

Welcome to The Culinary Institute of America  
San Antonio Campus!

**D \mg]WU`9 IU a ]bUh]cb` /` <YU`h\`=bZcf a Uh]cb**

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 7-5 forms. The completed CIA forms must be submitted no later than **( )`XUmg`df]cf`hc`mc`i`f`Ybhfm`XUhY"**

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.

Fax#: 845-905-4061

E-mail: [WU\YU`h\gYf j\]WYg 4 Wi`\]bUfm"YX i](mailto:WU\YU`h\gYf j]WYg 4 Wi`]bUfm)

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

**9bhfm`8UhY.` #` #`**

**Cdh]cbU` Gh i XYbh` FYWc a a YbXUh]cbg.`**

- Covid vaccination
- Seasonal Influenza Vaccine
- Tetanus Vaccine

**AUbXUhcfm`Gh i XYbh` FYe i ]fY a Ybhg.**

Tuberculosis (TB) screening questionnaire (page 2).

**AUbXUhcfm`<YU`h\WUfY`Dfc j]XYf` FYe i ]fY a Ybhg.**

- Meningococcal Vaccination/Booster if 0`&&`mYUfg`cZ`U`[Y` (page 1)
- Hepatitis A vaccine dates (page 1).
- Two MMR vaccine dates **cf`** proof of immunity (page 1).
- Health Care Provider Tuberculosis Risk Assessment, if warranted\* (page 3).
- History and Physical Exam: **g][ bYX`** and **XUhYX`** by a healthcare provider (page 4).

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

H\Y'7 i`]bUfm:=bgh]h i hY'cZ'5 a Yf]WU  
& D P S XU/L Y+H G B D U N<  
DUfh'=: =a a i b]nUh]cb': c f a

Student's'BU a Y.: \_\_\_\_\_ 8UhY'cZ'6]fh\.: \_\_\_\_\_ #' #'  
fl@Ughk' fl:]fghk' flA=L

5XXfYgg.: \_\_\_\_\_ flGhfYYh'!'5dh' \_k' fl7]hmk' flGhUhY'!'N]dk

FYe i]fYX'=a a i b]nUh]cbg'

Cdh]cbU'`=a a i b]nUh]cbg

<p>[Redacted]</p> <p>_____</p> <p>_____</p> <p>[Redacted]</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>[Redacted]</p> <p>_____</p> <p>[Redacted]</p> <p>_____</p> <p>[Redacted]</p> <p>□</p> <p>□</p>
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; iUfX]Ub`G][bUh i fY`fj]Z`gh i XYbh`0%,`mYUfg`cZ`U[YŁ.`

GUb`

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

**DUfh=V.<YU`h\`7UfY`Dfc j]XYf`Hi VYfWi`cg]g`F]g\_`5ggYgg a Ybh**

**Hi VYfWi`cg]g`fH6L`F]g\_`5ggYgg a Ybh`E`Dfc j]XYf`E i Ygh]cbg**

1. Has the student ever had a **dcg]h]jY`**TB skin test or TB blood test? Yes No
2. Does the student have a medical condition associated with increased risk of progressing to TB disease if infected (e.g.HIV infection; head/neck/lung cancer; hematologic disease such as leukemia)? Yes No

