CHECKLIST

Return the following forms and payments to the Summer Term office:

- Letter of Intent
- Directory Information Restriction Form (optional)
- Payment: See section on Tuition, Fees, and Additional Expenses
- Parental Acknowledgement, Consent, & Release
- Laboratory Consent
- Media Release
- Medical Forms
  - Immunization and Physical Form
  - Immunization Record Form
  - Meningococcal Waiver and Tuberculosis Record
  - Health History Form
  - Medical Insurance Information
    Please send a photocopy of the front/back of your medical insurance card.
- Waiver of Liability for BU Fitness and Recreation Center
- Music Practice Room Request Form (optional)

Email (summerhs@bu.edu) is the preferred method to receive these forms. You can also fax or mail them to:

Fax: 617-358-0646
Mailing Address:
Boston University Summer Term
Summer Challenge Program
755 Commonwealth Avenue, Room B05
Boston, MA 02215

Please note: The “Residence License Agreement” is an online housing contract that must be signed by all students. Information on how to access this document will be emailed to you at a later date.

If you have any questions, please contact our office by phone at 617-353-1378 or via email at summerhs@bu.edu.

We look forward to meeting you and sharing in your Boston University summer experience.
IMPORTANT INFORMATION REGARDING THE ENROLLMENT MATERIALS

Letter of Intent:
In order to plan for the summer, including arranging your housing assignment, we will need to know as soon as possible whether you will be joining the program. A completed Letter of Intent is required to enroll you in Summer Challenge and to issue you a BU ID number. Please note that the Letter of Intent is not considered complete unless you have filled out the BU Emergency Alert Contact Phone Number. Since this number will be used to contact you in case of a University-wide emergency, please provide your cell phone number, not your parent’s phone number. Boston University policy requires all students studying on campus to provide an emergency alert phone number. Students cannot be registered without one.

Please note: If you are attending one of our programs with a friend, you may request to room together. There is a space to make this request on the Letter of Intent. In order to be considered, a room request must be submitted separately by each student asking to share a room. Requests must be made by the date indicated in your acceptance packet and are not guaranteed.

After submitting your Letter of Intent, you will receive by email instructions for setting up your BU Computing Account, which you will then use to register for housing. All students must sign an electronic housing contract called the “Residence License Agreement.” You will be assigned a room and notified of your room location at check-in. Most students will be assigned to a double, but some may be assigned to singles or triples.

Directory Information Restriction Form (Optional):
This optional form allows you to restrict the information that Boston University can share.

Payment:
- If you choose to pay for the program using a credit card, you can use the following link. You will need your Boston University ID number, which we will email you after you have submitted your Letter of Intent.

This link can be found on our website under “How to Pay” for easier access:

www.bu.edu/payment

- If you choose to pay by check, please make the check payable to Boston University. Please include the student’s name and BU ID number, as well as ‘SC’ in the memo line.

- If wiring money from a foreign bank, please visit our website (below) to find more information on the two approved vendors: peerTransfer/Flywire and Global Pay for Students.

http://www.bu.edu/summer/high-school-programs/summer-challenge/how-to-pay.shtml
Parental Acknowledgement, Consent, & Release and Media Release:
These are two standard release forms. Make sure to write your parent/guardian’s name and your name in the space provided and have your parent/guardian sign and date the form. In order to participate in the program, your parent/guardian must sign the Parental Acknowledgement, Consent, & Release form. The Media Release form is not mandatory (although we do like to include students’ photos and quotes in our publications, such as next year’s brochure and website).

Laboratory Student Consent Form:
This form informs students about the safety requirements for both clothing and conduct while the students perform activities in the laboratory. This is only required for students enrolled in the Chemistry of Medicine, Infectious Diseases, and Anatomy & Physiology seminars.

Immunization and Physical Form:
This information is self-explanatory but very important. In case of emergency, this form will allow you to receive hospital care.

Immunization Record Form, Meningococcal Waiver/Tuberculosis Record, and Health History Form:
The information requested on these forms will be used in case of an emergency in conjunction with the Immunization and Physical Form. All three forms require a physician’s signature.

Please also provide a photocopy of the front and back sides of your health insurance card.

Waiver of Liability for BU Fitness and Recreation Center:
All program participants must fill out this form even if they do not plan on purchasing a membership to BU’s Fitness and Recreation Center, since some of our activity options may occur in the FitRec Center.

Please note that the form included in this packet is NOT a membership sign-up form. You can purchase a membership when you arrive at check-in.

