

Medical Services of the Colonial Health Center extends a warm welcome to all recently admitted students, and their families. Medical Services of the Colonial Health Center is open Monday thru Friday for appointments or urgent medical needs and Saturday for urgent medical needs only. Medical advice is offered to GW students 24 hours a day/7 days a week with an afterhours nurse hotline.

Please visit: <http://studenthealth.gwu.edu/> for more information or to schedule an appointment.

Prior to registration, there are two things you need to take care of:

Immunization Requirement

The District of Columbia Immunization Law requires that all students under the age of 26 entering a college or university provide proof of certain immunizations before registration. The Instructions and Mandatory Health Form can be found below. Please have your forms completed by a healthcare provider with his/her signature or stamp.

All medical, on-campus nursing, on-campus health sciences and international students holding a F1 or J1 visa are required to have health insurance coverage. **Only the students listed above** will be automatically enrolled in the GW Student Health Insurance Plan. If you are in one of the above categories, you have the option to waive the GW plan, please visit <http://studenthealth.gwu.edu/student-health-insurance> for a complete list of the waiver criteria.

If you are **not a student in one of the categories listed above**, you do have the option to voluntarily enroll in the GW Student Health Insurance plan. For more information, please visit: <http://studenthealth.gwu.edu/student-health-insurance>.

The Colonial Health Center staff extends a warm welcome to entering undergraduate students, graduate students, non-degree students, transfer students, and parents. The District of Columbia Immunization Law requires that all students under the age of 26 provide proof of certain immunizations prior to registration. If you are 26 years of age or older upon entrance into the university, you do not need to complete the Mandatory Health Form.

The required immunizations are:

1. One Tetanus Diphtheria booster or Tdap vaccine given within the last 10 years.
2. Two vaccinations against Measles, Mumps, and Rubella (MMR) given after age one and a minimum of 28 days apart, or provide laboratory proof of immunity. All live vaccinations must be given on the same day or minimum of 28 days apart.
3. Two vaccinations against Varicella (Chicken Pox) given after age one and a minimum of 28 days apart, or provide history of Varicella (Chicken Pox) disease, or provide laboratory proof of immunity. All live vaccinations must be given on the same day or minimum of 28 days apart.
4. Three vaccinations against Hepatitis B, Dose 2 given 28 days after Dose 1, Dose 3 given 5 months after Dose 2, or **Hepatitis B vaccination given according to ACIP/CDC guidelines or accelerated schedule**, or provide laboratory proof of immunity.
5. *Meningococcal vaccine A,C,Y,W-135 given on or after their 16th birthday, or a signed waiver request form is available at studenthealth.gwu.edu/meningitis.

MMR and Varicella vaccinations are to be given on the same day or a minimum of 28 days apart for each dose.

*We strongly recommend that students planning to live in university housing receive the Meningococcal vaccine before arriving on campus.

It is very important that you complete the enclosed Mandatory Health Form and mail or fax it to the Colonial Health Center by the deadline. If your completed form is not received by this date, a Colonial Health Center hold will be placed on your account and you will not be able to register for future semesters. Once you have completed all the requirements and submitted your form to CHC we will send you a confirmation email to your gwu email account stating that you have satisfied the requirements; therefore a registration hold will not be placed on your account.

If you are under 26 years of age, please take the enclosed form and this letter of explanation to your health care provider to be completed and signed. Please retain a copy of the completed form for your records. It is the student's responsibility to ensure that their health care provider completes the form and that it is returned to the Colonial Health Center by the deadline. You can check the status of your Administrative Hold after September 15th (fall entrants) and February 15th (spring entrants) by:

1. Visiting my.gwu.edu/login;
2. Clicking on "GWeb Info System";
3. Entering your Gwid and Pin;
4. Selecting "Student Records and Registration";
5. Selecting "Student Records Information Menu"; and
6. Selecting "View Administrative Holds."

Noncompliant/Incomplete means your record was either not received or you are missing a required vaccination. If there is not a Colonial Health Center hold listed, your record was received and is compliant.

Students seeking exemption from the immunization requirement for medical or religious reasons must submit the GW Mandatory Health Form and a letter from a health provider or religious clergy stating the reason for exemption along with documentation of antibody titers for Measles, Mumps, Rubella and/or Varicella by the deadline.

If for some reason you are unable to complete the immunization requirements before arriving on campus, the Colonial Health Center can assist you in meeting these requirements. Please bring your available immunization records and the Mandatory Health Form when you visit.

