



SUFFOLK
UNIVERSITY
BOSTON

COUNSELING, HEALTH
& WELLNESS SERVICES

73 Tremont St, 5th floor, Boston MA 02108
617-573-8226/8260 (Fax) 617-305-1745

Student Health Requirements

Dear Students:

Please read the following information in order to better understand your student health requirements. Information in this packet explains these requirements and includes necessary forms and other pertinent information to facilitate compliance.

Suffolk University students must attend to three (3) student health requirements, including:

1. Suffolk Student Health Insurance Plan: Each year, students must choose to enroll or waive coverage.
2. Immunization requirements under Massachusetts law must be met as well as COVID vaccine and ongoing COVID booster requirements.
3. Consent for Treatment of Minor (required for students under 18 years of age).

Thank you for your attention to these health requirements.

Sincerely,

Counseling, Health & Wellness
Suffolk University



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Student Health Requirements Checklist

Suffolk Student Health Insurance Plan: automatically enrolled ✓

Waiver Deadline Is September 30 for the fall semester OR February 10 for the spring semester

All full-time students, part-time students enrolled in at least 75% of a full-time academic program, and all international students are required by Massachusetts law and Suffolk University policy to participate in the university-sponsored health insurance plan or in a health benefit plan with qualifying coverage. All eligible new students will be automatically charged and enrolled in the Suffolk Student Health Insurance Plan (SSHIP) each academic year unless they submit the waiver form (link below). This charge is assigned to the student bill.

Student health insurance cards will be mailed to the student address that is on record with the university.

Be sure to submit your correct local address through Suffolk's required E-Checkin system the first day of classes in order to receive your card and important coverage information.

Students who do not wish to purchase the Suffolk student health insurance MUST submit an on-line waiver by September 30 if they are matriculating in the fall OR February 10 if they are matriculating in the spring at <https://www.universityhealthplans.com>.

All international students must purchase the Suffolk Student Health Insurance Plan with these exceptions:

- 1) International students whose sponsoring institutions have a signed agreement with Suffolk that complies with the University's health insurance waiver requirements OR
- 2) International students with a plan for which their health insurance company's primary home office is based in the United States AND the policy provides comparable coverage to the University student health insurance plan.

All out-of-state students with insurance plans that do NOT provide emergency and non-emergency coverage for treatment with Massachusetts medical and mental health providers must purchase the Suffolk Student Health Insurance Plan.

Please note: This waiver must be submitted once annually for each year of enrollment.

If you have questions about the SSHIP effective coverage dates, the sponsored plan benefit coverage details or the waiver requirements, please **call University Health Plans at (833) 251-1113.**

To WAIVE the Suffolk Student Health Insurance Plan:

1. Go to <https://www.universityhealthplans.com> and select Suffolk University.
2. Select the **Waiver Form** located in the left column. Fill in the required information; if your alternative coverage qualifies for the waiver then you will immediately receive a confirmation of your waiver by email. Print a copy for your record. Once a waiver form is submitted, the health insurance charge will be removed from the Suffolk student account bill within approx. 5-10 business days.
3. International Students ONLY: Contact Viviana Leyva, at vleyva@suffolk.edu for specific Suffolk Student Health Insurance waiver instruction details for exchange students.

IMPORTANT! If you do not submit your SSHIP waiver by these deadlines, then your enrollment in SSHIP and corresponding charge on your student account cannot be reversed.

Immunization Compliance

Required Immunizations Deadlines for All Students

September 1, 2022:

All students moving into residence halls must upload proof of COVID vaccination (or documentation required for a medical or religious waiver) AND all other required immunization documentation. Students will not be permitted to move in to their room if out of compliance with these requirements.

Two Weeks After Semester Start

Students who have not submitted documentation regarding required vaccines -- including COVID vaccine and booster(s) -- are subject to registration holds and/or other actions that could include restricted access to academic buildings until documentation is received. All students should check their Suffolk email or the [COVID Advisory Pages](#) for details about COVID vaccine requirements specifically.

