

Welcome to The Culinary Institute of America
San Antonio Campus!

D\mg]WU`'9|Ua]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 **() XUm~~g`df1cf`hc`mc if`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\]WYq 4 Wi`\]bUfm"YX i](mailto:WU\YU`h\gYf j]WYq 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 H

Tetanus Vaccine H

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 H D U1N<
DUfh`..=a a i b]nUh]cb` : cfa

Student's BU a Y.: _____ 8UhY'cZ'6]fh\.:_____ #_____#
fl@UghL' fl:]fggL' flA=L

5XXfYgg.: _____ flGhfYYh`!`5dh`_L' fl7]hmL' flGhUhY`!`N]dL

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

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

The form consists of a large rectangular grid divided into two vertical columns by a vertical line. Both columns are further divided into five horizontal rows by four horizontal lines. The first row in each column contains a grey rectangular redaction box. The second row in each column contains a black horizontal line. The third row in each column contains a grey rectangular redaction box. The fourth row in each column contains a black horizontal line. The fifth row in each column contains a grey rectangular redaction box. The left column contains musical notation and text in the first row, and is otherwise blank in the other four rows. The right column is entirely blank.

; iUfX]Ub`G][bUh i fY`f]Z`gh i XYbh`0%, `mYUfg`cZ`U[YL.
GUb`

Name _____

Date of birth _____

Df]h=V.'<YU`h\`7UfY'Dfc j]XYf'H i VYfW i`cg]g'F]g_`5ggYgg a Ybh

H i VYfW i`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 Yes No
risk of progressing to TB disease if infected (e.g.HIV infection; head/neck/lung cancer; hematologic
disease such as leukemia, Hodgkin's lymphoma, etc.)

