



BOSTON COLLEGE

UNIVERSITY HEALTH SERVICES

Health Services would like to welcome you to Boston College. Below you will find a Pre-Entrance Medical History, Physical Exam, and Immunization forms along with information from the Department of Public Health about *Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges*. The state of Massachusetts requires that all full-time students entering college must submit proof of the following:

- **Tdap is required for all incoming full-time college freshman, sophomores and health science students. If it has been less than 5 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine. Tetanus-Diphtheria vaccine or Tdap within the past 10 years for all other students.**
- **2 MMR (measles, mumps, rubella) vaccines (these doses must be given at least four weeks apart beginning at or after 12 months of age). Laboratory proof of immunity is acceptable. Birth before 1957 in the US is also acceptable with the exception of health science students.**
- **Hepatitis B vaccine series (a total of 3 doses at varying intervals).**
- **Required for residential students: 1 dose of Meningococcal MCV4 vaccine (Menactra, Menveo) or MPSV4 vaccine (Menomune) within the past 5 years or a completed waiver.**
- **A reliable history of varicella disease documented by a health care provider, or 2 doses of Varicella vaccine, or laboratory proof of immunity with the following exception: Birth before 1980 in the US is acceptable with the exception of health science students.**
- **Completion of the Tuberculosis Screening/Testing Form and accompanying testing if needed.**

Carefully review the enclosed Massachusetts Department of Public Health's information about *Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges*, especially the section on "Is it mandatory for students to receive meningococcal vaccine prior to entering secondary schools or colleges that provide or license housing?"

PLEASE DOWNLOAD THE FORMS (<http://www.bc.edu/offices/uhs/forms/immunization.html>),

COMPLETE AND RETURN BY AUGUST 1ST TO:

BOSTON COLLEGE HEALTH SERVICES, CUSHING HALL RM 117, 140 COMMONWEALTH AVE, CHESTNUT HILL, MA 02467

If the Immunization Form and TB Testing/Screening Form have already been completed, we strongly recommend that you submit them as soon as possible, as these are critical public health forms. If these forms are not in by the start of classes a "hold" will be placed on your registration which will impact your ability to drop/add courses and to register for the following semester. In addition, an administrative late fee of \$65 will be charged to your student account. All pre-entrance forms should be submitted to us no later than August 1st if the physical has already been completed.

Please submit your physical exam forms as soon as they are completed. For all non-varsity athletes, the physical exam should be within the past 12 months. Varsity student athletes must submit a physical within the past **6 months**. Failure to submit all forms may prevent you from trying out for or participating in varsity athletics. It is important that we know of any medical condition or disability which may require special arrangements prior to your arrival.

The information you submit will be maintained by the University Health Services in the strictest confidence and will provide the basic data essential to your care. Our privacy policy is posted on www.bc.edu/health_services, along with forms to download and details of all our medical services.

Health insurance is mandatory in Massachusetts, and each year Student Services will automatically bill your student account the BC Insurance Plan. If you have insurance coverage through a parent, you can decline this insurance by **providing on-line insurance waiver information to Student Services (refer to the AGORA website on BC InfoEagle) and the charge will be removed from your account**. If you retain the BC Insurance plan, and want information about the coverage, please refer to the website for details.

Please send a photocopy of the FRONT and BACK of your specific medical insurance card so that we may have all pertinent information in case you have a medical emergency or require outside consultations and/or testing. We strongly suggest that you maintain a copy or the original card with you at Boston College in case you have a need to seek medical care elsewhere. In addition, we advise you to be aware of your insurance details such as deductibles, prescription coverage and non-covered services. This is especially important if you are covered by an HMO since HMOs have varying restrictions in benefits for accidents and illnesses that occur away from home.

