

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 more than 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 a registered MIT student, you are covered by the MIT Student Medical Plan, 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: walk-in hours 7 a.m.–11 p.m.; medical advice available 24/7 at 617-253-4481.
- Stress management consultations
- Mental health and counseling services
- Women's health services
- Laboratory and other diagnostic testing and X-rays

One key to staying healthy is to have a primary care provider (PCP)—a clinician you can come to know and trust. We encourage you to select a PCP at MIT Medical, 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 MIT Medical PCPs 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 Mental Health and Counseling Service. 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

INSTRUCTIONS

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. A form for religious or medical exemption can be found at medical.mit.edu/forms.
- You can find documentation of immunization dates at schools you've previously 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. **Pre-entrance medical requirements are not associated with or covered by the MIT Student Health Plan.**

1. **ALL NEW UNDERGRADUATE STUDENTS** *must complete pages 2–8.* Physical exam must be dated within the 12 months preceding your MIT registration date.
2. **ALL NEW GRADUATE STUDENTS** *must complete pages 2–5.* The physical examination is optional for graduate students unless you plan on participating in intercollegiate (varsity) sports; then the physical exam is required and must be dated within the 6 months preceding your MIT registration date.
3. **NEW HEALTH SCIENCE & TECHNOLOGY (HST) STUDENTS** *must complete pages 2–5.* 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 5.
4. **VARSITY STUDENT-ATHLETES** *must complete pages 2–9.* Athletes must have a physical within 6 months of their sport start date (fall season date for spring sports) and must have a clinician complete the Sickle Cell Trait Status form (page 9).
5. **Keep a copy of the completed Medical Report Form** for your records.
6. **Mail, fax, or email the completed form** before the applicable deadline listed within to avoid a registration hold:

Mail: MIT Medical – Health Screening, Room E23-127
77 Massachusetts Ave., Cambridge, MA 02139-4307

Fax: + (1) 617-253-4121

Email: medrpt@med.mit.edu

We recommend that you email your documents securely via Zix, our preferred secure email service:
web1.zixmail.net/s/e?b=medical.mit

Questions?

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

MIT Medical Health Screening
 Room E23-127
 77 Massachusetts Ave.
 Cambridge, MA 02139-4307
 Fax: 617-253-4121

Term	Deadline
Summer	May 8, 2018
Fall	July 24, 2018
Spring	January 22, 2019

Questions?

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

Student demographics (check one)

Undergraduate Graduate HST

MIT registration date (check one)

June 2018 September 2018 February 2019

Complete all questions on pages 2 and 3 of this form in English, then sign and date it. Please print or write legibly.

last name (family)		first name		gender
date of birth (month/day/year)	age	MIT ID # (if known)		
home address				
city, state, zip code			country	
email address		home phone		cell phone

Family Health History

Family member	age	in good health?		known health problem(s)	deceased?	
Parent 1	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Parent 2	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Brother(s)	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no
Sister(s)	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no

Student Health History

Height: _____ Weight: _____

Do you wear glasses or contacts? yes no **If yes, attach a copy of your prescription or formula.*

Are you presently under medical care for a medical or mental health problem? yes no

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

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). Include name and dosage.

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

History of surgery or hospitalizations (include dates):

last name (family)

 first name

 date of birth (month/day/year)

Student Health History, continued

- Have you ever been cared for by a mental health clinician? yes no
- Have you ever been hospitalized for a mental health concern? yes no
- Have you ever had a period of depression, anxiety, or irritable mood for most of the 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 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

Sports Participation

Do you plan to participate in intercollegiate (varsity) sports? yes no

If yes, please list all intercollegiate (varsity) sports in which you plan to participate:

** To be medically cleared for intercollegiate (varsity) sports participation, **all students**, both undergraduate and graduate, are required to have a pre-entrance physical examination within 6 months of their sports start date, and submit the Sickle Cell Trait Status form (page 9).*

Allergies

List any allergies to medications and describe the reaction: no known drug allergies

List any food or environmental allergies and describe the reaction: no known food or environmental allergies

Are you presently taking allergy injections? yes no

Do you plan to continue those injections while attending MIT? yes no

If yes, please read the following:

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 617-253-4460 to schedule an appointment and get information about shipping your extract and orders.

