Welcome from MIT Medical

On behalf of MIT Medical, welcome to MIT.

MIT Medical provides healthcare for students, faculty, employees, retirees—and their families. Our on-campus team of more than 100 primary care and medical specialty providers provides high-quality medical and mental health care 24 hours a day.

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

• Unlimited care by a personal physician, nurse practitioner or physician assistant
• Urgent care 24 hours a day
• Stress management consultations
• Mental health services—individual and group sessions
• Women’s Health provider visits
• Laboratory and other diagnostic testing and X-rays

One key to staying healthy is to have a clinician who knows you and in whom you have developed a trust. We encourage you to select a primary care provider (PCP) at MIT Medical. Our clinicians have a wide range of educational backgrounds, subspecialties, academic appointments and practice styles. Current information on each one of the MIT Medical clinicians who are accepting new patients and PCP choice forms are on our website at http://medweb.mit.edu/howdoi/choose.html.

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 health care provider 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.

MIT has a strict confidentiality policy. MIT Medical cannot release your healthcare records to your parents, deans or faculty, unless you give us written permission.

When you get to campus, take the time to get to know us. Find out for yourself why our motto is “The right care. Right here. Right now.”

William M. Kettle, M.D.
Medical Director

Kristine Ruzycki, APRN, BC
Director, Student Health Services; Chief of Nursing

MEDICAL REPORT FORM INSTRUCTIONS 2009–2010

Please read the following directions carefully. Incomplete medical report forms will result in a registration hold.

• Massachusetts law requires documentation of immunity to certain infectious diseases (see page 2).
• Documentation of immunization dates can be found at previous schools attended or your doctor’s offices.
• All new students, including those in the military and those returning after an absence of one academic year or longer, must submit the completed Medical Report Form by the deadline indicated on the form. The pre-entrance medical requirements are not associated with or covered by the MIT Student Health Plan.

1) All new undergraduate students must complete pages 3-8. Physical exam must be dated within the last 12 months preceding your MIT registration date.

2) All new graduate students must complete pages 3-6. The physical examination is optional for graduate students, unless you plan on participating in intercollegiate (varsity) sport(s), then the physical exam (pages 7 and 8) is required and must be dated within the last 12 months preceding your MIT registration date.

3) All new HST students must complete pages 3-6. The physical examination for HST students is optional. All HST students must provide positive titre results for the following: measles, mumps, rubella, hepatitis B and varicella. A Mantoux tuberculosis test, regardless of your answers to the questions 1-4 on page 6, is required for all HST students.

4) All special graduate students must complete pages 3-6 only.

5) All students receiving allergy injections who plan to continue them while attending MIT must be evaluated by an MIT Medical allergist before injections will be given. You must bring your allergy extracts and orders from your home allergy physician to your evaluation appointment. When you arrive on campus, please make an appointment with an MIT Medical allergist by calling 617-253-4460.

6) Make a copy of the completed Medical Report Form for your records. If your Medical Report Form does not reach us, you will need to give us a copy of the completed form.

If you have further questions, see our website at http://medweb.mit.edu/about/medreportFAQ.html, call 617-258-7051, or email medrpt@med.mit.edu.
Massachusetts state law requires all college students, regardless of age or gender, to submit documentation of immunity to certain infectious diseases.

