# Dear Incoming Student:

It is mandatory that you complete and return the enclosed Cooper Union health forms and the New York State required response forms for Meningitis, and Measles, Mumps and Rubella. **You cannot attend classes until these forms are completed and received.**

Please have these forms completed and returned by the deadline, June 5.

**Return to:**
The Office of Student Affairs
The Cooper Union
29 Third Avenue
New York, NY 10003

**Questions?**
212.353.4130
212.353.4044 fax

| Form | Due Date | Status |
|---|---|---|
| Personal Medical History | June 5 | Mandatory |
| Physician Medical Clearance | June 5 | Mandatory |
| NY Immunization | June 5* | Mandatory |
| NY Meningitis | June 5* | Mandatory |
| Disability Identification | June 5 | Optional |

* **New York State Public Health Law requires all students to submit their Immunization & Meningitis forms. If you do not submit those forms by 5 pm on June 5, you will be assessed a fee of $100. There are no exceptions.**

**THE COOPER UNION**
OFFICE OF STUDENT AFFAIRS
STUDENT HEALTH

# PERSONAL MEDICAL HISTORY 1 OF 2

**MANDATORY**

NAME OF STUDENT (PRINT OR TYPE) DATE OF BIRTH

☐ Male ☐ Female ☐ Trans FTM ☐ Trans MTF ☐ Other _____

## INSTRUCTIONS

All Cooper Union students must complete this medical history. This is a registration **REQUIREMENT** solely for an evaluation of your health. The Cooper Union will consider the information confidential. Please print clearly and legibly. When you have completed the form, seal it in the accompanying envelope and mail it immediately.

## PERSONAL INFORMATION

Home Address City State Zip

Address while at Cooper City State Zip

Local Telephone E-mail

Emergency Contact Relationship

Home Address City State Zip

Local Telephone E-mail

## PERSONAL MEDICAL HISTORY

Please give us a self-assessment based on your previous health as well as your present physical condition.

1. Which of the following illnesses have you had?
   ☐ Diphtheria ☐ Measles ☐ German Measles ☐ Scarlet Fever ☐ Mumps ☐ Chicken Pox ☐ Whooping Cough

2. During the past 2 years have you had close contact with anyone having Tuberculosis? ☐ Yes ☐ No

3. Have you ever received any psychological or psychiatric treatment? ☐ Yes ☐ No
   ☐ Depression ☐ Anxiety ☐ Bi-Polar Disorder ☐ Schizophrenia ☐ Suicide Attempts ☐ Other _____

4. Do you have an eating disorder? ☐ Yes ☐ No

Please check each item where appropriate. Kindly give details, including dates, when possible. Attach a separate sheet if necessary.

- ☐ Heart Trouble
- ☐ High Or Low Blood Pressure
- ☐ Any Operations
- ☐ Drink Alcohol, Beer, Wine
- ☐ Allergy (Meds, Food, Pollen. Etc.)
- ☐ Liver Disease
- ☐ Infectious Mono
- ☐ Rheumatic Fever
- ☐ Kidney Trouble
- ☐ Diabetes Mellitus
- ☐ Thyroid Or Other Gland Trouble
- ☐ Digestive Disease (Ulcers, Colitis)
- ☐ Lung Disease (Asthma, Tuberculosis, Pneumonia)
- ☐ Fainting, Convulsions, Migraine Headache
- ☐ Blood In Urine Or Stool
- ☐ Smoke (Cigarettes, Cigars, Marijuana)
- ☐ Eye Trouble
- ☐ Neuro-muscular Disease
- ☐ Difficulty Hearing

*(Continued on next page)*

**THE COOPER UNION**
OFFICE OF STUDENT AFFAIRS
STUDENT HEALTH

# PERSONAL MEDICAL HISTORY 2 OF 2

**MANDATORY**

(CONTINUED FROM PAGE 1)

7. What medications are you currently taking?

8. Is there any reason why you should not participate in all usual college activities? ☐ Yes ☐ No
If yes please explain

I understand that The Cooper Union is a small specialized elite institution focusing on Art, Architecture, and Engineering. Located in New York City, The Cooper Union does not have any on-campus health center nor does The Cooper Union provide access to on-going mental health services. I further understand that The Cooper Union assists students in locating local resources for their physical and mental health care, but students are required to function independently and must be able to manage their mental and physical healthcare related issues. I agree to follow the health and safety procedures and rules established by The Cooper Union and release The Cooper Union from any responsibility for my negligence.