Choosing an MIT Medical primary care provider (PCP): You may choose a PCP (a physician or nurse practitioner) now or any time while you are part of the MIT community. However, we encourage students who have chronic medical conditions or concerns to choose a PCP now, and to contact that clinician upon arrival at MIT. You can view information about clinicians and submit your choice at medical.mit.edu/choose

Sign Here >>

 student signature

 date signed (month/day/year)

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.

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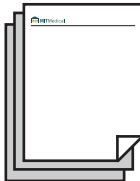
Questions?

- See medical.mit.edu/reportfaq
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- Email medrpt@med.mit.edu

<input type="text"/>	<input type="text"/>	<input type="text"/>
last name (family)	first name	date of birth (month/day/year)

Massachusetts State law requires **all** college 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.

Required Immunizations <i>provide dates or provide serologic proof</i>	Immunization Dates (month/day/year) <i>dose 2 must be at least 30 days after dose 1</i>			OR	Serologic Proof <i>if providing serologic proof of immunity, you must attach laboratory test results</i>
MMR <i>(Measles, mumps, and rubella)</i> 2 doses required, first dose must be after age 1 or 2 doses each of measles, mumps, and rubella, first dose must be after age 1	<i>Measles</i>				Positive IgG serologic test required
	<i>Mumps</i>				Date (month/day/year)
	<i>Rubella</i>				Measles
TDAP <i>(Tetanus, diphtheria, and pertussis)</i> 1 dose in 2005 or after, 1 dose required within 10 years		TD <i>(last booster dose, only if after TDAP)</i>			Mumps
HEPATITIS B 3 doses required					Rubella
VARICELLA 2 doses or history of disease required			<i>History of disease:</i>		Tdap
MENINGOCOCCAL <i>(serogroups A, C, W, Y)</i> 1 dose of conjugate or 1 dose of polysaccharide within 5 years or waiver form required	<i>Conjugate:</i>	<i>Polysaccharide:</i>	<i>If providing signed waiver, include it when submitting this form. (see pages 10–11)</i>		Hepatitis B surface antibody
					Varicella



REMEMBER:
If providing serologic proof, include laboratory test results when submitting this form.

Recommended Immunizations	Immunization Dates (month/day/year)		
HEPATITIS A			
POLIO <i>(last booster dose)</i>			
HPV			
BEXSERO <i>(Meningitis serogroup B)</i> 2 doses required			
TRUMENBA <i>(Meningitis serogroup B)</i> 2 doses required			

Certification by health care provider (required)

<input type="text"/>	<input type="text"/>	<input type="text"/>
signature of physician/PA/NP/RN	printed name	date (month/day/year)

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.

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<input type="text"/>	<input type="text"/>	<input type="text"/>
last name (family)	first 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 6, 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) or HST/Sloan 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 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 provider fill out Section B.

If you have previously had tuberculosis or a positive tuberculosis test, have your health 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

Test date: Result:

date (month/day/year) result (mm)

OR
INTERFERON GAMMA RELEASE ASSAY (IGRA)

Test date: **Include copy of test result.**

date (month/day/year)

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

- Attach a copy of a report for a chest X-ray that was taken upon or after the positive result. This chest X-ray report must be written in English and dated within 12 months prior to entrance to MIT.
- Did the student receive tuberculosis therapy? yes no
If yes, provide information about therapy: Start date: Completion date:
- 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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 5). The test must have been performed within six months prior to your MIT registration date.

