



FISHER COLLEGE STUDENT IMMUNIZATION FORM

Health Services | 118 Beacon Street | Boston, Massachusetts 02116
 Phone: 617.236.8860
 Fax: 617.236.5465

Please return directly to Fisher College Health Services.

This form must be completed and returned to Health Services before you arrive on campus.
 All responses must be in English.

- You may: **1) Complete the student information section. Attach immunization documentation from your healthcare provider's office, school, or military records.**
- or:
- 2) Complete the student information section. Have your healthcare provider complete the remaining sections and sign where indicated.**

STUDENT INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Home Phone # _____ Cell Phone # _____

Home Address _____

City _____ State _____ Zip _____

REQUIRED IMMUNIZATIONS

Tetanus / Diphtheria / Acellular Pertussis (one booster)

Primary series (DPT/DTAP/DT or Td) Yes No (within 10 years)

TDaP ____ / ____ / ____ (within 10 years)
 MM DD YY

TD ____ / ____ / ____ (within 10 years)
 MM DD YY

Meningitis ACWY

Vaccine ____ / ____ / ____ Type _____ (refer to enclosed guidelines)
 MM DD YY

*One dose of MenACWY for newly enrolled full-time students 21 years of age and younger (<22 years of age) received on or after the 16th birthday, regardless of housing status or signed waiver (on top of next page).

Measles - Mumps - Rubella (MMR) (Two doses required)

MMR#1: ____ / ____ / ____ (First dose must be after age 12 months)
 MM DD YY

MMR#2: ____ / ____ / ____ (Must be at least one month after dose #1)
 MM DD YY

or

Measles vaccine #1: ____ / ____ / ____ #2: ____ / ____ / ____
 MM DD YY MM DD YY

Mumps vaccine #1: ____ / ____ / ____ #2: ____ / ____ / ____

Rubella vaccine: ____ / ____ / ____
 MM DD YY

or

Positive Blood Titers: (attach copy of lab results)

Measles (Rubeola): ____ / ____ / ____ Mumps: ____ / ____ / ____ Rubella: ____ / ____ / ____
 MM DD YY MM DD YY MM DD YY

Hepatitis B (Three doses required)

#1: ____ / ____ / ____
 MM DD YY

#2: ____ / ____ / ____ (Must be at least one month after dose #1)
 MM DD YY

#3: ____ / ____ / ____ (Must be at least two months after dose #2 and four months after #1)
 MM DD YY

or

Positive Blood Titer: ____ / ____ / ____ (attach copy of lab results)
 MM DD YY

Varicella (Two doses required)

Varicella

#1: ____ / ____ / ____
 MM DD YY

#2: ____ / ____ / ____
 MM DD YY

Had disease (Chickenpox) ____ / ____ / ____
 MM DD YY

or

Positive Blood Titer: ____ / ____ / ____ (attach copy of lab results)
 MM DD YY

Health Care Provider (please print)

Address _____ Phone/Fax _____ Provider's Signature _____

Please return to Health Services @ 118 Beacon Street, Boston, MA 02116

Student Name: _____

Read meningococcal disease information on pages 11 and 12 before signing

WAIVER FOR MENINGOCOCCAL VACCINATION REQUIREMENT

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of quadrivalent meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students 21 years of age and younger at secondary schools, colleges, and universities to receive one dose of MenACWY vaccine administered on or after their 16th birthday, unless the student provides a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the information on the dangers of meningococcal disease, I choose to waive receipt of the meningococcal vaccine.

Student name: _____ Date of birth: / / Student ID #: _____
MM DD YY

Signature: _____ Today's date: / /
(Student, or parent/legal guardian if student is under 18 years of age) MM DD YY

Provided by: Massachusetts Department of Public Health, Division of Epidemiology and Immunization: 617.983.6800, MDPH Meningococcal Information and Waiver Form 01/18

MEDICAL EVALUATION FOR LATENT TUBERCULOSIS INFECTION

To be completed and signed by a licensed healthcare provider ONLY if student answers "yes" to questions on next page.

Please note:

If patient has had a POSITIVE TUBERCULOSIS SKIN TEST in the past, the test should not be repeated. Go to Section B below.

A. TUBERCULIN TESTING (Mantoux/Intermediate PPD or Interferon Gamma Release Assay [IGRA])

1. Mantoux – Please note: Mantoux test must be read by a healthcare provider 48–72 hours after administration. If no induration, mark "0". Results of multiple puncture tests, such as Tine or Mono – Vac are NOT accepted.

Date administered: / / Date test read: / / Result: _____mm of induration
MM DD YY MM DD YY

Interpretation of Tuberculin Test: (Please use table below and circle response.) Negative/Positive

Risk Factor	Risk Factor
Close contact with case of TB	5mm or more
Born in a country with a high rate of TB	10mm or more
Traveled/lived for 1+ months in a country with high TB rates	10mm or more
No risk factors (test not recommended)	15mm or more

or

2. Interferon Gamma Release Assay (IGRA)

Method used: (Please check) QFT – G Tspot Date obtained: / /
MM DD YY

Result: (Please check appropriate response) Negative Positive Intermediate Borderline

B. POSITIVE SKIN TEST OR POSITIVE IGRA REQUIRES A CHEST X-RAY (Mantoux/Intermediate PPD or IGRA tests)

1. Date of POSITIVE test: / / Testing method: (please check) Mantoux IGRA
MM DD YY

2. Chest X-Ray: (please check) Normal Abnormal Please attach a copy of the report (no discs or films)

Describe: _____

3. Clinical Evaluation: (please check) Normal Abnormal

Describe: _____

4. Treatment: (please check) Yes No

Meds, Dose, Frequency, Dates: _____

HEALTHCARE PROVIDER SIGNATURE

Unless documentation of immunization is attached, your healthcare provider's (M.D./N.P./P.A.) signature or stamp is required below.