The Massachusetts Department of Public Health requires all **full-time undergraduate and graduate students under 30 years of age, all health science students, and all international students** to submit immunization records to Suffolk University upon registration. Additionally, in the interest of preventing the spread of communicable diseases such as COVID on-campus, students must remain in compliance with required vaccines and/or boosters while they are actively enrolled at Suffolk University. Suffolk University may update requirements for communicable diseases such as COVID at any time in accordance with public health guidance and will communicate new requirements via Suffolk email.

IMPORTANT! If you do not submit the Required Immunization Form (below) by two weeks after the semester begins, or if you fall out of compliance during the semester, Suffolk University may activate a course registration hold until documentation is received and verified by CHW staff.

Follow these instructions to complete the immunization requirements:

1. Review the Required Immunization Form (below) for a list of required immunizations.
2. Have a licensed health provider complete the Required Immunization Form or obtain documentation (medical records) of each immunization you have received or acceptable alternative through your medical provider's patient portal. **Please note: your name and date of birth must be visible on each record.**
3. Log into CHW's secure Student Health Portal (<https://studenthealthportal.suffolk.edu>) using your Suffolk login credentials (same as your Suffolk email login name/password) and follow the instructions to input your immunization history and upload the required documentation or vaccines received and/or titer results if applicable.

Medical and Religious Accommodations:

If you have a medical contraindication to specific vaccinations and wish to apply for a **medical accommodation**, you must obtain signed documentation from a medical provider clearly stating your medical contraindication and the vaccines(s) to which it applies, then upload it to the Student Health Portal.

If you have a sincere religious objection to specific vaccinations and wish to apply for a **religious accommodation**, you must complete and sign [this form](#) and upload it to the Student Health Portal.

All accommodations are required to be renewed annually by re-submitting documentation regarding medical or religious accommodation requests for review.

Consent for Treatment of Minor: 

Required for all students under 18 at the time they arrive at Suffolk University. Required form (see final page) must be emailed as an attachment to health@suffolk.edu.

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Immunization Requirements Overview

The Massachusetts Department of Public Health requires all **full-time undergraduate and graduate students under 30 years of age, all health science students, and all international students**, to submit immunization records to their enrolled college or university regarding Tdap, MMR, Hepatitis B, Meningitis, and Varicella vaccines. Note that Suffolk University recommends Meningitis B vaccine and Seasonal Influenza vaccine as well. **COVID-19 vaccine and boosters are also required by Suffolk University in accordance with CDC recommendations for up to date vaccination. COVID vaccine and booster(s) requirement deadlines will be communicated via email to all incoming and transfer students in accordance with current public health guidelines and may be earlier than other required vaccines.**

