



## Dear MIT Graduate Student:

On behalf of MIT Medical, welcome to MIT.

MIT Medical is very different from most university health services. We provide healthcare for students, faculty, employees, retirees—and their families, so we are large enough to provide over 25 medical specialties right here on campus.

As a registered MIT student, your tuition allows you to use **many services at MIT Medical free of charge, under the MIT Student Medical Plan**, including:

- Unlimited care by a personal physician, nurse practitioner, or physician assistant
- Urgent care 24 hours a day, every day of the year
- Stress management consultations
- Mental health services
- Gynecological visits and related lab tests
- Confidential testing for sexually transmitted diseases
- Health education advice and MedLINKS
- Pregnancy testing
- Flu shots
- Travel vaccines
- Laboratory and other diagnostic testing, and X-rays
- Alcohol and substance abuse support

You pay nothing for most services at MIT Medical, with a few exceptions such as dental care, routine eye examinations, some vaccines and medications—and some of these are covered by the MIT Student Extended Insurance Plan.

If you have a spouse (or same-sex spousal equivalent) or children, you can take care of their medical needs by purchasing a prepaid plan—MIT Student Medical Plan—to cover most services at MIT Medical. If you choose to use services outside MIT Medical, you must pay for these services yourself.

When you get to campus, take the time to get to know us. Find out for yourself why 70 percent of MIT faculty choose to get their healthcare at MIT Medical.

William M. Kettyle, M.D.  
Medical Director

## Staying healthy at MIT:

**1 Choose a doctor.** One key to staying healthy is to have a doctor who knows you and whom you trust. Our personal physicians have a wide range of educational backgrounds, subspecialties, academic appointments and practice styles. Current information on each of the MIT Medical personal physicians who are accepting new graduate student patients is on the web at [web.mit.edu/medical/grad/](http://web.mit.edu/medical/grad/). When you've made your choice, fill it in on the Medical Report form at [web.mit.edu/medical/medrpt/](http://web.mit.edu/medical/medrpt/)

**2 When you're stressed, talk about it.** MIT is legendary for its challenges. It is not unusual for new students, especially those from other cultures, to have adjustment issues after arriving at MIT. If this happens to you, *talk about it*, with your friends, your doctor, or a counselor. MIT Medical has—at no charge—a wide range of mental health professionals ready to help you adjust to life at MIT. If you enroll in our Extended Insurance, you can also see many participating therapists outside MIT Medical, at a reasonable cost.

## **3 Return your Medical Report on time and help keep MIT free from preventable diseases:**

- Download the Medical Report and check the Frequently Asked Questions at [web.mit.edu/medical/medrpt/](http://web.mit.edu/medical/medrpt/). If you have questions, e-mail [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu), or call (1) 617/ 253-1777
- Massachusetts law requires documentation of immunity against certain infectious diseases.
- MIT requires that incoming students have a complete physical examination and provide a full medical history, including documented proof of immunity. In some cases, you may need to be reimmunized.
- Sorry, pre-entry physical examinations and immunizations are not covered by MIT insurance.
- *All new* (or returning after an absence of a year or more) MIT students must submit a Medical Report on time, whether you have your own insurance or MIT's extended insurance. We have to enforce these requirements strictly. *If you don't meet the deadline, you will be fined and/or prevented from registering for class.*

**4 If you already have health insurance** that meets the minimum standards on the back of the Waiver Request (see [web.mit.edu/medical/forms/](http://web.mit.edu/medical/forms/) to download or complete the Waiver Request online), return a Waiver Request before August 1, 2003 (for fall) or before January 2, 2004 (for spring) and avoid automatic enrollment in (and charges for) the MIT Student Extended Insurance Plan.

**5 If you have children who will attend day care, preschool, or school, bring detailed immunization records with you.** Massachusetts law requires certain vaccinations before your children can enroll.