Healthcare provider signature or stamp: _____

Date: / / Address: _____ Phone: _____
MM DD YY



Student Name: _____

PART 1: TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE (to be completed by incoming student)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? No Yes

Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? No Yes

If yes, please circle the country below:

Afghanistan	Central African Republic	Georgia	Lithuania	Northern Mariana Island	Sri Lanka
Algeria	Chad	Ghana	Madagascar	Palau	Sudan
Angola	China	Greenland	Malawi	Pakistan	Suriname
Anguilla	China, Hong Kong SAR	Guam	Malaysia	Panama	Swaziland
Argentina	Guinea	Guatemala	Maldives	Papua New Guinea	Syrian Arab Republic
Armenia	Guinea-Bissau	Mali	Marshall Islands	Paraguay	Tajikistan
Azerbaijan	Guyana	Mauritania	Mexico	Peru	Tanzania (United Republic of)
Bangladesh	Haiti	Mauritius	Micronesia (Federated States of)	Philippines	Thailand
Belarus	Comoros	Honduras	Mongolia	Portugal	Timor-Leste
Belize	Congo	India	Morocco	Qatar	Togo
Benin	Côte d'Ivoire	Indonesia	Mozambique	Republic of Korea	Tunisia
Bhutan	Democratic People's Republic of Korea	Iraq	Montenegro	Republic of Moldova	Turkmenistan
Bolivia (Plurinational State of)	Democratic Republic of the Congo	Kenya	Morocco	Romania	Tuvalu
Bosnia & Herzegovina	Djibouti	Kiribati	Myanmar	Russian Federation	Uganda
Botswana	Dominican Republic	Kuwait	Namibia	Rwanda	Ukraine
Brazil	Ecuador	Kyrgyzstan	Nauru	Sao Tome & Principe	Uruguay
Brunei Darussalam	El Salvador	Lao People's Democratic Republic	Nepal	Senegal	Uzbekistan
Bulgaria	Ethiopia	Latvia	New Caledonia	Serbia	Vanuatu
Burkina Faso	Eritrea	Lesotho	Nicaragua	Sierra Leone	Venezuela (Bolivarian Republic of)
Burundi	Fiji	Liberia	Niger	Singapore	Viet Nam
Cabo Verde	Gabon	Libya	Nigeria	Solomon Islands	Yemen
Cambodia	Gambia			Somalia	Zambia
Cameroon				South Africa	Zimbabwe
				South Sudan	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2015. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If Yes, CHECK the countries or territories above) No Yes

Have you been a resident and/or employee of high-risk congregate settings? (e.g., correctional facilities, long-term care facilities, and homeless shelters) No Yes

Have you been a volunteer or healthcare worker who served clients who are at increased risk for active TB disease? No Yes

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease: medically underserved, low income, or abusing drugs or alcohol? No Yes

If the answer is YES to any of the above questions, Fisher College requires that you receive TB testing as soon as possible but at least prior to the start of the subsequent semester.

If the answer to all of the above questions is NO, no further testing or further action is required.

*The significance of travel exposure should be discussed with a healthcare provider and evaluated.

INFORMATION ABOUT MENINGOCOCCAL DISEASE & VACCINATION FOR STUDENTS AT SCHOOLS & COLLEGES

FULL-TIME STUDENTS: Waiver is on page 10. Read and retain a copy of pages 11–12.

Colleges: Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y or fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver on page 10 of this form. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitides*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the “meninges” and cause meningitis, or they can infect the blood or other body organs. Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 1,000–2,000 people get meningococcal disease each year and 10–15% die despite receiving antibiotic treatment. Of those who live, another 11–19% loses their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, or suffer seizures or strokes.

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How is meningococcal disease spread?

These bacteria are passed from person to person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3–6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (*an inherited immune disorder*), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in residence halls and military recruits are also at greater risk of disease.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls and dormitories are at increased risk for meningococcal disease caused by some of the serotypes contained in the quadrivalent vaccine, as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (*alcohol consumption, exposure to cigarette smoke, sharing food and beverages, and activities involving exchange of saliva*), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Meningococcal conjugate vaccine is routinely recommended at age 11–12 years with a booster at age 16. Students receiving their first dose on or after their 16th birthday do not need a booster. Individuals in certain high risk groups may need to receive 1 or more of these vaccines based on their doctor's recommendations. Adolescents and young adults (16–32 years of age) who are not in high risk groups may be vaccinated with meningococcal B vaccine, preferably at 16–18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

Is the meningococcal vaccine safe?

A vaccine, like any medication, is capable of causing serious problems such as severe allergic reactions, but these are rare. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last 1–2 days. A small percentage of people who received the vaccine develop a fever. The vaccine can be given to pregnant women. Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting meningococcal conjugate vaccine.

Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges?

Massachusetts law (MGL CH. 76, s.15D) and regulations (105 CMR 220.000) requires both newly enrolled full-time students attending a secondary school (those schools with grades 9–12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., colleges) to receive a dose of quadrivalent meningococcal vaccine.

At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past, unless they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Exemptions: Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at 617.983.6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi
- Your local health department (*listed in the phone book under government*)

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