Signature (ALL STUDENTS MUST SIGN) Date

MAIL FORM TO:

**OFFICE OF STUDENT AFFAIRS**
**29 THIRD AVENUE NEW YORK, NY 10003**

HAVE QUESTIONS?

**212.353.4130**
**212.353.4044 FAX**
**COOPER.EDU**

**THE COOPER UNION**
OFFICE OF STUDENT AFFAIRS
STUDENT HEALTH

# IMMUNIZATION FORM

**NEW YORK STATE MANDATORY**

**NAME OF STUDENT** (PRINT OR TYPE) **DATE OF BIRTH**

New York State Public Health Law (NYS PHL2165) requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement. **You must have two measles shots.**

**If you cannot provide proof of your having the required vaccinations, you must provide results from a titer (blood test) proving your immunity to the disease.**

## REQUIRED: MEASLES (RUBEOLA) IMMUNITY— MUST HAVE ONE OF THE FOLLOWING:

1. Two dates of Measles Immunization: (1) (2)

**Both must be given after 1967. The first immunization must be on or after the first birthday and the second on or after 15 months of age.**

2. Date of Measles Titer: Results:

3. Date of physician diagnosed measles

AND the signature of the diagnosing physician

## REQUIRED: RUBELLA (GERMAN MEASLES) IMMUNITY — MUST HAVE ONE OF THE FOLLOWING:

1. Date of at least one Rubella Immunization: (1) (2)

**Must be on or after the first birthday.**

2. Date of Rubella Titer: Results:

Physician diagnosis is not acceptable.

## REQUIRED: MUMPS IMMUNITY — MUST HAVE ONE OF THE FOLLOWING:

1. Date of at least one Mumps immunization: (1) (2)

**Must be on or after the first birthday.**

2. Date of Mumps Titer: Results:

3. Date of physician diagnosed mumps disease:

PLEASE NOTE: MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella.

**Signature of Health Practitioner** **Physician's Stamp**

MAIL FORM TO:

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# PHYSICIAN MEDICAL **CLEARANCE FORM**

NAME OF STUDENT (PRINT OR TYPE) DATE OF BIRTH

**This form MUST be completed by a licensed physician prior to beginning studies at The Cooper Union. If a student takes a medical or personal leave of absence at any point in their career they need to resubmit this form prior to reengaging with their studies.**

Are there any emotional, mental, or physical conditions for which this student is under medical observation and care and/or taking any medication? ☐ Yes ☐ No

If yes, please specify condition(s) and indicate any relevant details. Please attach any relevant and/or necessary documentation to this form:

Physician recommendation for student engagement in extra-curricular activities:

☐ Full Engagement without Restrictions ☐ Limited Engagement with the Following Restrictions

Restrictions are as follows:

## MEDICAL CERTIFICATION

The physician noted below hereby certifies that the above-named student is emotionally, mentally, and physically able to engage in a rigorous and academically demanding course of study at The Cooper Union for the Advancement of Science and Art in New York City.

The Cooper Union is a small specialized elite institution focusing on Art, Architecture, and Engineering. Located in New York City, The Cooper Union ***does not*** have any on-campus health center nor does The Cooper Union provide access to on-going mental health services. The Cooper Union assists students in locating local resources for their physical and mental health care, but students are required to function independently and must be able to manage their mental and physical healthcare related issues.

The student named above has been examined by me and it is my opinion that they are emotionally, mentally, and physically able to engage in studies at The Cooper Union.

Name of Physician Printed Physician Phone Number

Physician Address

Physician Signature

MAIL FORM TO:

**OFFICE OF STUDENT AFFAIRS**
**29 THIRD AVENUE NEW YORK, NY 10003**

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# MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE

**NEW YORK STATE MANDATORY**

## Dear Parents and Students,

Late in the summer of 2003, Governor Pataki signed New York State Public Health Law (NYS PHL 2167) requiring institutions, including colleges and universities, to distribute information about meningococcal disease (meningitis) and vaccine information to all students meeting the enrollment criteria, whether they live on or off campus. Cooper Union is also required to maintain a record of the following for each student taking more than six credits in a given semester:

**THE RECORD CONSISTS OF:**

| | | |
|---|---|---|
| **Response to receipt of meningococcal meningitis disease and vaccination information, signed by the student or a parent or guardian** | **AND** | **A record of meningococcal meningitis immunization within the past 10 years**<br>**OR**<br>**An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or parent or guardian** |

Meningitis is rare. However, when it strikes, its flu like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal cord, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991.

