Dear MIT Student,

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 nearly 100 primary care and medical specialty providers will ensure that you receive high-quality medical and mental health care during your time at MIT.

As an MIT student, nearly all the services provided at MIT Medical are included with tuition. This allows you to use many of the services at MIT Medical with no additional charge or copay, including:

- Unlimited care by a primary care provider
- Urgent care (hours 8 a.m.–8 p.m. Mon–Fri, 10 a.m.–4 p.m. Sat–Sun)
- Medical advice available 24/7 at 617-253-4481
- Stress management consultations
- Mental health and counseling services
- Women’s health services
- Most laboratory and other diagnostic testing and X-rays

One key to staying healthy is to have a campus care provider—a clinician you can come to know and trust. We encourage you to select a provider in MIT Medical’s Primary Care Service, either a physician or nurse practitioner. Our clinicians have a wide range of educational backgrounds, subspecialties, academic appointments, and practice styles. Go to medical.mit.edu/choose to learn more about providers who are accepting new patients, and choose the one that’s right for you.

MIT is legendary for its challenges. New students, especially those from other cultures, often have a difficult time adjusting to life at MIT. If this happens to you, talk about it with your friends, your health care provider, or a counselor. There’s no charge to talk with someone in MIT Medical’s Student Mental Health and Counseling Services. We have a wide range of mental health professionals ready to help you adjust to life at MIT.

MIT has a strict confidentiality policy. MIT Medical will not share your medical information with family members (including parents), deans, or faculty, unless you give us written permission.

When you get to campus, take the time to get to know us. You’ll discover that each one of us is dedicated to your personal health and the wellbeing of the entire MIT community.

Shawn Ferullo, M.D.
Student Health Director

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### Instructions

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

- **ALL NEW UNDERGRADUATE AND GRADUATE STUDENTS** must complete pages 2–6.
- **NEW HEALTH SCIENCE & TECHNOLOGY (HST) STUDENTS** must complete pages 2–6. The physical examination for HST students is optional. All HST students must provide positive titer results for the following: measles, mumps, rubella, hepatitis B and varicella. A tuberculosis screening test is required for all HST students regardless of your answers to the questions on page 3.
- **VARIOUS STUDENT-ATHLETES** must complete the Varsity Student Athlete Physical Examination form at medical.mit.edu/varsityathleteexam. Athletes must have a physical within 6 months of their sports start date (fall season date for spring sports) and must have a clinician complete the included Sickie Cell Trait status form at medical.mit.edu/varsityathleteexam. To submit the Varsity Student Athlete forms, visit medical.mit.edu/athletics and follow the instructions.
- **Massachusetts law requires documentation of immunity to certain infectious diseases.** The form to request an exemption for religious or medical reasons can be found at medical.mit.edu/forms.
- **You can find documentation of immunization dates at schools you’ve previously attended, your doctors’ offices, or your state immunization registry.**
- **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.**
- **Things to know if you currently receive allergy injections and plan to continue treatment while attending MIT:**
  - Evaluation with an MIT allergist is required before allergy shots can be administered at MIT Medical.
  - Allergy extracts and orders must be shipped (not hand-carried) to MIT Medical.
  - Contact the Allergy Service at MIT Medical at 617-253-4905 to schedule an appointment and get information about shipping your extract and orders.
- **Keep a copy of the completed form** for your records.
- **Mail, fax, or email the completed form** before the applicable deadline listed below to avoid a registration hold:
  - **Mail:** MIT Medical Department, Health Screening 77 Massachusetts Ave. E23-127 Cambridge, MA 02139-4307
  - **Fax:** + (1) 617-253-4121
  - **Email:** We recommend that you email your documents securely via Zix, our preferred secure email service. Create an account at web1.zixmail.net/s/e7b=medical.mit, and send your documents to medrpt@med.mit.edu.

