



BROWN

Health Services  
Box 1928  
Providence, RI 02912  
401-863-3953

**Medical Student Requirements Checklist  
Due by June 1, 2022**

**All forms can be accessed or uploaded by logging into the [Brown Health Services Patient Portal](#)**

- ❑ Step 1: Medical Student Immunization Record, Titers & TB Screening Record
  - Print the [Medical Student Immunization Record, Titers & TB Screening Record](#) form and have it completed by your medical provider. We will also accept official immunization records from your provider, previous school, or health department.
  - To submit:
    - Log onto your patient portal at <https://patientportal.brown.edu>
    - Select "Upload" to submit your immunization records and serology lab results
    - Select "Immunizations" to enter the dates of your immunizations, titer, and TB testing
  
- ❑ Step 2: Health History Form
  - Form is completed online
  - Log onto your patient portal at <https://patientportal.brown.edu>
  - Select "Forms"
    - From the "New Student Section", complete the *Health History Form*
  
- ❑ Step 3: Authorization for Medical Care and Treatment Form
  - Form is completed online
  - Log onto your patient portal at <https://patientportal.brown.edu>
  - Select "Forms"
    - From the "New Student Section" complete the *Authorization for Medical Care and Treatment Form*
  
- ❑ Step 4: Respiratory Medical Evaluation Form -This must be completed prior to N95 Mask Fitting which will occur during orientation
  - Form is completed online
  - Log onto your patient portal at <https://patientportal.brown.edu>
  - Select "Forms"
    - From the *Complete Only if Instruction* section, complete the *Respiratory Medical Evaluation Form*
  
- ❑ Step 5: Medical Insurance Card and Prescription Benefit Card
  - Copies of medical insurance cards are only required for students who do not have the Brown Student Health Insurance Plan
  - To upload
    - Log onto your patient portal at <https://patientportal.brown.edu>
      - Select Upload, then choose *Medical Insurance Card* and *Prescription Benefit Card (if applicable)*

**Questions?**

Refer to the [Frequently Asked Questions](#) section on the New Students Health Requirements page.

If you have additional questions, please contact [nursing@health.brown.edu](mailto:nursing@health.brown.edu)