
PICK-UP REQUEST | FALL 2017**

International Student Programs
Telephone: (845) 257-3595 · Fax: (845) 257-3608
E-mail: international@newpaltz.edu

**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 22, 2017 at JFK airport.

The bus will leave JFK airport at 6pm. 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 Number: _____
E-mail Address: _____
Arrival Date: Tuesday, August 22, 2017

FAX OR E-MAIL THIS COMPLETED FORM to the Center for International Programs at (845) 257-3608 or international@newpaltz.edu **no later than July 28, 2017.**

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 22, 2017!

RETURN TO:**Student Health Service, SUNY New Paltz, 1 Hawk Drive, New Paltz, New York 12561-2443****Fax: (845) 257-3415 • Email: healthservice@newpaltz.edu**Banner Id#

N									
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Student Name: _____ Date of Birth: _____

HEALTH INFORMATION FOR STUDENTS, PARENTS, AND PHYSICIANS

HEALTH REPORT AND PHYSICIAN'S CERTIFICATION OF IMMUNIZATIONS. The completed form should be mailed, faxed or emailed to the office indicated above. This form should be on file at least one month before a student's arrival to campus.

MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all students at New Paltz enrolled for at least six (6) semester hours must complete the following:

Check one box and sign below, after reading the information about meningococcal meningitis disease. To access this information, go to www.newpaltz.edu/healthcenter/ and click on "Forms", then click on "Meningococcal Disease Fact Sheet."

☐ Had the meningococcal meningitis immunization within the past 10 years.

Date received: _____

☐ Read, or have had explained to me, the information regarding meningococcal meningitis disease.

I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____

To be completed and signed by parent/guardian if student is a minor.**CONSENT FOR MEDICAL CARE: To the Parents/Guardians of Applicants Under 18 Years of Age Only**

In order to procure any necessary medical care 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 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 the 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: _____ Date: _____

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:

Primary Insurance Company Name: _____

Member ID: _____ Group: _____

Insurance Company Address: _____

City: _____ State: _____ Zip Code: _____

Policy Holder: _____ Student Relationship to Insured: ☐ Dependent ☐ Self ☐ Spouse

HEALTH HISTORY:

Do you plan to participate in varsity athletics? ☐ 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 Infection

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 clarify any positive responses and any medical problems not noted above:

Severe Injuries: ☐ Yes ☐ No Explain: _____

Operations: ☐ Yes ☐ No Explain: _____

ALLERGIES: (Please Specify) ☐ None

Medicines: _____

Food: _____

Insect: _____

Student or Parent/Guardian Signature: _____

Student Name: _____ Date of Birth: _____

TO BE COMPLETED BY STUDENT'S PRIMARY HEALTH PROVIDER:

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

Please list allergies: ☐ None

Medicines: _____

Dietary: _____

Environmental: _____

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

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

Please use check off format to acknowledge obtaining history and performing physical exam while evaluating the organ systems below.

N = Normal ABN = Abnormal NE = Not Examined

Systems:

	N	ABN	NE
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	N	ABN	NE
Lymphatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ano Rectal Area (if indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic: Limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sex: ☐ Male ☐ Female

	N	ABN	NE
Female: Breasts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic (if indicated)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male: Testes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inguinal Canals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lab:

	N	ABN	Sediment (if indicated)
Urinalysis:	<input type="checkbox"/>	<input type="checkbox"/>	
Glucose	<input type="checkbox"/>	<input type="checkbox"/>	
Protein	<input type="checkbox"/>	<input type="checkbox"/>	
Blood	<input type="checkbox"/>	<input type="checkbox"/>	

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: _____

Student Name: _____ Date of Birth: _____

TO BE FILLED OUT BY STUDENT'S PRIMARY HEALTH PROVIDER OR PROVIDE COPIES OF PHYSICIAN DOCUMENTED IMMUNIZATION RECORDS:

REQUIRED IMMUNIZATIONS:

MMR (Measles, Mumps, Rubella) List two dates of vaccination:

1. _____ 2. _____
M/D/Y M/D/Y

Two doses* (The 1st dose administered after the student's first birthday and the 2nd dose administered at least 1 month after the 1st dose)

OR

Measles 1. _____ 2. _____
M/D/Y M/D/Y

Two doses* (as above)

Mumps _____
M/D/Y

One dose after 1st birthday

Rubella _____
M/D/Y

One dose after 1st birthday

OR

Date and result of blood test – demonstration of immunity

To **Measles** _____
Date and result

Mumps _____
Date and result

Rubella _____
Date and result

RECOMMENDED VACCINES:

Meningitis Menactra _____ Menomune _____ Menveo _____
M/D/Y M/D/Y M/D/Y

If student refuses the meningitis vaccine direct them to the Meningitis Response Form on the front of their Health Report packet.

Hepatitis B 3 doses _____
M/D/Y M/D/Y M/D/Y

Hepatitis A 2 doses _____
M/D/Y M/D/Y

Varicella 2 doses _____ ☐ Had Varicella Disease _____
M/D/Y M/D/Y M/Y

Polio 3 doses minimum to complete series ☐ Incomplete ☐ Completed _____
M/D/Y

Tetanus/Diphtheria within 10 years prior to registration Td _____ or Tdap _____
M/D/Y M/D/Y

HPV Vaccine 3 doses _____
M/D/Y M/D/Y M/D/Y

TST (Tuberculin Skin Test):

(within 6 months if indicated, please refer to the Tuberculosis Screening sheet on page 5 of this form for indications)

- TST is required for students from CHINA, INDIA, JAPAN, MEXICO, TURKEY, and other countries listed on the Tuberculosis Screening Sheet.

☐ **TST test given** Placed: _____ Read: _____ Result: _____
M/D/Y M/D/Y (Record actual mm of induration, transverse diameter. If no induration, write "0")

☐ **Chest x-ray** (required if tuberculin skin test is positive) Result: ☐ Normal ☐ Abnormal

Please include copy of written chest x-ray report.

Provider Name: _____ Signature: _____

TUBERCULOSIS SCREENING

TST (Tuberculin Skin Test) is required for international students from countries listed below.

HIGH RISK COUNTRIES:

Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, 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, Japan, 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, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela, Vietnam, Yemen, Zambia, Zimbabwe.

Is this student from one of these high risk countries?

☐ Yes ☐ No

Yes response requires a TST to be done.

Please record results on page 4 of this Health Report.

Does student have signs or symptoms of active disease?

(Unexplained cough greater than 2 weeks duration, unexplained fevers, chills, night sweats, weight loss, or swollen glands)

☐ Yes ☐ No

Yes response requires a TST to be done.

TST are required of students at risk for Tuberculosis exposure:

1. Students who have arrived within the past five years from countries where TB is endemic as listed above
2. Recent close contact with someone with infectious TB disease
3. Travel* to/in a high-prevalence area (countries noted above)
4. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease
5. HIV/AIDS
6. Organ transplant recipient
7. Immunosuppressed (equivalent of > 15 mg/day of prednisone for > 1 month or TNF- α antagonist)
8. History of illicit drug use
9. Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)
10. Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)]

** The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Is student a member of high risk group as defined above?

☐ Yes ☐ No

Yes response requires a TST to be done.

A history of BCG vaccination should not preclude testing of a member of a high-risk group.

Provider Name: _____ **Signature:** _____

NEW YORK STATE





International Student Programs

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