# Medical Report 2003-2004

MIT Medical, E23-177  
77 Massachusetts Avenue  
Cambridge, MA 02139-4307

E-mail [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu)  
Telephone 617/ 253-1777  
Fax 617/ 253-4121

**Complete and return the Medical Report form before the deadline and avoid an \$80 fine and/or a registration hold**

<b>Term</b>	<b>Deadline</b>	
Summer	May 23, 2003	Near the deadline?
Fall	August 1, 2003	Fax all pages to
Spring	January 23, 2004	1-617-253-4121



## Student completes this part in English (please print)

1 Student name \_\_\_\_\_ 2  male  female 3 age \_\_\_\_\_  
last (family) first middle

4  Local address (if known) or  permanent address \_\_\_\_\_

5 City \_\_\_\_\_ 6 state \_\_\_\_\_ 7 zip/postal code \_\_\_\_\_ 8 country \_\_\_\_\_

9 Telephone at address above \_\_\_\_\_ 10 U.S. Social Security number \_\_\_\_\_

11 Date of birth \_\_\_\_\_ 12 place of birth \_\_\_\_\_ 13 MIT registration date  June 2003  Sept 2003  Feb 2004  
month/day/year

14 Do you wear glasses?  yes  no Do you wear contact lenses?  yes  no **If yes, you must attach copy of prescription(s) or formula(s).**

15 List any medications you are taking: \_\_\_\_\_

16 List any allergies to medications: \_\_\_\_\_

**Choose an MIT personal physician** 17 To see physician background information, visit <http://web.mit.edu/medical/grad/>, and then mark your choice here. If you prefer, we'll choose for you.

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> no choice, please assign | <input type="checkbox"/> Leigh M.P. Firn, M.D.      | <input type="checkbox"/> Howard M. Heller, M.D. | <input type="checkbox"/> Michael A. Kane, M.D. | <input type="checkbox"/> Barbara O'Pray, M.D.   |
| <input type="checkbox"/> Noemi M. Pedraza, M.D.   | <input type="checkbox"/> Mary Ellen Rhinehart, M.D. | <input type="checkbox"/> William A. Ruth, M.D.  | <input type="checkbox"/> David Shein, M.D.     | <input type="checkbox"/> Elaine Li Shiang, M.D. |

## Massachusetts law requires these of all college students regardless of age or gender. Physician/nurse practitioner completes this part in English (please print)

### 1 Measles (rubeola) - documented proof is REQUIRED

a. Two doses of **live** measles vaccine after 1/1/1968, after the first birthday, at least 30 days apart Date of dose 1 \_\_\_\_\_ Date of dose 2 \_\_\_\_\_  
month/day/year month/day/year

or b. Positive measles serology (IgG). **Copy** of laboratory report **must** be attached to be accepted

### 2 Rubella - documented proof is REQUIRED

a. One dose of **live** rubella vaccine after 1/1/1969, and after the first birthday Date of dose 1 \_\_\_\_\_  
month/day/year

or b. Positive Rubella serology (IgG). **Copy** of laboratory report **must** be attached to be accepted

### 3 Mumps - documented proof is REQUIRED

a. One dose of **live** mumps vaccine after 1/1/1967, after the first birthday Date of dose 1 \_\_\_\_\_  
month/day/year

or b. Positive mumps serology (IgG). **Copy** of laboratory report **must** be attached to be accepted

### 4 Tetanus diphtheria (Td) booster REQUIRED

Primary series date (required) \_\_\_\_\_ Booster date (required within the last 10 years) \_\_\_\_\_  
month/day/year month/day/year

### 5 Tuberculin test REQUIRED WITHIN SIX MONTHS prior to MIT registration date

- All students are required to show freedom from tuberculosis. An intermediate PPD Tuberculin (Mantoux) is required, and must be interpreted by a physician or nurse practitioner—**self-reporting is not accepted**. History of BCG vaccine is **not a contraindication to TB testing**
- Multiple puncture TB tests are not acceptable** (TINE, HEAF, etc...)
- If a student has had tuberculosis, has a positive reaction ( $\geq 10$ mm), or has a known positive PPD, a chest X-ray is required within six months prior to registration at MIT

Intermediate PPD \_\_\_\_\_ size of induration: \_\_\_\_\_  
Tuberculin 5 T.U. date (month/day/year) \_\_\_\_\_ number of millimeters \_\_\_\_\_  
Reason chest X-ray is indicated: \_\_\_\_\_ signature of clinician

Patient has had TB  +skin test

Chest x-ray date \_\_\_\_\_ result \_\_\_\_\_  
month/day/year

If the patient has had a positive tuberculin test, did he/she receive prophylactic medication?  yes  no

### 6 Varicella (chicken pox) - recommended

a. Vaccination date(s) Date of dose 1 (month/day/year) \_\_\_\_\_ If two doses, date of dose 2 (month/day/year) \_\_\_\_\_

or b. Confirmation by physician-diagnosed illness Date of illness (month/day/year) \_\_\_\_\_

or c. Positive varicella serology (IgG). **Copy** of laboratory report **must** be attached to be accepted