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**Questions?**
- See medical.mit.edu/reportfaq
- Call 617-253-1777
- Email medrpt@med.mit.edu

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**MIT Student Medical Report Form 2023–2024**

rev. 2023-03-09

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Shawn Ferullo, M.D.
Student Health Director
A physician, physician assistant, registered nurse, or nurse practitioner who is not the student or a relative of the student must complete all questions in English and sign this page, or attach an official copy of the student’s immunization record.

Massachusetts state law, and MIT policy, require **all students**, regardless of age or gender, to submit documentation of immunity to certain infectious diseases. **HST students must provide serologic proof** of immunity for measles (rubeola), mumps, rubella, hepatitis B, and varicella.

### For these infectious diseases, dates of immunization or serologic proof of immunity are required:

<table>
<thead>
<tr>
<th>Required immunizations</th>
<th>Immunization dates (month/day/year)</th>
<th>Serologic proof</th>
</tr>
</thead>
</table>
| **Measles, mumps, and rubella**
(combined MMR vaccine or separate measles, mumps, and rubella vaccines)
2 doses required; first dose must be after age 1. | MMR vaccine
- date of first dose
- date of second dose | Positive IgG serologic test
- Date of test (month/day/year)
- Test results attached |
| Measles vaccine
- date of first dose
- date of second dose | **Measles**
- date (month/day/year) |
| Mumps vaccine
- date of first dose
- date of second dose | **Mumps**
- date (month/day/year) |
| Rubella vaccine
- date of first dose
- date of second dose | **Rubella**
- date (month/day/year) |

| **Hepatitis B**
3 doses required OR
**Hepatitis B (Heplisav B)**
2 doses required | Hepatitis B
- date of first dose
- date of second dose
- date of third dose
| **Hepatitis B**
- surface antibody |
| **OR**
**Hepatitis B (Heplisav B)** | **Hepatitis B (Heplisav B)** |

| **Varicella** — 2 doses or history of disease required | **Varicella** |
| date of first dose
- date of second dose | **Varicella** |

### Immunization since 9/1/2013 required:

<table>
<thead>
<tr>
<th>Immunization since student’s 16th birthday or signed waiver form required:</th>
</tr>
</thead>
</table>
| **TDAP**
(tetanus, diphtheria, and pertussis)
- date of most recent dose |

### Recommended immunizations:

<table>
<thead>
<tr>
<th>Immunization dates (month/day/year)</th>
</tr>
</thead>
</table>
| **Hepatitis A** (2-dose series)
- date of first dose
- date of second dose |
| **Polio** (latest booster dose)
- date of latest dose |
| **HPV**
- date of first dose
- date of second dose
- date of third dose |
| **Bexsero** (Meningococcal serogroup B)
(2-dose series)
- date of first dose
- date of second dose |
| **Trumenba** (Meningococcal serogroup B)
(2-dose series)
- date of first dose
- date of second dose |
| **Influenza**
- date of most recent dose |
| **COVID-19**
- date of most recent dose |

**Certification by health care provider** (required):

| Signature of physician/PA/NP/RN | Printed name | Date (month/day/year) |
|--------------------------------|

MIT Student Medical Report Form 2023–2024 • page 2 of 6

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All students must complete section A. If any of the answers to the questions in section A are “yes,” then a health care provider must complete Section B. If all answers to the questions are “no,” skip Sections B and C.

student's surname (family name)  first name (given name)  date of birth (month/day/year)

Section A — to be completed by student

Country of birth: ____________________________

Have you ever had tuberculosis or had a positive tuberculosis test? ☐ yes ☐ no

To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis? ☐ yes ☐ no

Were you born in one of the countries or territories listed on page 3, or have you traveled or lived for more than one month in any of these countries or territories? ☐ yes ☐ no

Are you a Health Science and Technology (HST) student in the Medical Engineering & Medical Physics (MEMP) program? ☐ yes ☐ no

If you answered yes to any of the above questions, you are required to submit a Mantoux 5TU PPD skin test and result or a copy of an Interferon gamma release assay (IGRA), e.g. T-spot or Quantiferon-Gold test result. The test must have been performed within six months prior to your MIT registration date. Have your health care provider fill out Section B.