### Immunization Requirements

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>NUMBER OF DOSES</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR vaccine</strong> (measles, mumps, rubella)</td>
<td>2</td>
<td><strong>DOSE #1</strong>: after age 12 months. <strong>DOSE #2</strong>: at least 30 days after dose #1. Both doses given after 1971.</td>
</tr>
<tr>
<td>OR you may submit laboratory report(s) documenting immunity to measles, mumps and rubella by IgG titers. OR if you received separate measles, mumps and rubella vaccines, then the schedule is as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; Measles Vaccine</td>
<td>2</td>
<td><strong>DOSE #1</strong>: after age 12 months. <strong>DOSE #2</strong>: at least 30 days after dose #1. Both given after January 1, 1968.</td>
</tr>
<tr>
<td>&gt; Mumps Vaccine</td>
<td>2</td>
<td><strong>DOSE #1</strong>: after age 12 months. <strong>DOSE #2</strong>: at least 30 days after dose #1. Both given after January 1, 1967.</td>
</tr>
<tr>
<td>&gt; Rubella Vaccine</td>
<td>1</td>
<td><strong>DOSE</strong>: given any time after age 12 months and after January 1, 1969.</td>
</tr>
<tr>
<td><strong>Hepatitis B vaccine</strong></td>
<td>3</td>
<td><strong>DOSE #1</strong>: any age. <strong>DOSE #2</strong>: one month after dose #1. <strong>DOSE #3</strong>: six months after dose #1.</td>
</tr>
<tr>
<td>OR you may submit laboratory report documenting a positive Hep B surface antibody.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus/diptheria booster</strong></td>
<td>1</td>
<td>Dose given within the last 10 years.</td>
</tr>
<tr>
<td>OR Tetanus, Diptheria and Pertussis (Tdap). Tdap is highly recommended instead of Td, if the student is due for a booster or if last Td was &gt;2 years from this date.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal vaccine</strong></td>
<td>1</td>
<td>Dose given within the last 5 years.</td>
</tr>
<tr>
<td>OR you may waive the requirement by signing the official waiver (pages 9 and 10).</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Highly recommended but not required: varicella (chicken pox) vaccine</strong></td>
<td>2</td>
<td><strong>DOSE #1</strong>: any time after age 12 months <strong>DOSE #2</strong>: at least 30 days after dose #1.</td>
</tr>
<tr>
<td>OR a positive varicella titer or history of disease.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vaccination Exemptions

Massachusetts state law allows the following exemptions to the immunization requirements:

- **Religious exemption**: Statements must be accompanied by an official letter from the pastor, rabbi, or minister of the practicing faith stating that it is against the student’s religious beliefs to receive any immunizations. The letter must also state how long the student has been a member of that faith.

- **Medical exemption**: An official letter from a medical doctor (MD), nurse practitioner (NP), or physician assistant (PA) stating the medical reason for the exemption.

- **Philosophical exemptions** are not permitted by Massachusetts state law and will not be accepted by MIT.

Please document your immunizations on page 5. If you have further questions, visit [http://medweb.mit.edu/howdoi/medreport.html](http://medweb.mit.edu/howdoi/medreport.html), e-mail medrpt@med.mit.edu or call 617-258-7051.
Please complete and return this Medical Report form to the address below before the deadline to avoid a registration hold. Close to the deadline? Fax all pages to 617-253-4121.

MIT Medical—Health Screening
Room E23-177
77 Massachusetts Avenue
Cambridge, MA 02139-4307

TERM: DEADLINE:
Summer May 22, 2009
Fall July 24, 2009
Spring January 22, 2010

STUDENT DEMOGRAPHICS (check one)
☐ Undergraduate ☐ Graduate ☐ H.S.T. ☐ Special student

Complete all the questions on both sides of this form in English, then sign and date it. Please print answers.

STUDENT NAME: LAST (FAMILY) FIRST

GENDER: ☐ MALE ☐ FEMALE

STREET ADDRESS

DATE OF BIRTH _______________________________ AGE: _______ YEARS

CITY

STATE ZIP/POSTAL CODE

EMAIL

COUNTRY TELEPHONE (AT THIS ADDRESS) CELL PHONE

FAMILY MEDICAL HISTORY

FAMILY MEMBER

IN GOOD HEALTH? (YES / NO)

KNOWN HEALTH PROBLEM(S)

DECEASED / AGE

FATHER

MOTHER

BROTHER(S)

SISTER(S)

STUDENT MEDICAL HISTORY

List all medications that you are taking (include those prescribed by a health professional as well as any over-the-counter medications, vitamins and/or herbal supplements).

