Wheelock College Student Health Service
ENTRANCE HEALTH CERTIFICATE

Return to: WCSHS Liaison, Wheelock College, 200 The Riverway, Boston MA 02215

DUE July 8, 2013 for Fall Admission

The Entrance Health Certificate must be completed in its entirety. Admission to, as well as housing at, Wheelock College cannot be confirmed until a completed Entrance Health Certificate has been submitted. Parts A through G must be completed by the student and all pages signed by a Medical Provider where indicated.

This form is for undergraduate and resident graduate students only. It does not apply to non-resident graduate students. Please print legibly in ink. MAKE MULTIPLE COPIES OF ALL PAGES FOR YOUR RECORDS!

PART A  Personal Information

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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
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<tr>
<th>BIRTH DATE (MM/DD/YYYY):</th>
<th>BIRTHPLACE:</th>
<th>HOME PHONE:</th>
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<tr>
<th>PERMANENT HOME ADDRESS:</th>
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<th>STREET:</th>
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<th>STATE:</th>
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<tr>
<th>E-MAIL (NON-WHEELOCK):</th>
<th>GENDER:</th>
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| Entering as: | ☐ first-year student | ☐ transfer student | ☐ resident graduate student |
|--------------|----------------------|--------------------|

|------------------------------|--------|--------|--------|

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>☐ married</th>
<th>☐ single</th>
<th>☐ other</th>
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<tr>
<th>Do you plan on participating in Wheelock Athletics?</th>
<th>☐ yes</th>
<th>☐ no</th>
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<thead>
<tr>
<th>LEGAL GUARDIAN 1: LAST NAME</th>
<th>FIRST NAME</th>
<th>TELEPHONE #:</th>
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<th>ADDRESS:</th>
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<th>LEGAL GUARDIAN 2: LAST NAME</th>
<th>FIRST NAME</th>
<th>TELEPHONE #:</th>
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<tr>
<th>SPOUSE/PARTNER’S LAST NAME</th>
<th>FIRST NAME</th>
<th>TELEPHONE #:</th>
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<tr>
<th>EMERGENCY CONTACT</th>
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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>RELATIONSHIP TO STUDENT</th>
<th>TELEPHONE #:</th>
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CONFIDENTIALITY POLICY

The Health Center respects student confidentiality. The Health Center may share clinical information with the Wheelock College Counseling Center and other clinicians to facilitate patient care. However, no health information is released to parents or Wheelock College staff, other than Health or Counseling Center clinicians, without the student’s express authorization except as required by law.

PERMISSION FOR MEDICAL & EMERGENCY TREATMENT

(Must be completed by parent or legal guardian if student is under 18.)

Name of student: ________________________________

Medical Treatment: This is to certify that permission is granted to the Wheelock College Health Center to provide medical treatment for illness, injury or required immunizations for the above named student.

Name of parent or legal guardian ________________________________

Signature of parent or legal guardian ________________________________

Emergency Treatment: Permission for emergency treatment (including surgery & anesthesia) is granted for above named student, when parent or guardian is unable to be contacted.

Name of parent or legal guardian ________________________________

Signature of parent or legal guardian ________________________________

In all cases, reasonable effort will be made to contact parent or guardian prior to treatment.
PART B: Mental Health History

It is the Wheelock College Counseling Center’s goals to ease transition and provide support to students with histories of mental health concerns. To this end, please indicate if you now or have ever had any of the following, by checking YES to all that apply to you below. The information provided will remain confidential. Please see the Standard Confidentiality Agreement (next page) in use by the Counseling Center. **Explain YES answers in the space provided.** If you require accommodations for mental health issues, please be sure to contact the Office of Disability Services at rbuday@wheelock.edu and submit the Disclosure and Request for Services form sent to you by the Office of Disability Services in your FYI packet.