Afghanistan	Equatorial Guinea	Malawi	Senegal
Algeria	Eritrea	Mali	Serbia
Angola	Ethiopia	Marshall Islands	Sierra Leone
Argentina	Fiji	Mauritania	Singapore
Armenia	Gabon	Mauritius	Solomon Islands
Azerbaijan	Gambia	Mexico	Somalia
Bangladesh	Georgia	Micronesia, Federated States of	South Africa
Belarus	Ghana	Moldova	South Sudan
Belize	Guam	Mongolia	Sri Lanka
Benin	Guatemala	Montenegro	Sudan
Bhutan	Guinea	Morocco	Suriname
Bolivia	Guinea-Bissau	Mozambique	Swaziland
Bosnia & Herzegovina	Guyana	Myanmar (Burma)	Syria
Botswana	Haiti	Namibia	Taiwan
Brazil	Honduras	Nauru	Tajikistan
Brunei	India	Nepal	Tanzania
Bulgaria	Indonesia	Nicaragua	Thailand
Burkina Faso	Iraq	Niger	Timor-Leste (East Timor)
Burundi	Kazakhstan	Nigeria	Togo
Cambodia	Kenya	Pakistan	Tunisia
Cameroon	Kiribati	Palau	Turkmenistan
Cape Verde	Korea, Dem. People's Rep. of	Panama	Tuvalu
Central African Republic	Korea, Republic of	Papua New Guinea	Uganda
Chad	Kuwait	Paraguay	Ukraine
China	Kyrgyzstan	Peru	Uruguay
Colombia	Laos	Philippines	Uzbekistan
Comoros	Latvia	Poland	Vanuatu
Congo, Dem. Rep. of the	Lesotho	Portugal	Venezuela
Côte d'Ivoire (Ivory Coast)	Liberia	Qatar	Vietnam
Djibouti	Libya	Romania	Yemen
Dominican Republic	Lithuania	Russia	Yugoslavia
Ecuador	Macedonia, Republic of	Rwanda	Zambia
El Salvador	Madagascar	São Tomé & Príncipe	Zimbabwe

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

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Questions?

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

<input style="width:95%" type="text"/> <small>last name (family)</small>	<input style="width:95%" type="text"/> <small>first name</small>	<input style="width:95%" type="text"/> <small>date of birth (month/day/year)</small>
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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:	Y	N	Y	N	Y	N	Y	N			
Acne			H/O tonsillectomy			Heart murmur			Eating disorder		
Anemia			Any other surgery			Myocarditis			Restriction, purging, or bingeing		
Asthma			Loss of paired organ			Joint disease or injury				Dizziness or fainting,	
Chicken pox			Insomnia			Joint reconstruction			Weakness or paralysis		
Diabetes mellitus			Excessive nervousness			Knee or shoulder problems			Seizure disorder		
Infectious mononucleosis			Depression			Back/neck/spine problems			Skin disorder		
Malaria			Frequent anxiety			Stress fracture			Sexually transmitted disease		
Meningitis			Recurrent headaches			Heat exhaustion			Frequent urination		
Scarlet fever			Head injury/unconsciousness			Tumor, cancer, cyst			Biological females:		
Tuberculosis			Anaphylaxis			Jaundice					
Gum/tooth disease			Shortness of breath			Stomach/intestinal trouble			Severe cramps		
Sinusitis			Chest pain or pressure			Recurrent diarrhea			Excessive bleeding		
Eye/vision condition			Chronic cough			Gall bladder/gallstones			Amenorrhea		
Ear, nose or throat trouble			Heart palpitations			Hernia/hernia repair					
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 if it is normal or abnormal. If abnormal, please give details on page 8 under "Explain abnormalities"

System	Normal	Abnormal	System	Normal	Abnormal	System	Normal	Abnormal
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Breasts	<input type="checkbox"/>	<input type="checkbox"/>	Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	Peripheral vascular	<input type="checkbox"/>	<input type="checkbox"/>	Reflexes	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Continues on next page...		

