ישיבת נר ישראל
Ner Israel
RABBINICAL COLLEGE

Medical Information

400 Mt. Wilson Lane Baltimore, MD 21208
phone 410-484-7200 fax 410-484-3060 email mechina@nirc.edu

APPLICANT

Name: ______________________ Date of Birth: ______________

Address: ______________________

Home Phone: ______________ Parent's Email: ______________

Father's (or guardian's) Cell: ______________ Mother's (or guardian's) Cell: ______________

Person to be contacted in an emergency if parent cannot be reached: ______________

Relationship: ______________ Phone Number: ______________

Name of Physician: ______________ ______________ Phone: ______________

Address: ______________________

MEDICAL INFORMATION

IT IS IMPORTANT THAT WE HAVE YOUR ACCURATE INSURANCE INFORMATION!

Please affix a photocopy of the front and back of your son's insurance card.

Please tape front side of card here	Please tape reverse side of card here

Name of policy holder: ______________ Date of Birth of policy holder: ____/____/____

Will your insurance cover medical care in Maryland? ______________

Please list any medications that you are taking on a regular basis: ______________

Please list any allergies that you have: ______________

Please list any surgeries, serious illnesses or hospitalizations you have had: ______________

____

Please list any medications to which you are allergic: ______________

Are you presently consulting a psychologist, psychiatrist, and/or social worker? ❏ Yes ❏ No

If yes: Name ______________ Phone number: ______________

PARENTAL

Parental Permit For students under 18

I give permission for such diagnostic, therapeutic and operative procedures as may be deemed urgent and necessary by the resident physician or health-care professional, to be performed for my son ______________
Student Name

Signature ______________ Date: ____/____/____ Relationship: ______________

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IMPORTANT HEALTH REQUIREMENT

Maryland law requires that every individual enrolled at an institution of higher education such as Ner Israel and who resides in on-campus housing be vaccinated for meningococcal disease. This includes Kollel, Yeshiva and Mechina students who reside on-campus (dormitories or Yeshiva Lane housing). A student may be exempt from this vaccination if he meets the following condition: the student (or parent/legal guardian if student is less than 18 years of age), after having been advised of the risks of the disease and the availability and effectiveness of the vaccine, signs a written waiver stating that he has received and reviewed information and has chosen not to be vaccinated against the disease. Please have this form completed and returned to the Ner Israel office.

Directions for Completing this Form:

1. Please print all information requested in all sections of this form as required below.
2. All students residing on-campus must complete both pages of this form (sections A and then either B, or C).

For Section B: Please have your physician complete Section B. We will also accept a copy of your personal medical records from your physician or an international certificate of vaccination, if the record reflects the information required in Section B. Copies should be attached to this form.

For Section C: If you are seeking an exemption from this law, please read the information below and sign the waiver (Section C) on side 2.

Section A: TO BE COMPLETED BY ALL STUDENTS (Please Print)
(If student will be living off campus, please check here ___ and complete Section A)

Name (Last)__________________________(First)______________________(Middle Initial)______

Student Status (check ✓ one): ☐ U.S. Citizen, ☐ Permanent Resident, ☐ International

Social Security Number:_____________________ Date of Birth:_________________________

Permanent Address:____
(Include City/State or Country)

Phone No.:______________________ ☐ Kollel, ☐ Yeshiva, ☐ Mechina

Section B: TO BE COMPLETED ONLY FOR STUDENTS WHO HAVE RECEIVED THE MENINGOCOCCAL VACCINE

(Signed physician documentation must be included below or attached)

	Dates	Vaccine Type
Meningococcal Vaccine	_______________	________________
	_______________	________________
	_______________	________________

**Depending on the type of vaccine, it may be effective approximately five years (Menomune) to life-long immunity (Menectra). Students who received the Menomune vaccine should check with their doctor if they require an update to their immunization, and be in compliance with the law.

PHYSICIAN SIGNATURE:___________________________________DATE:_______________
PHYSICIAN NAME (Print):______________________________PHONE NO._______________

Section C: TO BE COMPLETED BY STUDENTS REQUESTING AN EXEMPTION.

I understand that under Maryland law, students enrolled in a Maryland institution of higher education and who reside in on-campus student housing are required to be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I have read the health information provided where the risks of the disease are detailed. In addition, I acknowledge the detrimental health effects of the disease. Lastly, I have read and understand the availability and effectiveness of the vaccine which may be available from my physician or other health provider and voluntarily choose to waive receipt of meningococcal vaccine.

I voluntarily agree to release, discharge, indemnify and hold harmless the Ner Israel Rabbinical College, its officers, employees and agents from all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the law.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

_____________________________ _________________________ ____________________
Name of Student (Print) Signature of Student Date

If the Student is under age 18, a parent/guardian must sign this waiver below.

_____________________________ _________________________ ____________________
Name of Parent/Guardian (Print) Signature of Parent/Guardian Date