

Dear Incoming Student:

It is mandatory that you complete and return the enclosed Cooper Union health forms and the New York State required response forms for Meningitis, and Measles, Mumps and Rubella. **A physician must fill out, sign and stamp the forms. You cannot attend classes until these forms are completed and received.** If you anticipate being involved in athletics, you should attach a statement from the physician declaring that you are fit to participate in athletics.

Please have these forms completed and returned by the deadline, July 15.

Return to:

The Office of Student Services
The Cooper Union
30 Cooper Square, 6th Floor
New York, NY 10003

Questions?

212.353.4130
212.393.4193 fax

Form	Due Date	Status
Personal Medical History	July 15	Mandatory
Physical Examination	July 15	Mandatory
NY Immunization	July 15	Mandatory
NY Meningitis	July 15	Mandatory
Housing	May 2	Optional
Disability Identification	May 2	Optional
Club & Activities	September 1	Optional

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

INSTRUCTIONS

All Cooper Union students must complete this medical history and be examined by their personal physician (at student's expense). This is a registration REQUIREMENT solely for an evaluation of your health. The Cooper Union will consider the information confidential. Please print clearly and legibly. When you and your physician have completed the form, seal it in the accompanying envelope and mail it immediately.

PERSONAL INFORMATION

Home Address	City	State	Zip
Address while at Cooper	City	State	Zip
Local Telephone	E-mail		
Emergency Contact	Relationship		
Home Address	City	State	Zip
Local Telephone	E-mail		

PERSONAL MEDICAL HISTORY

- Which of the following illnesses have you had?
 Diphtheria Measles German Measles Scarlet Fever Mumps Chicken Pox Whooping cough
- During the past 2 years have you had close contact with anyone having Tuberculosis? Yes No
- Have you ever received any psychological or psychiatric treatment? Yes No
- Do you have an eating disorder? Yes No
- Do you see a dentist regularly (at least once a year)? Yes No
Dentist was last seen on _____
- Have you had or do you now have any physical or emotional health problems for which you would like further assistance? Yes No
If yes please explain _____
- Is there any reason why you should not participate in all usual college activities? Yes No
If yes please explain _____

I agree to follow the health and safety procedures and rules established by the Cooper Union and release the Cooper Union from any responsibility for my negligence.

Signature (ALL STUDENTS MUST SIGN)

Date

MAIL FORM TO:

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STUDENT SERVICES

30 COOPER SQUARE
NEW YORK, NY 10003

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TO BE COMPLETED BY EXAMINING PHYSICIAN

Please give us an assessment based on your previous knowledge of this student's health as well as on your present physical examination. Please review the personal medical history, which has been filled out on the previous page, and correct it where necessary. Please see directions to student on the first page. N.B: Please include notation of medication, dosages, and reports concerning illnesses such as heart disease, asthma, seizure disorders, digestive disease, etc.

NAME OF STUDENT _____ DATE OF BIRTH _____ Male Female

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

HEIGHT _____ ft. _____ in. WEIGHT _____ lbs PULSE _____ bpm
RESPIRATION _____ / 1 min. BP _____ / T _____

THE NEXT THREE ITEMS MUST BE RECORDED. OTHERWISE THE MEDICAL RECORD IS NOT ACCEPTABLE.

1) VISION L /20 · R /20 UNCORRECTED L /20 · R /20 CORRECTED
2) URINE ALBUMIN SUGAR OTHER
3a) TUBERCULIN TEST DATE / RESULT 3b) CHEST X-RAY TEST DATE / RESULT

DATES AND RESULTS OF BOTH ARE REQUIRED IF T.B. TEST IS POSITIVE. TESTS MUST BE PERFORMED NO MORE THAN SIX MONTHS PRIOR TO ENTRANCE.

4) OTHER LAB TESTS _____

PLEASE CHECK EACH ITEM WHERE APPROPRIATE:

- Heart Trouble
- High Or Low Blood Pressure
- Any Operations
- Drink Alcohol, Beer, Wine
- Allergy (Meds, Food, Pollen. Etc.)
- Liver Disease
- Infectious Mono
- Rheumatic Fever
- Kidney Trouble
- Diabetes Mellitus
- Thyroid Or Other Gland Trouble
- Digestive Disease (Ulcers, Colitis)
- Lung Disease (Asthma, Tuberculosis, Pneumonia)
- Fainting, Convulsions, Migraine Headache
- Blood In Urine Or Stool
- Smoke (Cigarettes, Cigars, Pot)
- Eye Trouble
- Neuro-muscular Disease
- Difficulty Hearing

Kindly give details, including dates, when possible, for questions answered "Yes". Attach another sheet if necessary. PLEASE RECORD ALL IMMUNIZATIONS IN THE FOLLOWING CHART. GIVE DATES OF MOST RECENT ADMINISTRATION.