Yours truly, Thomas I. Nary, M.D., Director, University Health Services

BOSTON COLLEGE HEALTH SERVICES
HEALTH HISTORY – PAGE 1

Expected Graduation Year _____

Name _____ Date of Birth ____/____/____ B.C. Eagle # _____
 (Last Name) (First) (Middle I)

Address _____
 (Street) (City) (State) (Zip Code)

Tel# _____ Cell Phone # _____ Email _____

In case of emergency, notify _____ Relation _____ Cell # _____

*******Health Insurance plan: Attach copy of front & back of student's insurance card for our file*******

Insurance Company Name _____ Policy # _____

Group # _____ Policy Holder _____ Relationship _____

Contact # for out of plan service _____ Is this an HMO? Yes/ No

If Insurance plan changes, please notify Health Services and update insurance information @ bc.edu/agora

*******CONSENT FOR TREATMENT OF MINOR (if under the age of 18 when first entering BC)*******

I consent to have my son/daughter receive routine treatment at the Boston College health Services or local hospital should he/she become ill or injured while at school.

Parent/ Guardian's signature _____ Date _____

FAMILY MEDICAL HISTORY

Relation	Age	General Health	Past/Present Serious Illness	If Deceased/ Age	Cause of death
Father					
Mother					
Brother/Sister					
Brother/Sister					

STUDENT'S MEDICAL HISTORY

Are you adopted? Yes No

Illness	Age	Illness	Age	Illness	Age	Illness	Age	Illness	Age
Acne		Chickenpox		Epilepsy		Kidney/Urinary		Paralysis	
ADD/ADHD		Concussion		German Measles		Infectious Mono		Rheumatic Fever	
Asthma		Depression		Heart		Measles		Thyroid	
Cancer		Diabetes		Hepatitis		Mumps		Tuberculosis	

Are you allergic to medications? Yes / No If yes, please list:	Any food /environmental allergies? Yes / No If yes, please list:	Are you being followed by a physician for any medical condition /problem? Yes / No If yes, please list:
What medications do you regularly take? Please list:	Will you need specific medical assistance, e.g. allergy injections, physical disability accommodations? Yes / No Explain	Please list types and dates of any hospitalizations, surgical operations.
Any psychological/emotional issues, or eating disorders? Yes / No. Explain	Any vision or hearing problems? Yes / No Explain: Do you smoke? Yes / No How often do you exercise? Any limits?	Have you ever been ill or injured from alcohol use? Yes / No Explain: Have you ever been unconscious? Yes / No Explain.

Revised 3/2006

THIS MUST BE SIGNED BY THE STUDENT: I certify that the information entered above is complete and accurate. I have also received notification of the Health Services privacy policy, which is located on their website www.bc.edu/health_services
 Student Signature _____ Date: _____

**BOSTON COLLEGE HEALTH SERVICES
PHYSICAL EXAM – PAGE 2**

Name _____ Date of Birth ___/___/___ BC Eagle # _____
 Last First Middle Initial

******SUBMIT REQUIRED MEDICAL INFORMATION ON THESE FORMS ONLY******

TO THE EXAMINING PHYSICIAN:

Once this student has been accepted to the school, we would appreciate learning about any problems or handicaps which would require special attention.

PHYSICAL EXAMINATION: In answering these questions, please use the term Negative or Normal.

General Development:	Weight	Height
Blood Pressure:	Pulse	Skin
Vision Rt. / Left /	Glasses: Rt. / Left /	
Head: Eyes Ears (hearing)	Nose	Throat Teeth
Neck: Thyroid	Nodes	Range of Motion
Chest: Lungs	Axillary Nodes	Breasts
	Heart	
Abdomen:	Hernia	Inguinal Nodes Testes
Skeletal: Arms	Legs	Back
Vascular: Pulses (femoral,pedal)	Varicosities	
Neurological: Gait Patellar Tendon Reflexes	Achilles Tendon Reflexes	Balance
Hematocrit: (women) Date ___/___/___	Results	
Summary:		

*******STATEMENT MUST BE CHECKED FOR PARTICIPATION IN SPORTS*******

Is this student fit for Varsity or other sports? YES NO

Physician's Name _____

Office Address _____ Telephone _____

Signature _____ Date _____

Please return these forms to:
 Boston College Health Services
 Cushing Hall, Room 117
 140 Commonwealth Avenue
 Chestnut Hill, MA 02467