<table>
<thead>
<tr>
<th>YES</th>
<th>YES</th>
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<tbody>
<tr>
<td>Anxiety/Panic attacks</td>
<td>Alcoholism or Alcohol Abuse</td>
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<tr>
<td>Depression</td>
<td>Drug Abuse or Addiction</td>
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<tr>
<td>Seasonal Affective Disorder</td>
<td>Trauma History</td>
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<tr>
<td>Bi Polar Disorder</td>
<td>Attention Deficit Disorder (ADD)</td>
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<tr>
<td>Obsessive Compulsive Disorder</td>
<td>Attention Deficit with Hyperactivity Disorder (ADHD)</td>
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<tr>
<td>Eating Concerns</td>
<td>Asperger’s Syndrome</td>
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<td>Anorexia</td>
<td>Other Spectrum Disorders</td>
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<tr>
<td>Bulimia</td>
<td>Other Learning Disabilities</td>
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<tr>
<td>Compulsive Eating</td>
<td>Psychiatric Medications - please list specifics below</td>
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<tr>
<td>Suicidality</td>
<td>Significant relevant Family History</td>
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<tr>
<td>Self Injury</td>
<td>Ongoing Health Concerns</td>
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<tr>
<td>Hospitalizations</td>
<td>Other Concerns</td>
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</tbody>
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**DESCRIBE details for each YES with dates. Please use an extra page if space is not adequate.**

Health Insurance Provider Information:
- [ ] Wheelock College Plan
- [ ] Family’s Plan

Please provide the name of the Insurance Company and the subscriber information.
Wheelock College Counseling Center

Client Informed Consent Form and Confidentiality Policy

Counseling is an individually tailored process which is designed to assist you in dealing with your concerns, coming to a greater understanding of yourself, and using effective means of coping which utilize personal and interpersonal resources. Your counselor is a trained therapist who has the skill and desire to help you work on your individual goals. The counseling relationship usually involves sharing personal information with your counselor which may at times be sensitive, very private, or even distressing. Therefore it is not uncommon during the course of counseling to feel somewhat more anxious or upset for a time. If you should feel this way, it is important to share this information with your counselor. While the outcome of counseling is most often positive, the degree to which any particular individual will reach their goals or achieve their desired level of satisfaction is not predictable.

In general, at the WCCC, we offer short term counseling using a sensitive approach that allows for full consideration of the overall needs of individual students.

We appreciate prompt arrival for appointments. Twenty-four hour notice of cancellation is greatly appreciated, so that we may use the time for others. There is no fee for services provided by the Counseling Center. If you are referred off campus to health, mental health, or substance abuse professionals, you are responsible for their charges.

Confidentiality Policy

All interactions between students age 18 and over with Counseling Services are kept confidential. No record of counseling is released without your written consent, with the following exceptions:

**EXCEPTIONS TO CONFIDENTIALITY**

- The counseling center staff works as a team. Your counselor may consult with other members of the counseling center including Health Center staff to provide you with the best possible care. If your therapist is an intern, her/his work will be supervised by licensed mental health care providers who are senior members of the Wheelock College counseling center staff.
- In the event of psychiatric hospitalization.
- If you pose a clear and imminent threat to yourself and/or others, we are required by law to take any steps we deem necessary to maximize safety. In such circumstances, the right to confidentiality no longer applies.
- If you have been mandated by Wheelock College administrator to seek an evaluation;
- A court order, issued by a judge, could require the Counseling Services to release information contained in records and/or require a therapist to testify in a court hearing.
- We are also required by law to report suspected abuse of children or elders. Again, in these circumstances, the right to confidentiality is waived.

I have read and discussed the above information with my counselor. I have been given the opportunity to ask questions and discuss any concerns about these matters. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of the Counseling Services.

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Signature of Client                                                                                        Date

Signature of Therapist        Date
PART C  Physical Examination
The physical examination must be performed within one year of registration.

Height:    Weight:    BP:       Pulse:  

<table>
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<tr>
<th>SYSTEM</th>
<th>NORMAL</th>
<th>ABNORMAL</th>
<th>EXPLANATION OF ABNORMAL FINDINGS</th>
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Is/are there any special consideration(s) of which we should be aware?

Applicant may participate in sports: □ without restriction.
□ with the following restrictions: __________________________

□ should not participate in sports because: __________________________

M.D./N.P./P.A.’s Name (please print):

Signature: ___________________________________________ M.D./P.A./N.P.

