

# THE GENERAL THEOLOGICAL SEMINARY

## MEDICAL INSURANCE AND IMMUNIZATIONS FACT SHEET

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Keep a copy of all of the documents that you submit to the Registrar.  
Some records are difficult to obtain, and the Registrar's office  
does not keep them after you graduate.

### **Why are we required to submit PROOF OF INSURANCE? [Form 1]**

All students residing on the Close are required to submit proof of health insurance, or obtain health insurance through Church Medical, by the last day of the Add/Drop Period. Registration will be dropped if the proof has not been given to the Registrar's Office by that date.

### **Why are we required to submit IMMUNIZATION RECORDS? [Form 2 & Form 3]**

New York State Law requires *all students* to present records of immunization (regardless of whether they are residents or commuters). Students are required to document their immunization within 30 days after the beginning of class (10/05/2017), otherwise their registration will be dropped:

The State of New York (State Law 2165) requires that all students born on or after January 1, 1957 must demonstrate proof of immunity against measles, rubella and mumps. This law was enacted to prevent large-scale outbreaks of these diseases, such as the infamous Measles State of Emergency declared at Rutgers University in March of 1994. *In order to comply with this law, GTS requires proof of immunity from each student who is matriculated in any term.*

Proof of immunity consists of a certificate of immunization signed by a physician or health care provider, which documents measles, mumps and rubella immunity. The certificate must specify the type of vaccine and the dates of administration, or, if you have had the disease, the date of disease diagnosis, or the date of serologic testing and results. A student health record from a previously attended school that properly documents this immunization history is also acceptable proof of immunity, as are military health records.

Please fill out the student record form, and, if you are required to comply (i.e., born on or after January 1, 1957), please attach the appropriate documentation proving your immunity. **Everyone must return all three forms to the Office of the Registrar.**

### **To whom does this apply?**

This applies to anyone born on or after January 1, 1957, who wishes to register for credit bearing courses. If you were born on or before December 31, 1956, you must still complete **Form 2 and Form 3.**

### **What are the required immunizations?**

#### MEASLES:

- 1) Dates of TWO (2) measles vaccinations. Both vaccinations must occur after 1967, with the first shot administered after at least ONE YEAR OF AGE, and the second shot no less than thirty (30) days later;
- OR 2) Date of disease diagnosis;
- OR 3) Date of blood titre/test, with results indicating immunity.

#### MUMPS:

- 1) Date of ONE (1) rubella vaccination, administered after at least ONE YEAR OF AGE;
- OR 2) Date of disease diagnosis;
- OR 3) Date of blood titre/test, with results indicating immunity.

#### RUBELLA:

- 1) Date of ONE (1) rubella vaccination, administered after at least ONE YEAR OF AGE;
- OR 2) Date of blood titre/test, with results indicating immunity.

NOTE: Date of disease diagnosis IS NOT SUFFICIENT, and having had rubella does not provide immunity.

#### TUBERCULOSIS: (Also Required by GTS)

- 1) Date of Mantoux test. If test is positive, a chest x-ray is required. If x-ray indicates tuberculosis, treatment is required.

#### **What is the required documentation?**

You will have to submit a signed certificate from your personal physician or the Department of health that states the dates and types of vaccination that you received, or have them complete the GTS Immunization Record Form.

A recent amendment to New York's immunization law now offers an additional approach to satisfying the measles requirement. When students are unable to provide a certificate of immunization that satisfies the requirements as listed above, proof of attending a primary or secondary school in the United States may suffice as proof of receiving one dose of live measles virus vaccine.

Students who are unable to provide the required immunization documents are strongly encouraged to consult the Registrar at [registrar@gts.edu](mailto:registrar@gts.edu) for advice on how to proceed. Students must submit the required immunization information within 30 days after the beginning of class (10/05/2017), otherwise their registration will be dropped.

#### **What is the MMR vaccine?**

The MMR vaccine provides protection against measles, mumps and rubella. MMR vaccine is recommended for both measles vaccine doses to provide increased protection against all three vaccine-preventable diseases.

#### **I have not been immunized; where can I have it done inexpensively?**

In New York City, the Health Department offers free immunizations to college students. Call the New York City Immunization Hotline (311) or go to [www.NYC.gov/hhc](http://www.NYC.gov/hhc) and click on "Find the HealthCare You Need" and look for "Community Health Centers".