Diphtheria Pertussis/ Teatnus (DPT)	Polio Vaccine Salk: Sabin	Chicken Pox	Hepatitis B	Other
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Other _____
Impression of health status _____
Is the student receiving or does he or she require medical care, therapy, or observation? Yes No
If "Yes" please explain _____

Examining Physician _____ MD/DO _____ Physician's Stamp _____

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

New York State Public Health Law (NYS PHL2165) requires post-secondary students to show protection against measles, mumps and rubella. Persons born prior to January 1, 1957 are exempt from this requirement. **You must have two measles shots.**

REQUIRED: MEASLES (RUBEOLA) IMMUNITY— MUST HAVE ONE OF THE FOLLOWING:

1. Two dates of Measles Immunization: (1) _____ (2) _____

Both must be given after 1967. The first immunization must be on or after the first birthday and the second on or after 15 months of age.

2. Date of Measles Titer: _____ Results: _____

3. Date of physician diagnosed measles _____

AND the signature of the diagnosing physician _____

REQUIRED: RUBELLA (GERMAN MEASLES) IMMUNITY — MUST HAVE ONE OF THE FOLLOWING:

1. Date of at least one Rubella Immunization: (1) _____ (2) _____

Must be on or after the first birthday.

2. Date of Rubella Titer: _____ Results: _____

Physician diagnosis is not acceptable.

REQUIRED: MUMPS IMMUNITY — MUST HAVE ONE OF THE FOLLOWING:

1. Date of at least one Mumps immunization: (1) _____ (2) _____

2. Date of Mumps Titer: _____ Results: _____

3. Date of physician diagnosed mumps disease: _____

PLEASE NOTE: MMR vaccine is recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella.

Signature of Health Practitioner _____ Physician's Stamp _____

Dear Parents and Students,

Late in the summer of 2003, Governor Pataki signed New York State Public Health Law (NYS PHL 2167) requiring institutions, including colleges and universities, to distribute information about meningococcal disease (meningitis) and vaccine information to all students meeting the enrollment criteria, whether they live on or off campus. Cooper Union is also required to maintain a record of the following for each student taking more than six credits in a given semester:

THE RECORD CONSISTS OF:

Response to receipt of meningococcal meningitis disease and vaccination information, signed by the student or a parent or guardian

AND

A record of meningococcal meningitis immunization within the past 10 years

OR

An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or parent or guardian

Meningitis is rare. However, when it strikes, its flu like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal cord, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991.

The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 cases of meningitis occur on college campuses and as many as 15 students will die from the disease. A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States: types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students.

Cooper Union does not offer meningococcal meningitis vaccinations:

You may find a physician or office near you that stocks the vaccine by consulting www.nmaus.org.

Please complete the Meningococcal Meningitis Vaccination Response Form and return it to the Office of Student Services. Even if you have provided proof of vaccination already, you will still need to return this form.

You can also find information about the disease at:

New York State Dept. of Health
www.health.state.ny.us

Center for Disease Control and Prevention
www.cdc.gov/ncidod/dbmd/diseaseinfo

ACHA
www.acha.org

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NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

PLEASE NOTE: THE NEW YORK STATE PUBLIC HEALTH LAW REQUIRES THAT IF THE STUDENT IS UNDER THE AGE OF 18, THE PARENT OR GUARDIAN **MUST** SIGN THIS FORM AS WELL.

CHECK ONE BOX AND SIGN BELOW

I had the meningococcal meningitis immunization (Menomune) within the past 10 years

Date received

Note: The vaccines protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.

I read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my health care provider.

I read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided I will not obtain immunization against meningococcal meningitis disease.

Signed student

Date

Signed parent/guardian, if student under 18

Date

Student's Name print clearly

Date of Birth

Student ID

Home Address

City

State

Zip

Telephone

E-mail

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SELF-IDENTIFICATION FORM FOR STUDENTS WITH DISABILITIES

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

PRESENT ADDRESS

CITY

STATE

ZIP

Art Architecture Engineering

SCHOOL

TELEPHONE

EMAIL

If you are a student with a disability, you are urged to fill out this form and attach a letter from your physician describing your condition and what accommodations you may need to succeed in college. Supporting documentation should be recent (less than a year old). Your response is voluntary. The information will be kept confidential.