Music Practice Room Request (Optional):
If you are interested in using a practice room this summer, please send back the Music Practice Room Request Form enclosed in this packet. This will allow us to set up your access before you arrive on campus and you can start practicing right away. Musical instruments must be stored in your dormitory room.
BOSTON UNIVERSITY SUMMER CHALLENGE PROGRAM

LETTER OF INTENT

Please indicate whether or not you plan to attend the 2017 Summer Challenge program. Once you have completely filled in the appropriate fields, return this form to our office via email (summerhs@bu.edu), fax (617-358-0646), or mail (755 Commonwealth Avenue, Room B05, Boston, MA 02215).

___ YES, I plan to attend the 2017 Summer Challenge program. Circle the session(s) you will be attending.

Session(s) Attending: 1 (June 18 – June 30)  2 (July 9 – July 21)  3 (July 23 – August 4)

1. Dormitory curfew is 11:00 pm Sunday-Thursday and 12:00 am Friday-Saturday. All students must be in their dormitories by curfew.
2. Students may not enter the dormitory floor and rooms of students of the opposite sex.
3. All planned activities are mandatory unless otherwise noted.
4. To leave campus during their free time, students must be accompanied by another program participant and must inform their Program Assistant.
5. In order for a student to leave with family or friends who are NOT in the program during free time, the student’s parent or legal guardian must provide written permission to the program office (via email: summerhs@bu.edu) at least 48 hours in advance. A student is only authorized to leave once the Program office gives permission and sends the student’s parent or guardian a confirmation email. Overnight absences are not permitted.
6. Any student found in possession of, under the influence of, in the presence of, and/or suspected of having consumed illicit drugs or alcohol at any time during the program will be removed from the Program immediately and may face other University and program sanctions. The student will have 24 hours to make arrangements to leave the dormitory and return home. The student’s parent or guardian will be notified and is responsible for bringing their child home within the 24 hour time period.
7. Students are expected to act respectfully toward program staff and other participants.
8. Any student who vandalizes or steals Boston University property will be removed from the program and will be required to reimburse the University for the cost of repairing or replacing the property.
9. Any form of discrimination, harassment, or pranking constitutes unacceptable behavior and may result in removal from the program.
10. No refund of tuition or program fees will be given for any student who is removed from the program for violating the rules. The student will be sent home at the parents’ expense.

I have read and fully understand the rules and regulations listed above and in the Program Guidelines packet.

Student Name_________________________       Student Signature _____________________________

Parent/Guardian Signature__________________________________       Date_______________________

Student Cell/BU Alert Phone Number__________________________

Emergency Contact Phone Number___________________________       Emergency Contact Relation______________

Roommate Request (optional) __________________________________________

Roommate requests must be mutual, listed on each student’s Letter of Intent, and received by Summer Term no later than Wednesday, May 31, 2017 to be considered.

___ NO, I have made other plans and will not be attending the 2017 Summer Challenge program.

Reason not attending __________________________________________

Student Name_________________________       Student Signature _____________________________

Parent/Guardian Signature__________________________________       Date_______________________

Student Cell/BU Alert Phone Number__________________________

Emergency Contact Phone Number___________________________       Emergency Contact Relation______________

Roommate Request (optional) __________________________________________

Roommate requests must be mutual, listed on each student’s Letter of Intent, and received by Summer Term no later than Wednesday, May 31, 2017 to be considered.
Directory Information Restriction

Use this form to manage public access to your data at Boston University

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your education records and restricts disclosure of personal information from your education records, except as authorized by law. For information on Boston University’s FERPA policy, please refer to the Registrar’s Office website at www.bu.edu/reg/ferpa/ferpa-policy.

The University has designated certain types of personally identifiable information as “Directory Information.” A list of this information is below. Unless restricted, Boston University may disclose any of the items of Directory Information without your consent.

Boston University will not release grades or GPA information without your prior consent. In addition, Boston University does not provide student lists outside the University for purposes of marketing.

Any and all data that you restrict below will not be released outside the University.

If you wish to restrict the release of your Directory Information, you may do so by using the Student Link, by completing the information below, or by visiting the Office of the University Registrar.

Name: ____________________________  BU ID or SS Number: Not Required

Check to restrict:

___ Local Address and BU Directory Phone Number: If restricted, this information will not be listed in the BU online directory nor printed in the BU phone book.