The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 cases of meningitis occur on college campuses and as many as 15 students will die from the disease. A vaccine is available that protects against four types of the bacteriathat cause meningitis in the United States: types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students.

Cooper Union does not offer meningococcal meningitis vaccinations:

You may find a physician or office near you that stocks the vaccine by consulting nmaus.org.

Please complete the Meningococcal Meningitis Vaccination Response Form and return it to the Office of Student Affairs.
Even if you have provided proof of vaccination already, you will still need to return this form.

You can also find information about the disease at:

New York State Dept. of Health
health.state.ny.us

Center for Disease Control and Prevention
cdc.gov/ncidod/dbmd/diseaseinfo

ACHA
acha.org

MAIL FORM TO:

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**29 THIRD AVENUE NEW YORK, NY 10003**

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# MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE

**NEW YORK STATE MANDATORY**

NAME OF STUDENT (PRINT OR TYPE) DATE OF BIRTH

**PLEASE NOTE:** THE NEW YORK STATE PUBLIC HEALTH LAW REQUIRES THAT IF THE STUDENT IS UNDER THE AGE OF 18, THE PARENT OR GUARDIAN **MUST** SIGN THIS FORM AS WELL.

## CHECK ONE BOX AND SIGN BELOW

☐ I had the meningococcal meningitis immunization (Menomune) within the past 10 years

Date received

Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.

☐ I 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 health care provider.

☐ I 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 I will not obtain immunization against meningococcal meningitis disease.

Signed student Date

Signed parent/guardian, if student under 18 Date

Student's Name print clearly Date of Birth

Student ID

Home Address City State Zip

Telephone E-mail

MAIL FORM TO:

**OFFICE OF STUDENT AFFAIRS**
**29 THIRD AVENUE NEW YORK, NY 10003**

HAVE QUESTIONS?

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# SELF-IDENTIFICATION FORM
# FOR STUDENTS WITH DISABILITIES

NAME OF STUDENT (PRINT OR TYPE) | DATE OF BIRTH

PRESENT ADDRESS | CITY | STATE | ZIP

☐ Art ☐ Architecture ☐ Engineering

SCHOOL | TELEPHONE | EMAIL

If you are a student with a disability, you are urged to fill out this form and attach supporting documentation, including a letter from your physician describing your disability and what accommodations you may need to succeed in college. Supporting documentation should be recent (less than a year old). Your response is voluntary. The information will be kept in a confidential file by the Office of Student Affairs, accessible to those with a legitimate need for access to the information.

While we absolutely provide reasonable accommodations to students with disabilities, we want all students to be aware that the expectations at Cooper are very high and our programs and courses are extremely rigorous and move very quickly. The speed at which our curriculum advances is rapid and the rigor and intensity of our academics are fundamental components of how we teach and how students progress through our degree programs. Our courses are challenging for all of our students and any reasonable accommodations that are provided will not alter the expectations of our students and rigor of our courses.

We take an individualized approach to disability accommodations understanding that each student is unique and how they engage with our coursework is also unique. The Office of Student Affairs will be in contact with any student who completes this form to review your specific needs and establish a plan.

Your main contact will be the Office of Student Affairs. They will work with your academic advisor to resolve problems and arrange accommodations needed for access to your program of study and to student activities. Readers, signers, special laboratory equipment and coordination with faculty in making accommodations in course work or examinations are examples of the kinds of arrangements that can be made. Because these adjustments take time, we ask that you submit this form as soon as possible, ideally no later than June 3.

1. What is the nature of your disability?

2. Do you need accommodations to perform your course or laboratory work satisfactorily or safely?

3. Please describe each accommodation you think you need. Your documentation should support these requests.

**PLEASE ATTACH YOUR SUPPORTING DOCUMENTATION FROM YOUR PHYSICIAN AND RETURN THIS FORM TO THE OFFICE OF STUDENT AFFAIRS, 29 THIRD AVENUE, NEW YORK, NY 10003, NO LATER THAN JUNE 5.**

MAIL FORM TO:

**OFFICE OF STUDENT AFFAIRS**
**29 THIRD AVENUE NEW YORK, NY 10003**

HAVE QUESTIONS?

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