#### **Fort Greene Health Center (free or low cost vaccinations)**

295 Flatbush Ave. Extension - 5<sup>th</sup> floor, Brooklyn, NY, 11201  
(corner of Willoughby St. & Flatbush Ave. Ext., near the Fulton Mall & Long Island University)

Monday, Tuesday, Wednesday, Thursday, Friday 8:30 AM – 2:30 PM

**Directions:** A, C, & F to Jay St., or 2, 3, 4 & 5 to Nevins St. or R, Q, & B to DeKalb Ave.

## **CVS Pharmacy Minute Clinic (Accepts most medical insurance plans)**

241 W. 57<sup>th</sup> St. at Columbus Circle

Or

**Call your insurance provider.**

### **I am a foreign student who will be coming to the United States for my initial semester of college course work, what must I do?**

You are required to submit the same documentation as all other students. In most cases you will be able to be immunized in your home country. If you are immunized in your country, please make certain to submit your documentation in English. If you are unable to obtain immunization in your country, you must obtain your first shot immediately upon your arrival in the United States. The second shot can be taken 30 days later. You may call the New York City Immunization Hotline (311) upon your arrival to find out where you may arrange to be immunized.

### **I am an out-of-state student enrolling for the first time; what must I do?**

You will have to submit documentation of proper immunization within 30 days after the beginning of class (10/06/2016), otherwise your registration will be dropped.

### **I have had measles, mumps and rubella. How can I show proof?**

If you have had measles and/or mumps, you will have to submit a signed certificate from your personal physician, stating the date each communicable disease was diagnosed. Even if you have had rubella, the only acceptable proof of immunization would be proof of vaccination, or a blood titre that shows that you possess immunization. If such records are not available, you will have to have a blood titre that will show if you possess immunization for measles or mumps. Contact your personal physician to arrange for this blood test. Should this blood test fail to show immunization, you will have to be vaccinated appropriately.

### **I have not received two immunizations against measles, but I am pregnant (or have another health problem) and cannot be immunized now. What can I do?!**

If a licensed physician or health practitioner certifies in writing that one or more of the required immunizations may be detrimental to your health, this requirement may be waived until it no longer poses a health problem. The statement must specify which immunization will be detrimental, and the length of time they may be detrimental.

### **It's against my religious beliefs to be immunized. Will this prevent my enrolling?**

No. A religious exemption may be claimed by submitting a written and notarized statement that you hold sincere and genuine beliefs which prohibit immunization. This statement must describe the beliefs in sufficient detail to permit GTS to determine that (1) the beliefs are religious in nature (not philosophical) and (2) the beliefs are genuinely and sincerely held.

**Will an exemption status (for medical or religious reasons) have any effect on my class attendance or participation in GTS community life?**

In the event of an outbreak of measles, mumps or rubella, the Commissioner of Health may order that students without documentation of immunity be excluded from attendance until it is determined by the Commissioner that the danger of transmission has passed, or until the required documentation if immunization is submitted by the student. Such students may also be required to restrict their participation in GTS community life during the time that they are excluded from class.

**The doctor from whom I received immunization is no longer alive (or has moved his or her practice); how can I get this proof?**

You must provide documentation or obtain new immunization shots.

**Why is Tuberculosis included on the Immunization Record Form?**

Based on the guidelines from the Department of Health, GTS requires students to show proof of having been tested for Tuberculosis. Since Tuberculosis is now an epidemic, we must emphasize the importance of early detection by testing. Further, when the test is positive, students are required to have a chest x-ray. Obviously, these requirements have the aim of encouraging students to obtain medical treatment when necessary, and of protecting the community's health.

**KEEP A COPY OF YOUR IMMUNIZATION  
AND INSURANCE DOCUMENTS  
FOR YOUR OWN RECORDS**

# [FORM 1 OF 3]



## GENERAL THEOLOGICAL SEMINARY PROOF OF INSURANCE FORM

Full Name (please print): \_\_\_\_\_

I live on the Close, and I am enrolled in the following insurance plan for the 2017-2018 academic year:

Health Insurance obtained from The Episcopal Church Medical Trust through General Theological Seminary. YES \_\_\_\_\_.

Health Insurance obtained from another provider. YES \_\_\_\_\_.

Please provide the following information.