History of serious illnesses and or injuries (include dates):

History of surgery and hospitalizations (include dates):

Do you wear glasses? ☐ YES ☐ NO
(If yes, you must attach a copy of your prescription or formula)

Do you wear contact lenses? ☐ YES ☐ NO
(If yes, you must attach a copy of your prescription or formula)

Do you smoke cigarettes? ☐ YES ☐ NO
If yes, how many per day? _____ For how many years? _____

Do you drink alcoholic beverages? ☐ YES ☐ NO
If yes, how many per day? _____

Do you wear seat belts? ☐ YES ☐ NO

List any allergies to medications and describe the reaction:

List any food and/or environmental allergies and describe the reaction:

Are you presently taking allergy injections? ☐ YES ☐ NO

Do you plan to continue those injections while attending MIT? ☐ YES ☐ NO
(If yes, please see item #5 on cover page)

CONTINUE ON THE REVERSE SIDE AND COMPLETE ALL QUESTIONS, THEN SIGN AND DATE THE FORM.
**PRESENT HEALTH**

Are you presently under medical care for a medical or mental health problem?  

- YES  
- NO  

If yes, describe the problem(s) and treatment:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Will you participate in intercollegiate (varsity) sports?  

- YES  
- NO

All students, both undergraduate and graduate, who participate in intercollegiate sports are required to have a pre-entrance physical examination (see pages 7 and 8) to be medically cleared for sports participation.

| YES | NO |

Intercollegiate (varsity) sport(s) in which you plan to participate (please list all):

Have you ever been cared for by a mental health clinician?  

- YES  
- NO

Have you ever been hospitalized for a mental health problem?  

- YES  
- NO

Have you ever had a period of depressed, anxious, or irritable mood most of the day, nearly every day, lasting for weeks?  

- YES  
- NO

Have you ever been unable to do your school work because of stress, anxiety or depression?  

- YES  
- NO

Have you ever been so upset that you have harmed yourself, or been afraid that you might harm yourself?  

- YES  
- NO

Have you ever felt very lonely, or do you worry about being very lonely here at MIT?  

- YES  
- NO

Have you ever restricted your eating or purged?  

- YES  
- NO

Would you be interested in more information about MIT mental health services?  

- YES  
- NO

Would you like a referral to a mental health clinician at MIT?  

- YES  
- NO

**MIT primary health care provider:** You may choose a primary healthcare provider (a physician or nurse practitioner), at this time or any time while you are part of the MIT community. However, we encourage students who have chronic medical condition(s) or concerns to choose a primary provider now, and to contact that clinician upon arrival at MIT. You can view information about clinicians and submit your choice at [http://medweb.mit.edu/howdoI/choose.html](http://medweb.mit.edu/howdoI/choose.html).
**SEROLOGICAL TESTING/SPECIAL INSTRUCTIONS**

1. Positive IgG serological test for immunity to measles, mumps, and rubella. **Attach laboratory results to this form.**
   - Measles: _______________ Result: _______________
   - Mumps: _______________ Result: _______________
   - Rubella: _______________ Result: _______________

   Note: Serological proof of immunity is **required** for HST students.

2. Positive Hepatitis B surface antibody titer. **Attach laboratory results to this form.**
   - HbAbs: _______________ Result: _______________

   Note: Serological proof of immunity is **REQUIRED** for HST students.

3. Tetanus/Diptheria (Td) booster within the last 10 years. Tetanus, Diptheria & Pertussis (Tdap) is **highly recommended** instead of Td, if the student is due for a booster or if last Td was >2 years from this date.
   - Td: _______________ MONTH/DAY/YEAR
   - Tdap: _______________ MONTH/DAY/YEAR

4. Meningococcal vaccine within the last 5 years or a **signed waiver** (see pages 9 and 10 for waiver form). To waive this requirement, the waiver form (provided separately) must be signed.
   - Menomune: _______________ MONTH/DAY/YEAR
   - Menactra: _______________ MONTH/DAY/YEAR

5. Positive serological testing for varicella (chicken pox). **Attach laboratory results to this form.**
   - Varicella titer: _______________ Result: _______________

   Note: Serological proof of immunity is **REQUIRED** for HST students.