___ Email Directory Lookup: If restricted, your email address will not be listed in the BU on-line directory.

___ School or College: If restricted, this information will not be released to anyone outside BU.

___ Academic Program (Degree, Major, Minor): If restricted, this information will not be released to anyone outside BU.

___ Dates of Attendance, Full/Part-time Status: If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

___ Degrees, Honors, and Awards Received: If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.

___ Commencement Program: If restricted, your name, college, degree and honors will not appear in the Commencement Program when you graduate.

___ Bostonia Yearbook: If restricted, your name will not appear in the BU Yearbook when you graduate.

Please return to:
Boston University Office of the University Registrar
881 Commonwealth Avenue, 2nd floor
Boston, MA 02215
Phone: 617-353-3612
Fax: 617-358-1689

Signature: ____________________________  Date: ____________________________
SUMMER CHALLENGE
TOTAL CHARGE & REFUND POLICY

Total Charge: $3,900

The Summer Challenge total charge includes tuition, housing, and all meals in the dining hall. It also includes textbooks and all sponsored activities during the two-week program.

The $50 application fee and spending money are not included in the total charge. You may also sign up for a two-week membership to the Fitness and Recreation Center for an additional fee when you arrive on campus.

Methods of Payment:
Please make one payment for the total charge listed above.

- If you choose to pay using a credit card, please use the following link www.bu.edu/payment. You will need your Boston University ID number, which you will receive by email within three weeks of our receipt of your Letter of Intent and Registration Form.

- If you choose to pay by check, please make the check payable to Boston University. Please write the student’s name, BU ID number, and ‘SC’ on the memo line. Checks can be mailed to our office.

- If wiring money from a foreign bank, please visit our website (below) to find more information on the two approved vendors: Flywire and Global Pay for Students.

http://www.bu.edu/summer/high-school-programs/summer-challenge/how-to-pay.shtml

NOTE: No refund or reduction in the total charge will be made for a student who arrives late, leaves early, attends only part of the program, or is dismissed from the program due to a violation of the program guidelines.

Payment is due by May 15, 2017
(unless otherwise indicated in your acceptance materials)
BOSTON UNIVERSITY
PARENTAL ACKNOWLEDGMENT, CONSENT AND RELEASE FROM LIABILITY

For Participation in Summer Challenge Program

Name of Student: _______________________________________________

1. I hereby consent to the participation of the child named above in all activities of the Summer Challenge program ("the Program") being sponsored by the Summer Term office of Boston University. I understand, recognize, and acknowledge that this Program involves activities which may involve the risk of accident, death, illness, physical or mental injuries, and property damage, such as (but not limited to) attending classes on the Boston University campus, and participating in recreational events and field trips and in laboratory activities that may involve exposure to strenuous activities or hazardous substances or equipment.

2. It is my responsibility to ask questions about any aspect of the Program activities that has not been explained to my satisfaction. I hereby voluntarily assume any and all risks, including injury to person and property, related to my child’s participation in or travel to and from the Program.

3. In consideration of the University allowing my child to participate in the Program, I, on behalf of myself, my child, and anyone claiming on behalf of me or my child hereby FOREVER RELEASE Trustees of Boston University (the “University”) and its departments, officers, directors, board members, representatives, agents, and employees from any and all claims, demands, causes of action, judgment, damages, expenses and costs (including attorneys’ fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death or accident of any kind sustained by my child that arises out of or is related in any way to his/her participation in the program which I may now or hereafter have and which the above-named minor has or hereafter may acquire, either before or after reaching majority.

4. In signing this Parental Consent and Release from Liability, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, my minor child, and anyone claiming on behalf of me or my child.

5. I further acknowledge that I am the parent or legal guardian of the minor identified above, with legal authority to sign this document.

PARENT OR GUARDIAN:

________________________________________________________
Signature

________________________________________________________
Name (Printed) & Relationship to Student

________________________________________________________
Street Address

________________________________________________________
City/State

________________________________________________________
Telephone

Dated: ________________________________
Laboratory Student Consent Form

The undersigned student agrees to observe the following safety procedures while participating in any laboratory work through the Summer Challenge or Summer Preview program at Boston University:

1. Wear appropriate clothing to the lab, including closed-toe shoes (sneakers or boots), long pants/skirt, and long sleeved shirt. (contact laboratory for more specific needs).
2. If vision correction is necessary, wear glasses instead of contact lenses.
3. Tie back long hair and remove all dangling jewelry.
4. Do not bring food or drink into the laboratory.
5. Do not apply cosmetics in the laboratory.
6. Wear safety equipment, lab coat, gloves, and safety glasses when instructed by the laboratory staff. (Note: Notify staff if you have an allergy to latex gloves.)
7. Behave in an orderly, safe, and professional manner.
8. Use all equipment and reagents only as directed.
9. Use the appropriate trash for designated waste.
10. Immediately report all injuries, spills, or breakage to the laboratory staff.
11. Use eyewash/shower in case of emergencies only.
12. In the event of a fire alarm, exit the lab immediately in an orderly fashion.
13. Do not work alone in the laboratory; an instructor must be present at all times.
14. Work only in designated areas of the building. Enter only offices, laboratories, or other rooms that have been designated by your supervisor.
15. Wash your hands upon entering and (?) before leaving the laboratory.

I agree to adhere to the above requirements and to behave in a responsible and safe manner during my participation in all laboratory activities. I understand that my failure to follow the requirements described above or to engage in any behavior judged by the laboratory staff to be inappropriate or dangerous will result in my permanent removal from the laboratory and may result in my removal from the program.

Student Signature: __________________________________________________________

Parent/Guardian Signature: __________________________________________________

Emergency Contact #: ____________________________ Date: __________
MEDIA RELEASE

I hereby give my permission to Boston University to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements in Boston University educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that Boston University considers appropriate for release to magazines, newspapers, Boston University’s World Wide Web site, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of Boston University and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release Boston University from all liability with respect to the matters covered by this release.

________________________________________  _______________________________
Date                                               Signature of Parent or Guardian
# Immunization and Physical Form 2017

**Student Information**

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<th>First</th>
<th>Middle</th>
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**Date of Birth**

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<th>Day</th>
<th>Year</th>
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**Boston University ID Number**

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**Active Email Address**

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**Emergency Contact**

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<th>Name and relationship of contact</th>
<th>Street Address</th>
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**Alternate Emergency Contact**

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<th>Name and relationship of contact</th>
<th>Street Address</th>
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**Contact Phone Number**

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For comprehensive information about Student Health Services including hours and directions, please visit our website at: [www.bu.edu/shs](http://www.bu.edu/shs)

**Consents and acknowledgements**

I hereby authorize the clinical staff at Boston University Student Health Services to examine and treat me during my enrollment at Boston University.  

Initial

I consent to authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child’s attendance at, or participation in, the Summer Program. I give my consent and authorization to the Program Director or his/her designee to use his/her judgment in seeking medical care for my child. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.  

Initial

I understand that there is a copay to see a provider at Boston University Student Health Services for each appointment. I understand that I am responsible for miscellaneous charges including, but not limited to, lab tests, allergy injections, immunizations, and some supplies. I understand that I am responsible for all health care charges outside of Student Health Services except that which is covered by my health insurance.  

Initial

I understand that some costs outside of Student Health Services may not be covered by my medical insurance.  

Initial

I understand that Student Health Services is a unit inclusive of medical, mental health, nutrition, sports medicine, and alcohol and other drug services. I understand that the providers within this organization may discuss my care within the unit to allow for effective care delivery and care management.  

Initial

I understand that some services provided are limited by staff and space availability. While we may endeavor to serve all students eligible for care, there may be circumstances when referral to outside providers in the community is necessary.  

Initial

The information on this form is for the use of Student Health Services and will not be released to a third party without your consent, except as necessary to fulfill the responsibilities of Student Health Services or as required by law.  

Initial

**Student Signature**

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**Parent/guardian signature**

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<th>Parent/guardian name (please print)</th>
<th>Date</th>
<th>Relationship to Student</th>
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(Must be signed by a parent or guardian if student is under 18 years of age)

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Revised 9/27/2016
**Required Immunization Record**