MIT Use Only — Intercollegiate sports clearance

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Requires sports med physician review	INITIALS _____
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<input type="text"/>	<input type="text"/>	<input type="text"/>
last name (family)	first name	date of birth (month/day/year)

Physical Examination, continued

Explain any abnormalities:

Do you feel the student has any condition that would warrant any accommodations while engaging in 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?

Certification by health care provider (required)

<input type="text"/>	<input type="text"/>	<input type="text"/>
signature of physician/PA/NP/RN	printed name	date of exam (month/day/year)
<input type="text"/>	<input type="text"/>	
mailing address	office phone	

Complete this form if you plan to participate in intercollegiate (varsity) sports. Submit this form with your physical examination.

Deadline

July 31 or before participation in intercollegiate sports

Questions?

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
last name (family)	first name	date of birth (month/day/year)

To be medically cleared for intercollegiate (varsity) sports participation, **all students**, both undergraduate and graduate, are required to have a pre-entrance physical examination within 6 months of the first day of participation for their sport, and submit this form.

About Sickle Cell Trait

- Sickle cell trait is an inherited condition of the oxygen-carrying protein, hemoglobin, in the red blood cells.
- Sickle cell trait is a common condition.
- Although sickle cell trait is most predominant in African-Americans and those of Mediterranean, Middle Eastern, Indian, Caribbean and South and Central American ancestry, persons of all races and ancestry may test positive for sickle cell trait.
- Sickle cell trait is usually benign, but during intense, sustained exercise, decreased oxygen in the muscles may cause *sickling* of red blood cells (change from normal disc shape to a crescent, or “sickle,” shape). Sickled red blood cells can accumulate in the bloodstream and block blood vessels. This can lead to collapse from rapid breakdown of muscles without blood supply.

Sickle Cell Screening

- Sickle cell trait testing in the form of a **sickle cell screen blood test** should be done by the student-athlete’s primary care physician before coming to campus. If testing is not performed at home, you can request testing at MIT Medical. The NCAA requires that all student-athletes have knowledge of their sickle cell trait status before participation in any intercollegiate athletics event, including but not limited to; strength and conditioning sessions, practices, and competitions.
- If the student-athlete, and his or her parent/guardian if the student-athlete is a minor, does not desire sickle cell testing, a waiver must be signed. The Sickle Cell Waiver form is distributed to athletes by the Department of Athletics, Physical Education and Recreation (DAPER).

Sickle Cell Screening Results and Clinician Signature

Sickle cell screen date:	<input type="text"/>	Result:	<input type="text"/>
	date (month/day/year)		positive/negative

Certification by health care provider (required)

<input type="text"/>	<input type="text"/>
signature of physician/PA/NP/RN	printed name



Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

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 quadrivalent meningococcal polysaccharide or conjugate vaccine to protect against serotypes A, C, W and Y
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 1,000-1,200 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 hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, 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 most at 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 from some of the serogroups.

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 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 (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, 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 3 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 polysaccharide vaccine (Menomune) is recommended for people age 56 and older with certain high-risk conditions.

MDPH strongly recommends two doses of quadrivalent meningococcal conjugate vaccine: a first dose at age 11 through 12 years and a second dose at 16 years. Individuals in certain high risk groups may also need to receive 1 or more of these vaccines based on their doctor’s recommendations. In addition, adolescents and young

(See reverse side)

adults (16-23 years of age) 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.

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.

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 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. All students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past (or a dose of quadrivalent meningococcal polysaccharide vaccine within the last 5 years), 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. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine.

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.

While not required, MDPH strongly recommends that anyone up to 21 years of age who is entering college receive a second dose of quadrivalent meningococcal conjugate vaccine if their first dose was received before their 16th birthday, particularly if they are new residential students. College students who do not live in campus-related housing and want to reduce their risk for meningococcal disease may also choose to be vaccinated, though it is not required. Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which meningococcal vaccines you should receive.

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)

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 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)