The following are not required but should be listed if dates are known.

- **Hepatitis A vaccine:** #1 ___________________ #2 ___________________
- **Polio vaccine (last booster dose):** ___________________
- **HPV vaccine (Gardasil):** #1 ___________________ #2 ___________________ #3 ___________________

**IMMUNIZATIONS**

2. Two MMRs after the first birthday and at least 30 days apart
   - #1 MMR: ___________________ (after 1971)
   - #2 MMR: ___________________ (after 1971)

   OR

Two each of measles and mumps, and one rubella
   - Measles: #1 _______________ #2 _______________ (after 1/1/1968)
   - Mumps: #1 _______________ #2 _______________ (after 1/1/1967)
   - Rubella: #1 _______________ (after 1/1/1969)

3. Hepatitis B (series of 3)
   - #1 ___________________ #2 ___________________ #3 ___________________

   OR

- **Meningococcal vaccine within the last 5 years or a signed waiver** (see pages 9 and 10 for waiver form). To waive this requirement, the waiver form (provided separately) must be signed.
- **Varicella vaccination:** #1 ___________________ #2 ___________________
Mantoux tuberculin requirement

Student must complete all questions.

Student name ____________________________ Date of birth _______ MONTH/DAY/YEAR

Country of birth __________________________________________

1. To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis? ☐YES ☐NO

To answer the next two questions, please refer to this list of countries and territories that have high rates of tuberculosis:

<table>
<thead>
<tr>
<th>Country Name</th>
<th>Country Name</th>
<th>Country Name</th>
<th>Country Name</th>
<th>Country Name</th>
<th>Country Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Chad</td>
<td>Guinea</td>
<td>Lithuania</td>
<td>Nigeria</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td>Angola</td>
<td>China</td>
<td>Guinea-Bissau</td>
<td>Macao SAR</td>
<td>Niue</td>
<td>Sudan</td>
</tr>
<tr>
<td>Armenia</td>
<td>Colombia</td>
<td>Guyana</td>
<td>Macedonia</td>
<td>Northern Marianas</td>
<td>Suriname</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Comoros</td>
<td>Haiti</td>
<td>Madagascar</td>
<td>Islands</td>
<td>Swaziland</td>
</tr>
<tr>
<td>Bahamas</td>
<td>Congo (Democratic Republic)</td>
<td>Herzegovina</td>
<td>Malawi</td>
<td>Pakistan</td>
<td>Syrian Arab Republic</td>
</tr>
<tr>
<td>Bahrain</td>
<td>Congo (Republic)</td>
<td>Honduras</td>
<td>Malaysia</td>
<td>Palau</td>
<td>Taiwan</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Congo (Republic)</td>
<td>Hong Kong SAR</td>
<td>Maldives</td>
<td>Panama</td>
<td>Tajikistan</td>
</tr>
<tr>
<td>Belarus</td>
<td>Cote d’Ivoire</td>
<td>India</td>
<td>Mali</td>
<td>Papua New Guinea</td>
<td>Tanzania UR</td>
</tr>
<tr>
<td>Benin</td>
<td>Croatia</td>
<td>Indonesia</td>
<td>Marshall Islands</td>
<td>Paraguay</td>
<td>Thailand</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Djibouti</td>
<td>Iran</td>
<td>Mauritania</td>
<td>Peru</td>
<td>Togo</td>
</tr>
<tr>
<td>Bolivia</td>
<td>Dominican Republic</td>
<td>Kazakhstan</td>
<td>Mauritius</td>
<td>Philippines</td>
<td>Tokelau</td>
</tr>
<tr>
<td>Bosnia</td>
<td>Ecuador</td>
<td>Kenya</td>
<td>Micronesia</td>
<td>Portugal</td>
<td>Turkmenistan</td>
</tr>
<tr>
<td>Botswana</td>
<td>El Salvador</td>
<td>Kiribati</td>
<td>Moldova Republic</td>
<td>Principate</td>
<td>Uganda</td>
</tr>
<tr>
<td>Brazil</td>
<td>Equitorial Guinea</td>
<td>Korea (Democratic People’s Republic)</td>
<td>Mongolia</td>
<td>Romania</td>
<td>Ukraine</td>
</tr>
<tr>
<td>Brunei Dar.</td>
<td>Eritrea</td>
<td>People’s Republic</td>
<td>Morocco</td>
<td>Russian Federation</td>
<td>Uzbekistan</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Estonia</td>
<td>Korea (Republic)</td>
<td>Mozambique</td>
<td>Rwanda</td>
<td>Vanuatu</td>
</tr>
<tr>
<td>Burundi</td>
<td>Ethiopia</td>
<td>Kyrgyzstan</td>
<td>Myanmar</td>
<td>Sao Tome</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Gabon</td>
<td>Laos (Laos People’s Democratic Republic)</td>
<td>Namibia</td>
<td>Senegal</td>
<td>Yemen</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Georgia</td>
<td>Democratic Republic</td>
<td>Nepal</td>
<td>Sierra Leone</td>
<td>Zambia</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>Ghana</td>
<td>Latvia</td>
<td>Northern Caledonia</td>
<td>Solomon Islands</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Central African</td>
<td>Guam</td>
<td>Lesotho</td>
<td>Nicaragua</td>
<td>Somalia</td>
<td>South Africa</td>
</tr>
<tr>
<td>Republic</td>
<td>Guatemala</td>
<td>Liberia</td>
<td>Niger</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Were you born in one of the countries or territories on the list above? ☐YES ☐NO