Please contact the Colonial Health Center with any questions regarding immunizations.

Only a complete Mandatory Health Form will be retained by CHC. Noncompliant forms will be returned by postal mail to the permanent address you have provided to GW.

MANDATORY HEALTHFORM

This form must be completed and mailed or faxed (**DO NOT E-MAIL**) by August 1st for fall entrants and January 1st for spring entrants in order to register for classes. Please refer to the enclosed letter for instructions.

THIS FORM WILL BE RETURNED VIA POSTAL MAIL TO THE STUDENT IF IT CONTAINS INCOMPLETE IMMUNIZATIONS, INVALID DATES, OR INCOMPLETE INFORMATION.

Last Name	First Name	G GWid	
E-mail Address	Contact Phone Number	Date of Birth (MM/DD/YYYY)	Semester/Year First Admitted

This form is required for all incoming students under 26 years of age. Please have your healthcare provider complete, sign, and return this form to CHC at the address above. Vaccination dates should be written using MM/DD/YYYY. **Keep a copy of this form for your records.**

Td booster/Tdap ___/___/___ Within the last 10 years

MMR and Varicella vaccinations are to be given on the same day or a minimum of 28 days apart for each dose.

MMR #1 ___/___/___ After 12 months of age

MMR #2 ___/___/___ A minimum of 28 days after MMR #1

OR you must attach lab report showing positive immunity

Varicella #1
(Chicken Pox) ___/___/___ After 12 months of age

Varicella #2
(Chicken Pox) ___/___/___ A minimum of 28 days after Varicella #1

History of disease _____ (Date/Age)

OR you must attach lab report showing positive immunity

Hepatitis B given according to ACIP/CDC guidelines or accelerated schedule.

Hepatitis B #1 ___/___/___
Hepatitis B #2 ___/___/___ A minimum of 28 days after Hepatitis B #1

Hepatitis B #3 ___/___/___ A minimum of 5 months after Hepatitis B #2

OR you must attach lab report showing positive immunity

Meningococcal
A, C, Y, W-135 ___/___/___ On or after 16th birthday

OR Download Meningococcal Waiver at: studenthealth.gwu.edu/meningitis

Colonial Health Center can assist you in meeting these requirements, including providing immunizations.

Healthcare Provider Signature or Stamp	Date	Healthcare Provider Phone Number
--	------	----------------------------------

For internal use only	_____ Compliant	_____ Non-compliant
-----------------------	-----------------	---------------------

Meningococcal Vaccine Waiver

**Incomplete Forms Will Be
Returned to the Student**

Last Name _____ First Name _____

GWid# _____ Date of Birth _____ Age _____

Semester/Year First Admitted _____ Email Address/Contact Phone Number _____

By signing below, I understand and state that:

1. I have received and reviewed the information provided by the George Washington University explaining the risk of meningococcal disease, and the effectiveness and availability of the meningococcal vaccine.
2. I understand that D.C. Code §38-503 and related regulations require that each first-year student who is enrolled at the university and is living in, or who may live in on-campus student housing, must be vaccinated against meningococcal disease or must sign a waiver of the meningococcal vaccine requirement.
3. I understand that in accordance with university policy, each student who is enrolled in any school of the university for the first time, including transfer students, must make an election to receive the meningococcal vaccine or to waive the vaccine requirement.
4. I acknowledge that meningococcal disease is a rare, but life-threatening illness; however, I decline the vaccine on my own behalf since I am eighteen (18) years of age or older; or I decline the vaccine on behalf of the student identified below if he/she is younger than eighteen (18) years of age.

OR

5. I understand that if I reconsider my decision to decline the vaccine, I, or the student for whom I am parent or legal guardian as the case may be, may return to the Colonial Health Center to receive the vaccine.
6. I am either eighteen (18) years of age or older and applying for this waiver on my own behalf; or I am the parent or legal guardian of the student identified below and am applying for this waiver on his/her behalf.

By signing this waiver, I am seeking an exemption from the meningococcal vaccine requirement mandated by D.C. law. I hereby voluntarily agree to fully release the George Washington University, the Colonial Health Center and its staff from any and all costs, liabilities, expenses and any other consequences thereof that might result from my decision to decline the meningococcal vaccine.

Student's Signature _____ Date _____

PRINT: Student Name _____

Parent/Legal Guardian Signature (if under 18) _____ Date _____

PRINT: Parent/Legal Guardian Name (if under 18) _____

For office use only: **Waiver reviewed and granted by:** _____ **Date** _____