Address:

Telephone number: (_____) ______ Fax number: (_____) ______

Date of Exam: __________________________
PART D  Immunization Record
This form must be completed and signed by a health care provider

MASSACHUSETTS LAW (College Immunization Law, Chapter 76, Section 15c) and Wheelock College require verification of immunity for measles, mumps, rubella, tetanus, diphtheria and hepatitis B prior to registration. Exact dates are required for all immunizations and/or serological test results. **If serology titer is done, please attach copy of report.** If serology titer indicates lack of immunity, vaccines must be administered. Immunizations administered prior to first birthday are invalid. History of diseases is not acceptable documentation of immunity.

A. MMR (MEASLES, MUMPS, RUBELLA) – 2 doses required
   ☐ Dose 1 on or after 1st birthday  Date ______ / ______ / ______
   ☐ Dose 2 at least one month after Dose 1  Date ______ / ______ / ______
   OR
   ☐ Laboratory evidence of immunity to measles, mumps and rubella (attached)  Date ______ / ______ / ______

B. TETANUS BOOSTER – required
   ☐ Tetanus & Diphtheria (Td) (within the last 5 years)  Date ______ / ______ / ______
   OR
   ☐ Tetanus, Diphtheria & Acellular Pertussis (Tdap)  Date ______ / ______ / ______

C. HEPATITIS B VACCINE – 3 doses required
   ☐ Dose 1  Date ______ / ______ / ______
   ☐ Dose 2  Date ______ / ______ / ______
   ☐ Dose 3  Date ______ / ______ / ______
   OR
   ☐ Positive Hepatitis B surface antibody  Date ______ / ______ / ______
   (Must attach copy of serological confirmation of immunity)

D. MENINGOCOCCAL VACCINE – required
   ☐ Menomune or Menactra  Date ______ / ______ / ______
   OR
   ☐ Waiver signed and attached

E. TUBERCULOSIS SCREENING – required
   ☐ Enclosed sheet completed & signed

F. VARICELLA – required
   ☐ Varicella Vaccine Dose 1 on or after 1st birthday  Date ______ / ______ / ______
   ☐ Varicella Vaccine Dose 2 at least 1 month after Dose 1  Date ______ / ______ / ______
   OR
   ☐ History of disease  Date ______ / ______ / ______
   OR
   ☐ Positive Varicella antibody titer (Attach copy of lab report)  Date ______ / ______ / ______
HEALTH CARE PROVIDER
Name (please print): __________________________

_________________________ Date: ________________________________

Signature: ___________________________________________ M.D./P.A./N.P.

Address: ________________________________________________

Telephone number: ( ) ________________________________
Fax number: ( ) ________________________________
PART E Tuberculosis Risk Questionnaire for College & University Students

1. To the best of your knowledge have you ever had close contact with anyone who was sick with tuberculosis (TB)?
   ☐ yes ☐ no

2. Were you born in one of the countries listed below?
   ☐ yes ☐ no

3. Have you traveled or lived for more than one month in one or more of the countries listed below?
   ☐ yes ☐ no

If the answer to any of the above questions is YES, the Massachusetts Department of Public Health strongly recommends that you have a tuberculin skin test to check for latent tuberculosis infection. If the answer to all of the above questions is NO, a tuberculin skin test should not be done. Please note: If you have had a positive tuberculin skin test in the past, you do not need another test.

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

Afghanistan  Colombia  India  Moldova, Rep.  Senegal
Angola  Comoros  Indonesia  Mongolia  Sierra Leone
Armenia  Congo  Iran  Morocco  Solomon Islands
Azerbaijan  Congo, DR  Iraq  Mozambique  Somalia
Bahamas  Cote d'Ivoire  Kazakhstan  Myanmar  South Africa
Bahrain  Croatia  Kenya  Namibia  Sri Lanka
Bangladesh  Djibouti  Kiribati  Nepal  Sudan
Belarus  Dominican Rep.  Korea, DPR  New Caledonia  Suriname
Benin  Ecuador  Korea, Rep.  Nicaragua  Swaziland
Bolivia  Equatorial Guinea  Lao PDR  Nigeria  Tajikistan
Bosnia & Herzegovina  Eritrea  Latvia  Niue  Tanzania, UR
Botswana  Estonia  Lesotho  Northern Mariana Islands  Thailand
Brazil  Ethiopia  Liberia  Pakistan  Togo
Brunei Darussalam  Gabon  Lithuania  Palau  Tokelau
Burkina Faso  Gambia  Macedonia, TFYR  Panama  Turkmenistan
Burundi  Georgia  Madagascar  Papua New Guinea  Uganda
Cambodia  Ghana  Malawi  Paraguay  Ukraine
Cameroon  Guam  Malaysia  Peru  Uzbekistan
Cape Verde  Guatemala  Maldives  Philippines  Vanuatu
 Chad  Guinea-Bissau  Marshall Islands  Romania  Yemen
China  Guyana  Mauritania  Russian Federation  Zambia
China, Hong Kong SAR  Haiti  Mauritius  Rwanda  Zimbabwe
China, Macao SAR  Honduras  Micronesia  Sao Tome & Principe