3. Have you traveled or lived for more than one month in any of the countries or territories on the list above? ☐YES ☐NO

4. Are you a Health Science and Technology (HST) student in either the Medical Engineering & Medical Physics (MEMP), Biomedical Enterprise (BEP), or Speech and Hearing Bioscience and Technology (SHBT) program? ☐YES ☐NO

If you answered yes to any of the questions above, you are required to submit a Mantoux 5TU IPPD test date and results, documented by a health care provider, or a QuantIFERON-TB Gold assay test result. The test must have been performed within the six months prior to your MIT registration date.

- Multiple-puncture TB tests are not acceptable (tine, HEAF, etc.).
- History of BCG is not a contraindication to TB testing.

TESTING DOCUMENTATION FOR A “YES” ANSWER TO ANY OF THE QUESTIONS ABOVE:

Mantoux PPD (tuberculin 5TU) test date ________________ MONTH/DAY/YEAR Results: size of induration ________________ mm

If the QuantIFERON-TB Gold assay was performed, a copy of the test result must be submitted.

If the patient had a positive Mantoux PPD or a positive QuantIFERON-TB Gold assay, did he/she receive prophylactic medication?

☐ NO ☐ YES If yes, medication received from ________________ to ________________ MONTH/DAY/YEAR

If the student has had tuberculosis, OR a positive reaction (≥ 10 mm) now or in the past, a report of a chest X-ray taken within the last six months must be submitted with this form. This chest X-ray report must be written in English.

Signature of physician/nurse practitioner/physician assistant: ____________________________ Date ________________ MONTH/DAY/YEAR

Please call MIT Medical Health Screening at 617-258-7051 if you have any questions.
Physical examination

• Physician, physician assistant, or nurse practitioner must complete all questions in English and sign this page. Parents are not acceptable as care providers.

• Physical examination must be within 12 months prior to registration date.

Parents are not acceptable as care providers.

• Physical examination must be within 12 months prior to registration date.

