



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

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

**STUDENT INFORMATION**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIRED IMMUNIZATIONS**

**TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS** *(Must be within the last 10 years)*

**1**

Primary series *(DPT/DTAP/DT or Td)*  Yes  No  
 Tdap \_\_\_\_\_  
 or Td \_\_\_\_\_ *(Acceptable for entering graduate students.)*

**MEASLES, MUMPS, RUBELLA (MMR)** *(Two doses required)*  Exempt\* *(born in the U.S. before 1957)*

**2**

MMR #1 \_\_\_\_\_ *(First dose must be after age 12 months)* MMR #2 \_\_\_\_\_ *(Must be at least one month after dose #1)*  
 or  
 Measles vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_ Mumps vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Rubella vaccine #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 Positive blood test titers: Rubella: \_\_\_\_\_ Mumps: \_\_\_\_\_ Rubeola: \_\_\_\_\_ *(Attach copy of lab results.)*

**MENINGITIS**

**3**

Menomune #1 \_\_\_\_\_ #2 \_\_\_\_\_ *within five years*  
 Menactra #1 \_\_\_\_\_ #2 \_\_\_\_\_ *no expiration date*  
 Menveo #1 \_\_\_\_\_ #2 \_\_\_\_\_ *no expiration date*  
 Other: #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 or  Off-campus resident – exempt with off-campus address: \_\_\_\_\_  
 or  Signed waiver *(on top of next page)*

**HEPATITIS B OR A/B** *(Dates must be filled in)*

**4**

#1 \_\_\_\_\_  
 #2 \_\_\_\_\_ *(Must be at least one month after #1)*  
 #3 \_\_\_\_\_ *(Must be at least two months after #2 and four months after #1)*  
 or  Merck Recombivax 10 mcg. *(ages 11 – 15)*  
 #1 \_\_\_\_\_ #2 \_\_\_\_\_ *(Must be four months between doses)*  
 or  Positive blood test titer \_\_\_\_\_ *(Attach copy of lab results)*

**VARICELLA**

**5**

Exempt\* *(born in the U.S. before 1980)*  
 Varicella #1 \_\_\_\_\_ #2 \_\_\_\_\_  
 or  Had disease Date: \_\_\_\_\_  
 or  Positive titer \_\_\_\_\_ *(Attach copy of lab results)*

*\*Exemption not permitted for Health Sciences majors*

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Read meningococcal disease information on pages 4 and 5 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 meningococcal vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide 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 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; Reviewed March, 2013*

### RECOMMENDED: PNEUMOCOCCAL VACCINATION

The CDC recommends vaccination for adults who have health conditions including asthma, diabetes and other chronic problems; those with weakened immune systems; and smokers. Pneumovax \_\_\_\_\_  
MM / DD / YY

### OTHER VACCINATIONS

List other vaccinations received

HPV #1: _____ <small>MM / DD / YY</small>	Hepatitis A #1: _____ <small>MM / DD / YY</small>	Vaccine: _____ <small>MM / DD / YY</small>
HPV #2: _____ <small>MM / DD / YY</small>	Hepatitis A #2: _____ <small>MM / DD / YY</small>	Vaccine: _____ <small>MM / DD / YY</small>
HPV #3: _____ <small>MM / DD / YY</small>	Typhoid: _____ <small>MM / DD / YY</small>	Vaccine: _____ <small>MM / DD / YY</small>
Influenza: _____ <small>MM / DD / YY</small>	Yellow Fever: _____ <small>MM / DD / YY</small>	Vaccine: _____ <small>MM / DD / YY</small>

### HEALTHCARE PROVIDER SIGNATURE

Unless documentation of immunizations 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

### 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](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (listed in the phone book under government)

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### Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2013 – 2017 from Massachusetts DPH

Vaccine	2014	2015	2016	2017
2 MMR and 2 Varicella	K-3 and 7-10 College: full-time freshmen-seniors; all health science	K-4 and 7-11 College: full-time freshmen-graduates; all health science	K-5 and 7-12 College: full-time freshmen-graduates; all health science	K-12 College: full-time freshmen-graduates; all health science
Tdap	Grades 7-10 College: full-time freshmen-seniors; all health science	Grades 7-11 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science

## REQUIRED: TUBERCULOSIS (TB) RISK QUESTIONNAIRE

1. Have you ever been treated for active TB?  Yes  No  
 If yes, give dates of treatment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM / DD / YY MM / DD / YY
2. Have you ever had a positive TB skin or blood test?  Yes  No  
 If yes, when? \_\_\_\_\_  
MM / DD / YY
3. Have you ever been treated for latent TB?  Yes  No  
 If yes, give dates of treatment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM / DD / YY MM / DD / YY
4. Were you born in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East?  Yes  No  
 If yes, in what country were you born? \_\_\_\_\_
5. In the past five years, have you traveled in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East for more than one month?  Yes  No
6. In the last two years, have you lived with or spent time with someone who has been sick with TB?  Yes  No
7. Have you ever been vaccinated with BCG?  Yes  No

## HIGHLY RECOMMENDED: TB TEST FOR HIGH-RISK STUDENTS

If you answered 'yes' to questions 4, 5 or 6 above, UHS recommends a TB test (Mantoux or PPD) be done **within three months** of enrollment at Amherst College. If you have already had one of these tests, record results below.

