

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"YXi](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\.: _____ #' #'
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5XXfYgg.: _____ flGhfYYh'!'5dh'Ł' 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>[Redacted]</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