Student name ____________________________________________ Date of birth __________________________

LAST (FAMILY) FIRST MIDDLE MONTH/DAY/YEAR

HISTORY AND REVIEW OF SYSTEMS

Please answer all questions. Check “Y” for yes or “N” for no. If yes, please explain on page 8 under “Explain abnormalities” or add an additional sheet for explanation if necessary. Has the patient had:

Acne H/O tonsillectomy Heart murmur Eating disorder
Anemia Any other surgery Myocarditis Restriction/purging/binging
Asthma Loss of paired organ Joint disease or injury
Chicken pox Insomnia Joint reconstruction Dizziness or fainting
Diabetes mellitus Excessive nervousness Knee or shoulder problems Weakness or paralysis
Infectious mononucleosis Depression Back/neck/spine problems Seizure disorder
Malaria Frequent anxiety Stress fracture(s) Sexually transmitted disease
Meningitis Recurrent headaches Heat exhaustion Frequent urination
Scarlet fever Head injury/unconsciousness Tumor, cancer, cyst Women only:
Tuberculosis Anaphylaxis Jaundice
Gum/tooth disease Shortness of breath Stomach/intestinal trouble • irregular periods
Sinusitis Chest pain or pressure Recurrent diarrhea • severe cramps
Eye/vision condition Chronic cough Gall bladder/gallstones • excessive bleeding
Ear, nose or throat trouble Heart palpitations Hernia/hernia repair • amenorrhea
H/O appendectomy High or low blood pressure Recent weight gain or loss

PHYSICAL EXAMINATION

HEIGHT WEIGHT BMI BLOOD PRESSURE PULSE

Please check each system below and indicate whether it is normal or abnormal. If it is abnormal, please explain in the section provided on page 8.

SYSTEM NORMAL ABNORMAL SYSTEM NORMAL ABNORMAL SYSTEM NORMAL ABNORMAL
Skin Breasts Genitourinary
HEENT Cardiovascular Extremities
Lymph nodes Peripheral vascular Reflexes
Thyroid Heart murmur Neurologic
Chest/lungs Abdomen

PLEASE CONTINUE ON THE REVERSE SIDE AND COMPLETE ALL QUESTIONS, THEN SIGN AND DATE THE FORM.

FOR STUDENT HEALTH USE ONLY

Intercollegiate sports clearance: □ Approved □ Denied □ Requires sports med physician review INITIALS
Explain abnormalities:_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

Do you feel that the student has any condition that would warrant any accommodations while engaging in his/her studies at MIT? If so, please explain:_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

Is this person under treatment for any medical or mental health condition? If yes, please describe the problem and treatment:_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

In your opinion, is there any contraindication for this person to participate in collision, contact, or non-contact sports? If yes, please describe the nature of your suggested limitation or your advice for further work-up:_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

Do you have any recommendations for this person’s health care while at MIT? ____________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________________________

Signature of physician, physician assistant, nurse practitioner or registered nurse (parents of the student are not acceptable as providers of care):

X _____________________________ Date of physical exam _____________________________

SIGNATURE OF PHYSICIAN/PA/NP/RN PRINTED NAME MONTH/DAY/YEAR

Mailing address ___________________________ Office telephone ___________________________

To facilitate our review of identified conditions, their treatment, and any associated limitations, please include copies of applicable documentation, such as clinic notes, post-operative notes, diagnostic test results (CT scan, MRI, EKG, bone scan, etc.), and any rehabilitation (PT, OT, speech) reports.
Revised legislation in Massachusetts now 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 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 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?
People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called “terminal complement component deficiency” are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

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 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 and meningococcal conjugate vaccine is approved for use in those 2-55 years of age. Both of the 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. Protection with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

(See reverse side)
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.

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

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

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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 materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: ____________________________________________ Date of Birth: _________________

Student ID or SSN: ________________________________________________________________________

Signature:  __________________________________________________ Date: _________________

(Student or parent/legal guardian, if student is under 18 years of age)

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800

MDPH Meningococcal Information and Waiver Form September 2008

http://www.mass.gov/Eoehhs2/docs/dph/cdc/meningitis/info_waiver.pdf