



Please keep a copy of this form for your own records.

Find more information about this form and related information at this FAQ page: <https://precollege.brown.edu/PIMR>

NOTE: Participants may not engage in programs until this form has been received. Information provided on this form will be made available to healthcare providers and Program staff.

Please fill out all outlined sections. Please print.

PARTICIPANT CONTACT INFORMATION

Last Name: _____ First Name: _____

Gender: Male Female Self-defined Date of Birth (mm/dd/yyyy): _____

Home Address: _____

City/State: _____ Zip Code: _____ Country: _____

CURRENT HEALTH INFORMATION AND REQUIRED IMMUNIZATIONS MUST BE REVIEWED AND SIGNED BY A HEALTH CARE PROVIDER OR MEDICAL RECORDS PROFESSIONAL.

CURRENT HEALTH INFORMATION

Below is a general list of expectations for the participant regarding their daily activity, with the understanding that each participant's experience is different and this only provides a short list of basic expectations.

- » Transporting oneself to different locations on- and off-campus, including class and the dining halls
- » Managing self-administration of prescribed medications
- » Managing own diet within a dining hall setting, unless a reasonable accommodation for a disability is requested and granted
- » Sleeping in a University-issued bed
- » Waking and preparing for the day
- » Participating in optional recreational events
- » Attending class, studying, and completing assignments

Does the participant have any history of or current significant physical or mental health conditions? No Yes

If yes, please explain: _____

Does the participant have any predisposing physical or mental health conditions which under stress of adjusting to living in new surroundings may require support and/or treatment? No Yes

If yes, please explain: _____

May the participant engage in all program activities, including sports? No Yes

If no, please explain: _____

REQUIRED IMMUNIZATIONS

Please document immunization dates below (or attach a certified immunization history). Registration will be denied if the required immunizations are not documented.

- Check here if the participant is exempt from immunization requirements due to a medical condition or religious belief. A completed and submitted Rhode Island Department of Health [Medical Immunization Exemption Certificate](#) or [Religious Exemption Certificate](#) is required. Please be sure to fill out and hand in to Simmons Center Summer Institute staff along with this form.

You may attach an immunization record provided by your physician at [this upload link](#).
Please ensure all required immunizations and dates are provided and it is signed by a physician.

1. MMR (Measles, Mumps, Rubella) – two MMR doses required: One at least 12 months after birth or later, and one at least one month after the first dose.

Dose #1: _____ DATE Dose #2: _____ DATE

OR if Measles, Mumps or Rubella given separately, two doses of each are required:

Measles Dose #1: _____ DATE Measles Dose #2: _____ DATE

Mumps Dose #1: _____ DATE Mumps Dose #2: _____ DATE

Rubella Dose #1: _____ DATE Rubella Dose #2: _____ DATE

2. Hepatitis B - must have at least first dose

Dose #1: _____ DATE Dose #2: _____ DATE Dose #3: _____ DATE

3. Chicken Pox - two doses or date of prior infection

Dose #1: _____ DATE Dose #2: _____ DATE Date of Infection: _____ DATE

4. Tetanus, Diphtheria, Acellular Pertussis (Tdap) – required within last 10 years: _____ DATE

5. Meningococcal Conjugate (MCV4): _____ DATE

6. COVID-19 Vaccination and Boosters

All required doses of COVID-19 vaccinations (including boosters) are highly recommended.

Please circle brand of **vaccine** if known:

Janssen/Johnson & Johnson

Moderna

Pfizer-BioNTech

Oxford/AstraZeneca

Other World Health Organization approved COVID-19 vaccine brand: _____

Dose #1: _____
DATE BRAND

Dose #2: _____
DATE BRAND

Dose #3: _____
DATE BRAND

HEALTH CARE PROVIDER SIGNATURE AND CONTACT INFORMATION

Name (print): _____ Date: _____

Provider Signature: _____

Address: _____ City/State: _____

Zip Code: _____ Country: _____

Phone: _____ Fax: _____



LINKS TO REFERENCED RESOURCES

Physician Immunization and Medical Report - Frequently Asked Questions

<https://precollege.brown.edu/PIMR>

Rhode Island Department of Health Medical Immunization Exemption Certificate

<https://health.ri.gov/forms/exemption/MedicalImmunizationExemptionCertificateForSchools.pdf>

Rhode Island Department of Health Religious Immunization Exemption Certificate

<https://health.ri.gov/forms/exemption/ReligiousImmunizationExemptionCertificateForSchools.pdf>

Healthy Summer at Brown Pre-College

<https://precollege.brown.edu/student-life/healthy>