Welcome to The Culinary Institute of America

Hyde Park Campus!

Physical Examination & Health Information

In order to attend the CIA, it is a requirement to have a physical exam performed within the past year and obtain mandatory vaccinations. This information must be documented on the CIA forms. The completed CIA forms must be submitted no later than 45 days prior to your entry date.

The completed Physical Examination & Health Information packet must be submitted by mail, fax or e-mail. Failure to complete these requirements may result in an academic hold and a $200 non-compliance fee.

The Culinary Institute of America
Student Health Services
1946 Campus Drive
Hyde Park, NY 12538

Fax#: 845-905-4061

E-mail: ciahealthservices@culinary.edu

Please e-mail or call the Student Health Office at 1-800-285-4627 ext. 1261 if you have any questions.

Entry Date: / /

Optional Student Recommendations:

Covid vaccination

Seasonal Lnfluenza Yaccin H

Tetanus Yaccin H

Mandatory Student Requirements :

Tuberculosis (TB) screening questionnaire (page 2).

‡ Meningitis vaccination response form (page 5).

Mandatory Healthcare Provider Requirements:

Two MMR vaccine dates or proof of immunity (page 1).

Hepatitis A vaccine dates (page 1).

Hepatitis B vaccine (if student <19 years old) (page 1).

Health Care Provider Tuberculosis Risk Assessment, if warranted* (page 3).

History and Physical Exam: signed and dated by a healthcare provider (page 4).

*See page 2 Tuberculosis (TB) Risk Assessment guidelines for reference.

The Culinary Institute of America
1946 Campus Drive, Hyde Park, NY 12538
Part I: Immunization Form

Student's Name: _____ Date of Birth: ____/___/___
(Last) (First) (MI)

Address: _____
(Street - Apt #) (City) (State - Zip)

NYS Public Health Law 2165 requires post-secondary students born 01/01/57 or later to show protection against measles, mumps, and rubella. Persons born prior to January 1957 are exempt from this requirement. The first dose of vaccine must be given on or after your first birthday.

Required Immunizations	Optional Immunizations
OPTION 1: MMR (Measles, Mumps, Rubella)	

Signature or Official Stamp of Healthcare Provider

Hyde Park– Revised

Guardian Signature (only if student <18 years of o

Name_____ Date of birth_____

Part IIb: Health Care Provider Tuberculosis Risk Assessment

Tuberculosis (TB) Risk Assessment – Provider H i

_____ _____

Healthcare Provider Signature

Name:_____ Date of birth_____

Part IIIa: Medical History

PAST MEDICAL HISTORY: HAVE YOU HAD ANY OF THE FOLLOWING?

ADD/ADHD	Concussions	Heart Disease	Substance Abuse
Anxiety	Depression	High Blood Pressure	Thyroid Disease
Asthma	Diabetes	Kidney Disease	Tobacco Use
Bipolar Disorder	Digestive Problems	Seasonal Allergies	Other _____
Bleeding Disorder	Eating Disorder	Seizure Disorder	_____
Cancer	Fainting	Skin Disease	_____

Food Allergies:_____

Medication Allergies:_____

Additional Allergies:_____

Past Surgical History:_____

Daily Medications/Dosages:_____

_____

Part IIIb: Mandatory Physical Exam

Height: _____ Weight: _____ BP:_____/_____ Pulse: _____

	NORMAL	ABNORMAL	COMMENTS
Skin			
H.E.E.N.T.			
Neck/Thyroid			
Lymph Glands			
Lungs			
Cardiovascular			
Abdomen			
Back/Extremities			
Neurologic/Reflexes			
Hearing			
Vision			

Recommendations for Physical Activity: Unlimited Limited (please explain):_____

_____

Healthcare Provider Signature: _____ Date of Exam: _____

Phone # _____ Name (or stamp) _____

Fax # _____ Address _____

Name:_____ Date of birth_____

Part V: Mandatory Meningitis Vaccination Response Form

New York State Public Health Law 2167 requires that colleges and universities distribute information about meningococcal disease and vaccinations to all students.

I have (check one box and sign below):

had the meningococcal immunization within the past five (5) years. The date of vaccination was_____.

Note: The Advisory committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one (1) dose of Meningococcal ACWY vaccine not more than five (5) years before

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