Risk Assessment Score
Please check one of the following:
   ☐ Low (if low, no test needed) – Health Care Provider, please sign below
   ☐ High (Skin test performed) ☐ Very High (Skin test performed)

Provider’s Signature ________________________________________________
Date _____ / _____ / _____

Return to WCSHS Liaison, Wheelock College, 200 The Riverway, Boston MA 02215
NO LATER THAN JULY 8, 2013
Part E (cont.) Medical Evaluation of College & University Students for Latent Tuberculosis Infection

Tuberculin Skin Test (if indicated by Risk Assessment)
Date Performed ____________________
Result (48 – 72 hours) ________________ mm of induration
(If no induration, mark “0”)
Note: Use 5 TU Mantoux test (Intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vacc, not accepted.

Interpretation of Tuberculin Skin Test

<table>
<thead>
<tr>
<th>Risk Factor Assessment</th>
<th>Positive Result Parameters</th>
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<tbody>
<tr>
<td>Very High – Close contact with a case of tuberculosis</td>
<td>5 mm or more</td>
</tr>
<tr>
<td>High – Born in a country that has a high rate of tuberculosis</td>
<td>10 mm or more</td>
</tr>
<tr>
<td>High – Traveled or lived for a month or more in a country that has a high rate of tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Low – None [test not recommended]</td>
<td>15 mm or more</td>
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</table>

Risk-based Interpretation of PPD

☐ Negative
☐ Positive

If the tuberculin skin test is positive:
Chest X-ray (Date Performed _____ / _____ / _____)
☐ Normal
☐ Abnormal (Describe) __________________________________________

Clinical Evaluation (Date Performed _____ / _____ / _____)
☐ Normal
☐ Abnormal (Describe) __________________________________________

Treatment
☐ No
☐ Yes _________________________________________________________
(Drug, dose, frequency, and dates)

Provider's Signature ____________________________________________
Date _____ / _____ / _____
Health Form Check List

BEFORE MAILING FORM…

Have you entered all information onto the Wheelock College form and is the information in English?

☐ Completed Part A (page 1)?

☐ Completed Part B – Mental Health History (page 3-4)

☐ Had a physical exam within one year of registration?

☐ Did your physician complete and sign Part C – Physical Examination (page 5)?

☐ Did your physician give a recommendation for physical activity?

☐ Did you provide the full dates (month/day/year) of your:
  ○ TWO measles immunizations?
    (Massachusetts State Law requires 2 doses after your first birthday)
  ○ Most recent Tetanus or Tetanus/diphtheria/acellular pertussis booster?
    (Must be given within the last 5 years)
  ○ Three Hepatitis B immunizations?
    (Please obtain as many doses according to schedule as possible)
  ○ Meningococcal vaccine?
    (If vaccine is not administered, you MUST read and sign the attached Meningococcal Waiver)

☐ Did you obtain all required lab tests and immunizations?
  If not, PLEASE OBTAIN BEFORE SENDING FORM.

☐ Did your physician sign Part D – Immunization Record (page 6)?

☐ Did your physician complete and sign Part E - TB Risk Questionnaire (page 7)?

☐ If you had a TB skin test, did your physician sign Part E - Medical Evaluation for TB (page 8)?

**REMEMBER: Incomplete forms will be returned to you and may result in delay upon your arrival to campus. You may be unable to move into your on-campus housing assignment. Failure to provide COMPLETE health information may also result in blocked registration of your classes or a fine of $80 to your student account.**

Mail completed Entrance Health Certificate no later than July 8, 2013 to:

WCSHS Liaison
200 The Riverway
Boston, MA 02215

Thank you for your timely attention!
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 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)

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