Insurance Company: \_\_\_\_\_

Name of covered individual: \_\_\_\_\_

Relationship to covered individual: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ TO \_\_\_\_\_

**Please attach a copy of your Insurance Card to this Form.**

ALL STUDENTS ARE REQUIRED TO SUBMIT PROOF OF MEDICAL COVERAGE BY THE LAST DAY OF THE ADD/DROP PERIOD. REGISTRATION WILL BE DROPPED IF THE PROOF OF INSURANCE HAS NOT BEEN GIVEN TO THE REGISTRAR'S OFFICE BY THAT DATE.

**RETURN THIS FORM AND COPY OF YOUR INSURANCE CARD  
TO THE OFFICE OF THE REGISTRAR  
Basement of Seabury Hall  
KEEP A COPY FOR YOUR RECORDS**

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**[FORM 2 OF 3]**



**GENERAL THEOLOGICAL SEMINARY  
STUDENT IMMUNIZATION  
RECORD FORM**

FULL NAME: \_\_\_\_\_

NYS Public Health Law 2165 now requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior of January 1, 1957 are exempt from this requirement, but need to return this form confirming Date of Birth.

I was born prior to January 1, 1957 / Date of Birth: \_\_\_\_\_

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**SECTION A: Combined MMR (Measles, Mumps, and Rubella) Vaccine** Month Day Year

**1st MMR Dose:**

Administered no more than 4 days prior to first birthday AND after 12/31/1971

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AND**

**2nd MMR Dose or 2nd Live Virus Measles Dose:**

Administered after 15 months of age and at least 28 days after 1st dose

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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*(If completing Section B, you must complete all three parts.)*

**SECTION B-Part I: MEASLES (RUBEOLA)** Month Day Year

Check One

\_\_\_ **1st Live Virus Dose:** Administered no more than 4 days prior to first birthday AND after 12/31/1967. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AND**

\_\_\_ **2nd Live Virus Dose:** Administered after 15 months of age AND at least 28 days after 1st dose \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_ **Illness diagnosed by physician signing this form** – provide date of diagnosis  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_ **Immunity Proven by Serologic Testing (Titer) – MUST SUBMIT COPY OF LAB REPORT** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SECTION B-Part 2: MUMPS** Month Day Year

Check One

\_\_\_ **Live Virus Dose:** Administered no more than 4 days prior to first birthday AND after 12/31/1968 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_ **Illness diagnosed by physician signing this form** – provide date of diagnosis  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_ **Immunity Proven by Serologic Testing (Titer) – MUST SUBMIT COPY OF LAB REPORT** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SECTION B-Part 3: RUBELLA (GERMAN MEASLES)** Month Day Year

Check One

\_\_\_ **Live Virus Dose:** Administered no more than 4 days prior to first birthday AND after 12/31/1968 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_ **Immunity Proven by Serologic Testing (Titer) – MUST SUBMIT COPY OF LAB REPORT** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(NOTE: Diagnosis of illness is NOT acceptable for rubella.)**

**SECTION C: TUBERCULOSIS** Month Day Year

Date of Mantoux test. If test is positive, a chest x-ray is required.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Mantoux test results: Positive\_\_\_\_\_ Negative\_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (if required) Chest x-ray results: \_\_\_\_\_

I certify that this student has received the vaccinations, diagnoses, and/or serologic tests indicated above on the dates provided, and, according to these guidelines, he or she is immunized against measles, mumps, rubella and tetanus. I testify that the student has a received a Mantoux test and have indicated the results.

\_\_\_\_\_  
Name of Health Practitioner *(please print)*

\_\_\_\_\_  
Signature of Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Health Practitioner

\_\_\_\_\_  
License Number of Health Practitioner

**PLEASE RETURN ORIGINAL, SIGNED FORM  
TO THE OFFICE OF THE REGISTRAR  
Basement of Seabury Hall  
KEEP A COPY FOR YOUR RECORDS**



# [FORM 3 OF 3]



## GENERAL THEOLOGICAL SEMINARY MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to the GTS Office of the Registrar.

**EVERY STUDENT must check one box and sign below, regardless of enrollment hours:**

I have:

had meningococcal meningitis immunization within the past 5 years. Date received: \_\_\_\_\_

[Note: If you received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider or from another health facility.

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 will **not** obtain immunization against meningococcal meningitis disease.

I am enrolled for five (5) or fewer semester hours. This form is not applicable to me. If I register for six (6) or more semester hours, then it is my responsibility to contact the Registrar and complete a new form.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number (      ) \_\_\_\_\_

**PLEASE RETURN ORIGINAL, SIGNED FORM  
TO THE OFFICE OF THE REGISTRAR  
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KEEP A COPY FOR YOUR RECORDS**

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