If you have previously had tuberculosis or a positive tuberculosis test, have your health care provider fill out Section C.

Section B — to be completed by health care provider

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

Mantoux 5TU

<table>
<thead>
<tr>
<th>Test date: date (month/day/year)</th>
<th>Result: result (mm)</th>
</tr>
</thead>
</table>

OR

Interferon gamma release assay (IGRA)

<table>
<thead>
<tr>
<th>Test date: date (month/day/year)</th>
</tr>
</thead>
</table>

Include a copy of test results.

Section C — to be completed by health care provider in the event of positive tuberculosis test or history of tuberculosis

1. Attach a copy of a report for a chest X-ray that was taken upon or after the positive result. The chest X-ray report must be written in English and dated within 12 months prior to entrance to MIT.

2. Did the student receive tuberculosis therapy? ☐ yes ☐ no
   • If yes, provide information about therapy: Start date: _____________ Completion date: _____________

3. Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats, or weight loss? ☐ yes ☐ no
   • If yes, please describe: ____________________________

Certification by health care provider (required)

signature of physician/PA/NP/RN  printed name  date (month/day/year)
If you were born in any of the countries or territories listed below, or traveled/lived in any of these countries or territories for more than one month, you are required to submit a Mantoux 5TU PPD skin test and result or a copy of an Interferon gamma release assay (IGRA), e.g. T-spot or Quantiferon-Gold, test result (see page 3). The test must have been performed within six months prior to your MIT registration date.

<table>
<thead>
<tr>
<th>Afghanistan</th>
<th>Dominica</th>
<th>Malawi</th>
<th>São Tomé &amp; Príncipe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algeria</td>
<td>Dominican Republic</td>
<td>Malaysia</td>
<td>Senegal</td>
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<td>Angola</td>
<td>Ecuador</td>
<td>Maldives</td>
<td>Sierra Leone</td>
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<td>Equatorial Guinea</td>
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<td>Solomon Islands</td>
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<td>Mauritania</td>
<td>Somalia</td>
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<td>Mexico</td>
<td>South Africa</td>
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<tr>
<td>Bangladesh</td>
<td>Ethiopia</td>
<td>Micronesia (Federated States of)</td>
<td>South Sudan</td>
</tr>
<tr>
<td>Belarus</td>
<td>Fiji</td>
<td>Moldova</td>
<td>South Korea (Republic of Korea)</td>
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<tr>
<td>Belize</td>
<td>Gabon</td>
<td>Mongolia</td>
<td>Sri Lanka</td>
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<td>Gambia</td>
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<td>Suriname</td>
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<td>Bolivia</td>
<td>Ghana</td>
<td>Myanmar (Burma)</td>
<td>Taiwan</td>
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<tr>
<td>Bosnia and Herzegovina</td>
<td>Greenland</td>
<td>Namibia</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Botswana</td>
<td>Guinea</td>
<td>Nepal</td>
<td>Tajikistan</td>
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<td>Brazil</td>
<td>Guinea-Bissau</td>
<td>Nicaragua</td>
<td>Thailand</td>
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<tr>
<td>Brunei Darussalam</td>
<td>Guyana</td>
<td>Niger</td>
<td>Timor-Leste (East Timor)</td>
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<td>Bulgaria</td>
<td>Haiti</td>
<td>Nigeria</td>
<td>Togo</td>
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<td>Burkina Faso</td>
<td>Honduras</td>
<td>Niue</td>
<td>Tokelau</td>
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<tr>
<td>Burundi</td>
<td>India</td>
<td>Northern Mariana Islands</td>
<td>Tunisia</td>
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<tr>
<td>Cabo Verde (Cape Verde)</td>
<td>Indonesia</td>
<td>North Korea (Democratic People’s Republic of Korea)</td>
<td>Turkmenistan</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Iraq</td>
<td>Pakistan</td>
<td>Tuvalu</td>
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<tr>
<td>Cameroon</td>
<td>Kazakhstan</td>
<td>Palau</td>
<td>Uganda</td>
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<tr>
<td>Central African Republic</td>
<td>Kenya</td>
<td>Panama</td>
<td>Ukraine</td>
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<tr>
<td>Chad</td>
<td>Kiribati</td>
<td>Papua New Guinea</td>
<td>Uruguay</td>
</tr>
<tr>
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<td>Kuwait</td>
<td>Paraguay</td>
<td>Uzbekistan</td>
</tr>
<tr>
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<td>Kyrgyzstan</td>
<td>Peru</td>
<td>Vanuatu</td>
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<tr>
<td>China, Macao SAR</td>
<td>Laos</td>
<td>Philippines</td>
<td>Venezuela</td>
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<td>Lesotho</td>
<td>Qatar</td>
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<tr>
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<td>Liberia</td>
<td>Romania</td>
<td>Yemen</td>
</tr>
<tr>
<td>Congo (Republic of)</td>
<td>Libya</td>
<td>Russia</td>
<td>Zambia</td>
</tr>
<tr>
<td>Côte d’Ivoire (Ivory Coast)</td>
<td>Madagascar</td>
<td>Rwanda</td>
<td>Zimbabwe</td>
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<tr>
<td>Democratic Republic of the Congo</td>
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<tr>
<td>Djibouti</td>
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</tbody>
</table>