**Last Name**

**Date of birth**

**BU ID Number**

**Must be signed by MD/NP/PA and must include MM/DD/YYYY**

**Must be completed PRIOR to arrival at Boston University**

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dates Given</th>
<th>Massachusetts State Requirements</th>
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<tbody>
<tr>
<td><strong>MMR</strong></td>
<td>#1 / / / /</td>
<td>- 2 doses of MMR</td>
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<tr>
<td></td>
<td>#2 / / / /</td>
<td>- Minimum of 4 weeks between doses</td>
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<td>mm dd yyyy</td>
<td>OR</td>
</tr>
<tr>
<td></td>
<td>mm dd yyyy</td>
<td>OR 2 doses of each individual component (2 measles, 2 mumps, and 2 rubella)</td>
</tr>
<tr>
<td></td>
<td>Oldest</td>
<td>OR Minimum of 4 weeks between doses</td>
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<td></td>
<td>Newest</td>
<td>OR Positive titers</td>
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<tr>
<td><strong>Individual</strong></td>
<td></td>
<td><strong>The first dose given MUST be received after your 1st birthday</strong></td>
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<td><strong>Vaccines</strong></td>
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<td><strong>Measles</strong></td>
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<td><strong>Mumps</strong></td>
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<td><strong>Rubella</strong></td>
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<td><strong>Positive</strong></td>
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<td><strong>Titers</strong></td>
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<td><strong>Measles</strong></td>
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<td><strong>Mumps</strong></td>
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<td><strong>Rubella</strong></td>
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<tr>
<td><strong>Tdap</strong></td>
<td>/ / / /</td>
<td>Tdap (Tetanus, Diphtheria &amp; Pertussis) is the only acceptable form of Tetanus shot. This must be within 10 years.</td>
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<tr>
<td><strong>Meningitis</strong></td>
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<td>One dose for incoming students living on campus within 5 years or a completed waiver signed on Page 4</td>
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<tr>
<td><strong>Hepatitis B</strong></td>
<td>#1 / / / /</td>
<td>Completed 3 part series</td>
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<td>#2 / / / /</td>
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<td><strong>Hepatitis B</strong></td>
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<td><strong>Varicella</strong></td>
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<td>2 doses of varicella vaccine</td>
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<td><strong>Varicella</strong></td>
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<tr>
<td><strong>Disease</strong></td>
<td>Date of Disease:</td>
<td>History of disease must be verified by a medical provider with the MM/DD/YYYY</td>
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**Clinician name MD/NP/PA (please print)**

**Signature**

**Date**

Revised 9/27/2016
Tuberculosis Record

1. Have you had a positive TB skin test in the past?  Yes  No
2. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis?  Yes  No
3. Were you born in a high risk country? (see CDC website for guidelines)  Yes  No
4. Have you travelled or lived for more than one month in any of the high risk countries?  Yes  No
5. Have you completed 6-9 months of medication (i.e. isoniazid) to prevent active tuberculosis (tuberculosis prophylaxis)?  Yes  No

If you have a history of a positive tuberculosis skin test and have never taken medication to prevent active tuberculosis, please report to Student Health Services on arrival to campus to discuss this treatment.

If you answered YES to number 2, 3, or 4, you need to provide documentation of a recent tuberculosis skin test (TST) administered within the past year.

Tuberculosis skin test date __________ Result _______mm  Interpretation (check one) Pos  Neg

If a current or past tuberculosis skin test is/was positive, you will need to complete the following evaluation/treatment.

Chest x-ray date __________ Result (check one) Pos  Neg

Treatment:

☐ Yes_____________________________________________________________(Drug, Dose, Frequency, and Dates)

☐ No_____________________________________________________________(Please document reason prophylaxis or treatment not done)

Clinician Name MD/NP/PA (please print)  Signature  Date

Waiver for Meningococcal Vaccination Requirement

Meningococcal Waiver is ONLY if you plan on waiving the requirement for the Meningococcal Vaccine. If you have received the vaccine, please ignore the waiver.

I have received and reviewed the Meningococcal Information Form provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine (available at www.bu.edu/shs/forms). I understand that Massachusetts’ law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

Please check the appropriate box below.

☐ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

-OR-

☐ Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive vaccine.

Student Name: __________________________________________ Date of Birth: ________________

Signature: __________________________________________ Date: ___________________________
HEALTH HISTORY

Must be signed by MD/NP/PA

1. List any significant past medical, surgical or mental health conditions including hospitalizations. Use additional pages if necessary.

☐ None

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. List all ongoing medications or treatments with dosages/directions and briefly describe what each medication is treating.

☐ None

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<thead>
<tr>
<th>Medication, dose, directions</th>
<th>Condition addressed by this medication</th>
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<tbody>
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3. List all environmental or medical allergies.

☐ None

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Note any pertinent family history.