### 7 Hepatitis B immunity - recommended (REQUIRED only for Health Sciences and Technology students)

a. 3 doses of Hepatitis B vaccine Date of dose 1 \_\_\_\_\_ Date of dose 2 \_\_\_\_\_ Date of dose 3 \_\_\_\_\_  
month/day/year month/day/year month/day/year  
(Alternate schedule of 4 doses at intervals of not less than 0, 1, 2, and 12 months is okay)

or b. Positive Hepatitis B surface antibody serology. **Copy** of laboratory report **must** be attached to be accepted

8 Physician or nurse practitioner signature \_\_\_\_\_ date \_\_\_\_\_

# Physical examination

Physical examination must be within 12 months prior to registration date

Physician or nurse practitioner must complete all questions in English and sign this page.

Questions? Check the FAQ (Frequently Asked Questions) at [web.mit.edu/medical/medrpt](http://web.mit.edu/medical/medrpt), e-mail [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu), or call (1) 617/ 253-1777.

Student name \_\_\_\_\_ date of birth \_\_\_\_\_  
last (family), first month/day/year

Do you feel that the student has a health-related handicap that could affect his/her studies at MIT? Explain: \_\_\_\_\_

Physical Examination weight \_\_\_\_\_ height \_\_\_\_\_ blood pressure \_\_\_\_\_ pulse \_\_\_\_\_

Please answer all questions. If yes, explain on additional sheet. Circle y for yes or n for no. Has patient had

scarlet fever	y	n	insomnia	y	n	palpitations (heart)	y	n	hernia	y	n
chicken pox	y	n	frequent anxiety	y	n	high or low blood pressure	y	n	recent weight gain/loss	y	n
malaria	y	n	depression	y	n	heart murmur	y	n	dizziness, fainting, weakness, paralysis	y	n
gum/tooth trouble	y	n	excessive nervousness	y	n	joint disease or injury	y	n	sexually transmitted disease	y	n
sinusitis	y	n	recurrent headaches	y	n	knee or shoulder problems	y	n	frequent urination	y	n
eye trouble	y	n	head injury/unconsciousness	y	n	back problems	y	n	infectious mononucleosis	y	n
Ear, nose, throat trouble	y	n	asthma	y	n	tumor, cancer, cyst	y	n			
appendectomy	y	n	tuberculosis	y	n	jaundice	y	n	Women only:		
tonsillectomy	y	n	shortness of breath	y	n	stomach or intestinal trouble	y	n	irregular periods	y	n
hernia repair	y	n	pain/pressure in chest	y	n	gallbladder trouble/gallstones	y	n	severe cramps	y	n
other surgery	y	n	chronic cough	y	n	recurrent diarrhea	y	n	excessive flow	y	n

Are there abnormalities of the following systems? If yes, describe fully. Use additional sheet if necessary.

	normal	abnormal		normal	abnormal
skin	<input type="checkbox"/>	<input type="checkbox"/>	cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
head	<input type="checkbox"/>	<input type="checkbox"/>	syncope	<input type="checkbox"/>	<input type="checkbox"/>
eyes	<input type="checkbox"/>	<input type="checkbox"/>	chest pain	<input type="checkbox"/>	<input type="checkbox"/>
ears	<input type="checkbox"/>	<input type="checkbox"/>	heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
nose	<input type="checkbox"/>	<input type="checkbox"/>	abdomen	<input type="checkbox"/>	<input type="checkbox"/>
mouth	<input type="checkbox"/>	<input type="checkbox"/>	genitourinary	<input type="checkbox"/>	<input type="checkbox"/>
neck	<input type="checkbox"/>	<input type="checkbox"/>	extremities	<input type="checkbox"/>	<input type="checkbox"/>
chest	<input type="checkbox"/>	<input type="checkbox"/>	neurologic	<input type="checkbox"/>	<input type="checkbox"/>
breasts	<input type="checkbox"/>	<input type="checkbox"/>			

Is this person under treatment for any medical or mental health problems? If so, describe the problem and the treatment: \_\_\_\_\_

In your opinion, is there any contraindication for this person to participate in collision, contact or non-contact sports? Please elaborate: \_\_\_\_\_

Do you have any special recommendations for this person's health care while at MIT? \_\_\_\_\_

Physician or nurse practitioner signature \_\_\_\_\_ date of physical exam \_\_\_\_\_

month/day/year

Address \_\_\_\_\_