Tufts UNIVERSITY

CONFERENCE BUREAU

TUFTS UNIVERSITY

In order for the staff clinicians at the Tufts University Health Service, or any other medical facility, to render services to you during your stay at Tufts, it is necessary for you to sign the consent form below. Also, we require the immunization and short health history on the opposite side to be completed.

I will be attending Tufts University conference or summer program entitled:_____

Start date of program:_____ Last date of program:_____

I consent to medical care in the Tufts University Health Service or any other medical facility:

Today's Date:_____Date of Birth:_____

Name (Print):_____

Signature:_____

Parent's or Guardian's Statement (If participant is under 18 years of age):

I hereby grant permission to the Director of Tufts University Health Service, or another medical professional, or his authorized representative, to furnish such medical care as my son/daughter _____ may require,
Name(Print)
including examinations, treatment, immunizations and so forth.. This permission is conditional upon the understanding that in the event of serious illness or the need for hospitalization and/or surgery, the Director will use all reasonable efforts to contact me. Failure in such efforts, however, should not prevent the Director from providing such emergency treatment as may be necessary for the best interest of my son/daughter. I understand that I will be responsible for any medical expenses incurred by my son/daughter during this program.

Name of Parent/Guardian (Print):_____

Signature of Parent/Guardian:_____Date:_____

Name of person to be called in case of emergency:

Name:_____ Telephone No.:_____

Street Address:_____

City/State_____Country:_____

Relationship:_____

Health Insurance Information (Print):

Name of Subscriber:_____

Insurance Co.:_____

Insurance Co. Address:_____

Policy No._____Group No. (If any)_____

Please complete the reverse side of this form

108 Packard Avenue | Medford, MA 02155 | TEL: 617.627.3568 | FAX: 617.627.3856 | EMAIL: conferences@tufts.edu | ase.tufts.edu/conferences

Please answer the following questions:	Yes	No
1) Do you have any medical problems for which you are receiving medication?	❑	❑

If yes: Diagnosis:_____

Medication(s):_____

2) Have you had: Measles?	❑	❑
Mumps?	❑	❑
Chicken Pox?	❑	❑
3) Are you allergic to any medicine(s)?	❑	❑

If yes, which?_____

Are you allergic to anything else?	❑	❑

If yes, what?_____

IMMUNIZATION HISTORY

Individuals who attend any Tufts education program are required to comply with the Massachusetts Immunization Regulations and demonstrate immunity to certain communicable diseases as follows:

Tetanus/ Diphtheria (Td): A booster injection of Td is required within 10 years of the initial series of the latest booster injection, whichever occurred most recently.

Measles, Mumps, Rubella:
Measles: Two injections of live measles vaccine, at least one month apart, on or after his/her birthday, and after 1968.
Mumps: One injection of live mumps vaccine on or after his/her first birthday and after 1968.
Rubella: One injection of live rubella vaccine on or after his/her first birthday and after 1968.

Instead of immunizations, immunity to these diseases may be documented by positive serological antibody titres. History of having the disease will not be acceptable documentation of immunity.

Hepatitis B Vaccine: Although this is not required, it is strongly recommended.

IMMUNIZATION HISTORY	**Immunization Dates**		
Type	Initial Series	Booster	
Tetanus/Diphtheria			
Polio			
Measles			
Mumps			
German Measles			

Physician's Name:_____ Tel.:_____
(Print)

Physician's Signature :_____ Date:_____

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