☐ None

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

5. List all pertinent physical exam findings.

☐ PE within normal limits

☐ Abnormal

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date of most recent physical exam (requested from students, but not mandatory): _____/_____/_____

This student has been evaluated to be in good health and able to participate in highly competitive athletics, if they choose to do so: ☐ Yes ☐ No. Please explain below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Clinician name MD/NP/PA (please print) ____________________________ Signature ____________________________ Date ____________________________
Release, Acknowledgment of Risk, and Waiver of Liability
for use of the Boston University Fitness and Recreation Center

MUST BE COMPLETED BY ALL PARTICIPANTS
(Or by parent/guardian if participant is under 18 years of age)

In consideration of the opportunity to participate in classes, activities and programs conducted by the Department of Physical Education, Recreation and Dance (PERD) in the Boston University Fitness and Recreation Center and other University athletic facilities, and to use equipment located therein, I, on behalf of myself and my minor children, do hereby release, hold harmless and forever discharge and agree not to sue Trustees of Boston University and its trustees, officers, agents, and employees (together, the "University") from any and all claims, responsibilities or liabilities for injury or damages resulting from or arising out of my or my family’s use of, presence in, or participation in activities conducted at the Fitness and Recreation Center and other University athletic facilities, whether or not caused by the ordinary negligence of the University.

I understand, recognize and acknowledge that certain activities conducted or taking place in the Fitness and Recreation Center and other University athletic facilities are potentially hazardous. I also acknowledge that it is my responsibility to follow instructions for any activity or use of equipment, and to seek help from the staff if I have any questions. I further understand that, notwithstanding precautions taken by the University, sports and fitness activities involve a risk of injury and/or death. I/we are voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks associated with my participation in activities at the Fitness and Recreation Center and other University athletic facilities.

I have read the foregoing and hereby agree to be bound by same.

I agree to abide by and follow all rules and policies outlined in the Membership Handbook.

Print Legal Name: ______________________________________________________________
Signature: ________________________________________ Date:___________________

Boston University Affiliate Membership Type: _______________________________________
(ex. Full-time Student, Part-time Student, Staff/Faculty, Alumni, Conference Service Guest)

Boston University Affiliate Name: _________________________________________________
Boston University Affiliate ID Number: ___ ___ ___ ___ ___ ___ ___ ___
Relationship to Boston University Affiliate: _______________________________________
(ex. Spouse, Friend, Guest)

* (If participant is under 18 years of age) Date:___________________

Print Child’s Legal Name: _______________________________________________________
Print Parent’s/Legal Guardian’s Name: ______________________________________________
Signature of Parent/Legal Guardian: ______________________________________________
Boston University Summer Term
High School Programs
Music Practice Room Request Form

Name of Student ______________________________________________________

Boston University ID # __________________________________________________________________________

Email address ________________________________________________________________

Phone Number __________________________________________________________________________

High School Program Attending (Please circle)
  • High School Honors
  • Research in Science and Engineering (RISE)
  • Summer Challenge
    ▪ Session 1
    ▪ Session 2
    ▪ Session 3
  • Academic Immersion (AIM)
DIRECTIONS TO BOSTON UNIVERSITY*

From the West
- Take the Massachusetts Turnpike (I-90) East to Exit 18, Brighton/Cambridge.
- Follow signs to Cambridge to the second set of lights.
- Turn right at the lights onto Storrow Drive.
- Exit Storrow Drive at the Kenmore exit.
- Follow directions from Kenmore Square.

From the South
- Take I-95 or Rt. 3 North to I-93 North.
- Take Exit 26 onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore Square exit.
- Follow directions from Kenmore Square.

From the North
- Take I-93 South to Boston.
- Exit onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore Square exit.
- Follow directions from Kenmore Square.

From Logan Airport
- Take Route 1-A through the Sumner Tunnel.
- Follow signs onto the Expressway North.
- Take the Back Bay/Storrow Drive exit, and follow signs onto Storrow Drive.
- Continue on Storrow Drive to the Kenmore exit.
- Follow directions from Kenmore Square.

From the Kenmore Square exit on Storrow Drive
- At the first set of traffic lights, turn right onto Beacon Street.
- At this point, the road forks. The left fork takes you into Kenmore Square (the large building on the right is the Myles Standish Residence Hall).
- Bear right at the far end of Kenmore Square onto Commonwealth Avenue (the Citizen’s Bank should be on your left).
- The Warren Towers Residence Hall is at 700 Commonwealth Avenue (on the left).
- Go just past Warren Towers and get into the leftmost lane for the next traffic light (you will be right in front of a courtyard and a large chapel-- this is Marsh Chapel). If you pass a bridge/overpass, you went too far. Turn around.
- At the light, make a U-turn to go the opposite way on Commonwealth Avenue and park in front of Warren Towers (or as close as possible).

*Extensive construction is planned for BU’s campus this summer. As our office is informed about the impact this construction will have on driving to campus, we will pass that information along to you by email.