Mantoux or PPD (Tine or Monovac not acceptable) \_\_\_\_\_  
MM / DD / YY

Test results: Record **exact measurement** of induration (horizontal diameter), not erythema (redness). **Do not** just check 'negative' or 'positive.'

Negative \_\_\_\_mm      Positive \_\_\_\_mm      **If positive, record chest X-ray results. Include a copy of the report.**

Results \_\_\_\_\_  
MM / DD / YY

T-Spot or Quantiferon Gold (IGRA): \_\_\_\_\_  Pos.  Neg.      Date: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ **Include a copy of results.**

## COUNTRIES WITH HIGH TUBERCULOSIS (TB) RATES

Afghanistan	Cambodia	Ethiopia	Liberia	Niger	Sierra Leone	Yemen
Algeria	Cameroon	Gabon	Libyan Arab Jamahiriya	Nigeria	Solomon Islands	Zambia
Angola	Cape Verde	Gambia	Lithuania	Northern Mariana Island	Somalia	Zimbabwe
Anguilla	Central African Republic	Georgia	Madagascar	Pakistan	South Africa	
Armenia	Chad	Ghana	Malawi	Palau	Sri Lanka	
Azerbaijan	China	Guam	Malaysia	Panama	Sudan	
Bahrain	China, Hong Kong SAR	Guatemala	Mali	Papua New Guinea	Suriname	
Bangladesh	China, Macao SAR	Guinea	Marshall Islands	Paraguay	Swaziland	
Belarus	Colombia *	Guinea-Bissau	Mauritania	Peru	Taiwan	
Belize	Comoros	Guyana	Mauritius	Philippines	Tajikistan	
Benin	Congo	Haiti	Mexico *	Poland *	Thailand	
Bhutan	Cook Islands	Honduras	Micronesia	Portugal *	Timor-Leste	
Bolivia	Côte d'Ivoire	India	Mongolia	Qatar	Togo	
Bosnia & Herzegovina	Djibouti	Indonesia	Montserrat	Rep. Korea	Turkmenistan	
Botswana	Dominican Republic	Iraq	Morocco	Republic of Moldova	Tuvalu	
Brazil	DPR Korea	Kazakhstan	Mozambique	Romania	Uganda	
British Virgin Islands	DR Congo	Kenya	Myanmar	Russian Federation	Ukraine	
Brunei Darussalam	Ecuador	Kiribati	Namibia	Rwanda	UR Tanzania	
Bulgaria	El Salvador *	Kyrgyzstan	Nauru	Sao Tome & Principe	Uzbekistan	
Burkina Faso	Equatorial Guinea	Lao PDR	Nepal	Senegal	Vanuatu	
Burundi	Eritrea	Lesotho	Nicaragua	Seychelles	Vietnam	

### Sources:

- World Health Organization, *Global Tuberculosis Control: estimated burden of TB, 2009.*
- Mass. Dept. of Public Health: *Birth in TB endemic country (defined as TB case rate of > 50 per 100,000 people) is a major risk factor for exposure to TB.*
- \* Countries with TB case rate <50 per 100,000 but where TB cases in Massachusetts are from May 2009.

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## **Information about meningococcal disease and vaccination for students at residential schools and colleges**

**Full-time residential students: Waiver is on page 2. Read and retain pages 4 – 5; do not return to UHS.**

Massachusetts requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are discussed below.

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 at the end of this document. 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 meningitidis*. 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. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

### **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 or 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 dormitories 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 or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the 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, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

### **Is there a vaccine against meningococcal disease?**

Yes, there are currently 2 types of vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age and Menveo® is approved for use in those 2-55 years of age. Both the polysaccharide and conjugate vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in either vaccine. Meningococcal vaccines are thought to provide protection for approximately 5 years. Currently, students are only required to have a dose of polysaccharide vaccine within the last 5 years or a dose of conjugate vaccine at any time in the past (or fall within one of the exemptions allowed by law).

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However, please be aware that in October 2010 the Advisory Committee on Immunization Practices (ACIP) recommended booster doses of meningococcal conjugate vaccine for healthy adolescents 16-18 years of age. Persons up to 21 years of age entering college are recommended to have documentation of a dose of meningococcal conjugate vaccine no more than 5 years before enrollment, particularly if they are new residential students.

### **Is the meningococcal vaccine safe?**

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. 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 for 1-2 days. A small percentage of people who receive 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 that provide or license housing?**

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive 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. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. 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.

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 this vaccine. 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](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (listed in the phone book under government)