- **COVID-19 vaccine:** an initial series and a booster is required (initial series means 2 doses if the first dose is part of a 2-dose series or 1 dose if a single dose vaccine was administered).
Note re: COVID-19 vaccines: to remain in compliance, one must continue to meet the definition of up to date vaccine status, as defined by the Centers for Disease Control and Prevention.
- **Tdap (Tetanus, Diphtheria, & Acellular Pertussis) vaccine:** 1 dose is required. If it has been more than 10 years since Tdap was received, a Td vaccination within 10 years meets this requirement.
- **MMR (Measles, Mumps, & Rubella) vaccine:** 2 doses are required (first dose must be given on or after the 1st birthday and 2nd dose must be given at least 28 days after dose 1) OR documentation that all three vaccines were received separately. Individual positive titer results are accepted.
- **Hepatitis B vaccine:** 3 doses are required (second dose must be given at least 28 days after dose 1 and third dose must be given at least 2 months after dose 2 and at least 4 months after dose 1). Positive titer results for Hepatitis B are accepted.
Note re: Hepatitis B vaccine: a 2-shot series is available. This vaccine offers the same protection as the 3-shot series and if completed on or after 18 years of age, it will also be accepted.
- **Meningitis (MenACWY) vaccine:** 1 dose is required for students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday OR completion of a signed meningitis waiver form will be accepted. A student can decide not to receive the meningitis vaccine but there are serious medical risks in waiving this vaccine. It is IMPORTANT that you review all of the medical risks of not receiving the meningitis vaccine on the waiver form BEFORE deciding if you want to waive receiving this vaccine. The meningitis waiver form is located : [here](#)
- **Varicella vaccine:** 2 doses are required (first dose must be given on or after the 1st birthday and 2nd dose must be given at least 28 days after dose 1) OR reliable documentation of history of disease (chicken pox) is accepted. Positive titer results for Varicella are accepted.
- Recommended: **Meningitis B vaccine:** both a 2-shot series and a 3-shot series are available to protect against Meningitis serogroup B (not included in MenACWY). While this vaccine is not required, it is recommended by the medical staff at Suffolk University.
- Recommended: **Seasonal Influenza vaccine:** 1 dose of the seasonal flu vaccine is recommended every year by the medical staff at Suffolk University.

CHW Health is here to help you fulfill your immunizations requirements.

Students should make every effort to complete and submit all immunizations prior to the start of classes.

Students who are not compliant at the start of the semester may schedule a telehealth appointment online through the Student Health Portal (<https://studenthealthportal.suffolk.edu>) to work with a CHW Health staff member to develop a plan for full compliance.

Immunizations are free at CHW for students enrolled in the Suffolk Student Health Insurance Plan (SSHIP). Students not enrolled in the SSHIP may pay by cash or check for the vaccine at CHW or they may choose to receive the vaccine at any one of several neighboring pharmacies that take their insurance.

For more information, please call (617) 573-8226, email us at health@suffolk.edu, or visit our website: www.suffolk.edu/chw. Please note that our business hours are 9AM to 5PM Monday - Friday.

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Required Immunization Form

Student Name _____

Suffolk Student ID# _____ Date of Birth _____

Immunization	Date Received
MMR Dose #1	
MMR Dose #2	

OR

Immunization	Date Received
Measles #1	
Measles #2	
Mumps	
Rubella	

Immunization	Date Received
Tdap	

AND

Immunization	Date Received
Tetanus/Diphtheria (Td) < 10 Years (ONLY IF more than 10 years since Tdap)	

Immunization	Date Received
Hepatitis B 3-Dose Vaccine	
Dose #1	
Dose #2	
Dose #3	
<i>OR Hepatitis B 2-Dose Vaccine</i>	
Dose #1	
Dose #2	

Immunization	Date Received
Varicella #1	
Varicella #2	

OR

History of Disease
Date of Disease

Immunization	Type	Date Received
COVID-19 Dose #1		
COVID-19 Dose #2 (if applicable)		

AND

COVID Booster Type	Date Received

Immunization	Date Received
Meningitis	

OR

Signed Waiver
Attached meningitis vaccine waiver

A student can decide to waive the meningitis vaccine but it is strongly recommended that you read all of the medical risks and consult with your medical provider before doing so.

If you do not have immunization documentation of Measles, Mumps, Rubella, Hepatitis B, or Varicella, you can submit documentation of a positive titer result for proof of immunity.

Medical Provider Name (print): _____

Medical Provider Signature: _____

Provider Address: _____

Telephone: _____

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SUFFOLK UNIVERSITY STUDENT HEALTH INSURANCE PLAN OVERVIEW

Dear New Student:

As you prepare for the upcoming semester, we urge you to consider your health insurance coverage a top priority. It is essential that students have access to comprehensive medical care while enrolled at Suffolk University. Pursuant to Massachusetts law, every institution of higher education shall require all full-time and part-time students enrolled in at least 75% of a full time program, and all International students, to participate in a qualifying student health insurance plan, or in a health benefit plan with comparable, qualifying coverage. **All eligible students will be automatically enrolled into the Suffolk University Student Health Insurance Plan (SSHIP).** To opt out, students must submit the SSHIP Online Waiver Form before the waiver deadline, each academic year, verifying comparable qualifying health insurance provided by a U.S. based insurance carrier. Your health insurance card will be mailed to the student address that is on record with the university so please be sure to submit a correct local address through Suffolk's required E-Checkin system the first day of classes in order to receive the card and other important coverage information. Note: **All eligible students who choose to waive SSHIP in subsequent years must re-submit the SSHIP Online Waiver Form each academic year before the waiver deadline. If the SSHIP waiver is not submitted by the deadline, then enrollment in SSHIP and the corresponding charge on the student account cannot be reversed.** Information about the online waiver form and deadlines can be found on the Student Health Requirements checklist (page 1 of these documents).

If you are considering waiving the Suffolk Student Health Insurance Plan, please consider that some insurance plans in the market are restrictive and may leave students essentially uninsured while at school. This could result in the student incurring substantial out-of-pocket costs for medical care. We have provided some information to consider when reviewing comparable coverage that is accessible to in-network providers in the Boston area. Under the Affordable Care Act, student health insurance coverage is defined as a type of individual health insurance coverage that is provided per an agreement between an institution of higher education and a health insurance issuer, and provided to students enrolled in that institution. The Suffolk Student Health Insurance Plan is serviced by University Health Plans and is underwritten by Blue Cross Blue Shield of MA, the Blue Care Elect Preferred (PPO) Student Health Plan. For instance, there is no dollar cap on health benefit coverage, and there are no deductibles when seeing an in-network provider. You can view the full details of the Suffolk student health insurance policy on-line by going to <https://www.universityhealthplans.com> and selecting Suffolk University and then Benefits Information for the brochure.

The "Essential Health Benefits" categories covered by SSHIP include:

- Ambulatory patient services, including outpatient day surgery and related anesthesia
- Mental health and substance use disorder services, including both emergency and outpatient behavioral health treatment such as psychotherapy or medication management
- Laboratory Services
- Emergency Services
- Prescription Drugs
- Preventive and wellness and chronic disease management
- Hospitalization for medical or mental health needs
- Rehabilitative services and devices
- Pediatric services, including oral and vision care
- Maternity and newborn care

Please be sure to take the time to make an informed decision regarding your health insurance needs while enrolled at Suffolk University. **If you have any questions regarding the Suffolk Student Health Insurance Plan benefits, please call University Health Plans at (833) 251-1113 or via email info@univhealthplans.com.**

If you will be below 18 years of age when you come to Suffolk University, one parent or guardian of a minor age student must sign the attached consent for treatment form in order to avoid any delays in a minor age student receiving medical treatment in CHW.

Consent for Treatment of Minor

Parental and/or legal guardian permission for medical examination and treatment at the Suffolk University Counseling, Health & Wellness Center.

Student's Name: _____ (Please print)
Last
First
Middle

Date of Birth: _____ Student Suffolk ID#: _____

List two persons to be notified in case of a medical emergency in which CHW is treating the student. One should be a parent or legal guardian.

1. _____ (Please print)

Relationship to Student: _____
 Business Phone: _____
 Home Phone : _____

2. _____ (Please print)

Relationship to Student: _____
 Business Phone: _____
 Home Phone: _____

PARENTAL/LEGAL GUARDIAN PERMISSION:

The following consent should be signed by the parent or legal guardian of minor students in order that appropriate diagnosis and treatment may be given and so that no unnecessary delays will occur with emergency procedures.

I give permission for my son/daughter to receive medical treatment at Suffolk University Counseling, Health & Wellness Center. I understand that any medical care has risks and benefits, but that these cannot be fully described here in anticipation of potential treatment.

Signature: _____ (Please print & sign name)

Date: _____ Relationship to Student: _____