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Students living on campus and military recruits are also at greater risk of disease from some of the serogroups exposed to meningococcal disease during an outbreak. People who live in certain settings such as first year college meningococcal disease is very common, microbiologists who work with the organism and people who may have been complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where disease. Meningococcal disease and outbreaks in young adults were primarily due to serogroup C. However, following In the 1990s, college freshmen living in residence halls were identified as being at increased risk for meningococcal disease.  Meningococcal disease and outbreaks in young adults were primarily due to serogroup C. However, following

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 who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as first year college students living on campus and military recruits are also at greater risk of disease from some of the serogroups.

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 who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as first year college students living on campus and military recruits are also at greater risk of disease from some of the serogroups.

Which students are most at risk for meningococcal disease?
In the 1990s, college freshmen living in residence halls were identified as being at increased risk for meningococcal disease. Meningococcal disease and outbreaks in young adults were primarily due to serogroup C. However, following many years of routine vaccination of young people with quadrivalent meningococcal conjugate vaccine (for serogroups A, C, W and Y), serogroup B is now the primary cause of meningococcal disease and outbreaks in young adults. Among the approximately 9 million students aged 18-21 years enrolled in college, there are an average of 20 cases and 0-4 outbreaks due to serogroup B reported annually. Although incidence of serogroup B meningococcal disease in college students is low, four-year college students are at increased risk compared to non-college students; risk is highest among first-year students living on campus. The close contact in college residence halls, combined with social mixing activities (such as going to bars, clubs or parties; participating in Greek life; sharing food or beverages; and other activities involving the exchange of saliva), may put college students at increased risk.

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. Quadrivalent 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 (16-23 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?
Yes. 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 vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.

Is meningococcal vaccine mandatory for entry into secondary schools (that provide housing) and colleges?
Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) require both newly enrolled full-time students attending a secondary school (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., college) to receive a dose of quadrivalent meningococcal conjugate 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 regardless of housing status 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 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 they can't receive the vaccine; 2) the student (or the student's legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against their sincere religious belief; or 3) the student (or the student’s 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.

Shouldn't meningococcal B vaccine be required?
CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At this time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges may institute a requirement). Those aged 16-23 years may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16-18 years of age, to provide short-term protection against most strains of serogroup B meningococcal disease. This is decided by the patient and healthcare provider. These policies may change as new information becomes available.

Where can a student get vaccinated?
Students and their legal guardians should contact their healthcare providers to 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 this vaccine.

Where can I get more information?
Your healthcare provider; your local Board of Health (listed in the phone book under government); or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at https://www.mass.gov/info-details/school-immunizations.

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 conjugate vaccine. I understand that Massachusetts law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger 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: __________________

Signature: ___________________________ Date: __________________
(Student or parent/legal guardian if student is under 18 years of age)