Your main contact will be the Office of the Dean of Students 212.353.4130. They will work with your academic advisor to resolve problems and arrange accommodations needed for access to your program of study and to student activities. Readers, signers, special laboratory equipment and coordination with faculty in making accommodations in course work or examinations are examples of the kinds of arrangements that can be made. Because these adjustments take time, we ask that you submit this form as soon as possible, and in no case later than July 15, for the following fall semester.

1. What is the nature of your disability?

2. Do you need accommodations to perform your course or laboratory work more satisfactorily or safely?

3. Please describe each accommodation you think you need. Your documentations should support these requests.

**PLEASE ATTACH YOUR SUPPORTING DOCUMENTATIONS FROM YOUR PHYSICIAN
AND RETURN THIS FORM TO THE OFFICE OF STUDENT SERVICES, 30 COOPER SQUARE,
NEW YORK, NY 10003, NO LATER THAN JULY 15.**

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NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

SCHOOL / MAJOR

TELEPHONE

OUR STUDENT GROUPS ARE EAGER TO RECRUIT NEW MEMBERS. FILL OUT THIS FORM AND WE WILL GIVE YOUR NAME TO THE OFFICERS OF THE GROUPS YOU ARE INTERESTED IN JOINING. THEY WILL CONTACT YOU WHEN THEY MEET IN SEPTEMBER.

PLEASE JOIN US AT THE FALL FESTIVAL IN PETER COOPER PARK SO YOU CAN SPEAK DIRECTLY TO THE OFFICERS OF CLUBS.

I AM INTERESTED IN THE FOLLOWING CLUBS AND/OR GROUPS:

PROFESSIONAL SOCIETIES

- American Institute of Aeronautics and Astronautics
- American Institute of Chemical Engineers
- American Chemical Society
- American Society of Civil Engineers
- American Society of Mechanical Engineers
- Association of Computing Machinery
- Biomedical Engineering Society
- Institute of Electrical and Electronics Engineers
- Institute of Transportation Engineers
- National Society of Black Engineers
- New York Water Environment Association
- Pi Tau Sigma (Mechanical Engineer Honor Society)
- Society of Automotive Engineers
- Society of Hispanic Professional Engineers
- Society of Women Engineers

ETHNIC ORGANIZATIONS

- Black Students Union
- Chinese Students Association
- Enclave! (Latino Students Group)
- Filipino Association of Cooper Union (FACU)
- FORZA! (Italian Students Group)
- Hillel/Kesher (Jewish Students Group)
- Korean Association of Cooper Union (KACU)
- Polonia (Polish Culture Club)
- South Asia Society

FRATERNITIES/SORORITIES:

- Delta Eta (sorority)
- Tau Delta Phi (fraternity)
- Zeta Psi (fraternity)

RELIGIOUS GROUPS:

- Campus Crusade for Christ
- Good News Christian Fellowship
- Korean Christian Fellowship
- Muslim Students Association

SPECIAL INTEREST GROUPS:

- American Institute of Architecture Students
- Badminton Club
- Ballroom Dancing Club
- Chinese Gamers Society
- Chinese Literature Circle
- Classical Music Society
- The Cooper Dramatic Society
- The Cooper Greens (Environmental)
- The Cooper Response Committee
- The Cooper Union AthletiX Association
- The Cooper Union Fencing Club
- The Cooper Union Gym Club
- The Cooper Union Ice Cream Eating Club
- The Cooper Union Skateboarding Club
- The Cooper Union Step Club
- The Cooper Union Swing Dancing Club
- The Cooper Union Tactile Team
- GALA (Gay and Lesbian Association)
- Habitat for Humanity
- Ice Cream Eating Club
- Martial Arts Club
- National Society of Collegiate Scholars

- New York City Experience
- Peter Cooper Choir Club
- Philanthropy
- Piano Club
- Pro Musica
- Robotics Club
- Roller Blading Club
- Roller Hockey
- Sky & Eye (Astronomy Club)
- Speech and Debate Team
- Table Tennis Club
- Track & Field (Cross Country Team)
- Ultimate Frisbee
- Void Where Prohibited (Sketch Comedy Troupe)
- Society for the Eradication of Poverty

STUDENT PUBLICATIONS:

- The Pioneer (Newspaper)
- Jello

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