Boston College University Health Services
Pre-Entrance Immunization Form

Undergrad () Grad ()
Exchange () EVE ()

Massachusetts law requires proof of the following immunizations to be on file thirty days after classes begin
A FEE OF \$65.00 WILL BE APPLIED TO YOUR STUDENT ACCOUNT IF FORMS ARE INCOMPLETE BY THIS DATE

Name _____ EagleID _____ DOB _____

Last _____ First _____

Address _____

City _____ State _____ ZIP _____

Home phone (____) _____ Cell (____) _____ Email _____

The immunizations that are CAPITALIZED are REQUIRED!

RE QU IR ED	Vaccination	Date 1: Month/Day/Yr	Date 2: Month/Day/Yr	Date 3: Month/Day/Yr	
	HEPATITIS B Series of three doses	/ /	/ /	/ /	
	MENINGOCOCCAL 1 dose of MCV4 (Menactra, Menveo) or MPSV4 (Menomune) within the past 5 years or signed waiver required for residential students	/ /	Indicate Type: MCV4 _____ MPSV4 _____	Please be sure to read, sign and attach waiver. Please check box if waived. { }	
	MMR Vaccine - Two doses required (doses must be given at least four weeks apart beginning at or after 12 months of age) <i>Birth in the US before 1957 is acceptable with the exception of health science students.</i>	/ /	/ /	The MMR vaccines may be substituted with 2 Measles, Mumps and Rubella vaccines OR positive titers.	
	MEASLES	/ /	/ /		
	MUMPS	/ /	/ /		
	RUBELLA	/ /	/ /		
	**Tdap required for full-time college freshmen, sophomores and all health science students. TD/Tdap Must be within the last TEN years for all other students		**If it has been < 5 years since the last dose of DTaP/ DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus vaccine.	/ / Tdap	/ / TD
	VARICELLA documentation required for full-time college freshmen, sophomores and all health science students. Indicate incidence of diseases or two doses of vaccine or positive titer. Birth in the US before 1980 is acceptable with the exception of health science students.	/ /	/ /	Verified Date of Disease / /	
	PPD required for CGSON and for anyone who answered Yes to TB Screening/Testing Form (Refer to TB Screening/Testing Form)	/ / Must be within last yr (unless previously positive*)	Negative () *Positive () *If positive, must complete the TB Screening/Testing form	Result _____ mm induration	
	Hepatitis A & B Combined	/ /	/ /		
	Hepatitis A	/ /	/ /		
	Human Papilloma Virus	/ /	/ /	/ /	
	Pneumococcal	/ /			
Polio	/ /				
Typhoid	/ /				
Yellow Fever	/ /				

TITERS	DATE	Immune	Not Immune
Measles IGG AB			
Mumps IGG AB			
Rubella IGG AB			
Hepatitis B Surface Antibody			
Varicella IGG AB			

A health care provider MUST sign this form to verify dates. Please complete and return by August 1st to address above.

Print Provider's Name _____ Provider's Signature: _____

Provider's Phone #: (____) _____ Date: _____



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 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?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?

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

(See reverse side)

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

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women. Anyone who has ever had Guillain-Barré Syndrome should talk with their provider before getting meningococcal conjugate vaccine.

Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), unless they qualify for one of the exemptions allowed by the law. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of this vaccine. Schools and college health services are not required to provide you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm 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 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: _____

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

BOSTON COLLEGE UNIVERSITY HEALTH SERVICES TUBERCULOSIS (TB) SCREENING/TESTING FORM

Date: _____ Name: _____

Last

First

Eagle ID#: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease? Yes No

Were you born in one of the countries listed below that have a high incidence of active TB disease? Yes No

(If yes, please CIRCLE the country, below)

Afghanistan	Côte d'Ivoire	Japan	Nicaragua	Sudan
Algeria	Croatia	Kazakhstan	Niger	Suriname
Angola	Democratic People's Republic of	Kenya	Nigeria	Swaziland
Argentina	Korea	Kiribati	Pakistan	Syrian Arab Republic
Armenia	Democratic Republic of the	Kuwait	Palau	Tajikistan
Azerbaijan	Congo	Kyrgyzstan	Panama	Thailand
Bahrain	Djibouti	Lao People's Democratic	Papua New Guinea	The former Yugoslav
Bangladesh	Dominican Republic	Republic	Paraguay	Republic of
Belarus	Ecuador	Latvia	Peru	Macedonia
Belize	El Salvador	Lesotho	Philippines	Timor-Leste
Benin	Equatorial Guinea	Liberia	Poland	Togo
Bhutan	Eritrea	Libyan Arab Jamahiriya	Portugal	Tunisia
Bolivia (Plurinational State of)	Estonia	Lithuania	Qatar	Turkey
Bosnia and Herzegovina	Ethiopia	Madagascar	Republic of Korea	Turkmenistan
Botswana	Fiji	Malawi	Republic of Moldova	Tuvalu
Brazil	Gabon	Malaysia	Romania	Uganda
Brunei Darussalam	Gambia	Maldives	Russian Federation	Ukraine
Bulgaria	Georgia	Mali	Rwanda	United Republic of
Burkina Faso	Ghana	Marshall Islands	Saint Vincent and the	Tanzania
Burundi	Guam	Mauritania	Grenadines	Uruguay
Cambodia	Guatemala	Mauritius	Sao Tome and Principe	Uzbekistan
Cameroon	Guinea	Micronesia (Federated States	Senegal	Vanuatu
Cape Verde	Guinea-Bissau	of)	Seychelles	Venezuela (Bolivarian
Central African Republic	Guyana	Mongolia	Sierra Leone	Republic of)
Chad	Haiti	Morocco	Singapore	Viet Nam
China	Honduras	Mozambique	Solomon Islands	Yemen
Colombia	India	Myanmar	Somalia	Zambia
Comoros	Indonesia	Namibia	South Africa	Zimbabwe
Congo	Iraq	Nepal	Sri Lanka	

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>

Have you had frequent or prolonged visits (for more than one month) to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above) Yes No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease? Yes No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved or abusing drugs or alcohol? Yes No

If the answer is YES to any of the above questions, Boston College requires that you receive TB testing before entering school and complete the Tuberculosis (TB) Risk Assessment on pages 2 and 3.

If the answer to all of the above questions is NO, no further testing is required (no need to complete page 2 & 3). Return form to: Boston College University Health Services, Cushing Hall Rm. 117, 140 Commonwealth Ave, Chestnut Hill, MA 02467)

**BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
TUBERCULOSIS (TB) SCREENING/TESTING FORM**

Date: _____ Name: _____
Last First

Eagle ID#: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

3. Interferon Gamma Release Assay (IGRA)

Date Obtained: ____/____/____ (specify method) QFT-GIT T-Spot other____
M D Y

Result: negative____ positive____ indeterminate____ borderline____ (T-Spot only)

4. Chest x-ray: (Required if TST or IGRA is POSITIVE)

Date of chest x-ray: ____/____/____ Result: normal____ abnormal____
M D Y

TUBERCULOSIS (TB) RISK ASSESSMENT Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

- Infected with HIV
- Recently infected with *M. tuberculosis* (within the past 2 years)
- History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
- Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
- Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
- Have had a gastrectomy or jejunioileal bypass
- Weigh less than 90% of their ideal body weight
- Cigarette smokers and persons who abuse drugs and/or alcohol

••Populations defined locally as having an increased incidence of disease due to *M. tuberculosis*, including medically underserved

MEDICATION SECTION:

Were they advised to take medication because of the positive results? No _____ Yes _____

If yes, did they accept medication? No _____ Yes _____

If yes, what medication(s) was prescribed? _____ Date Started: ____/____/____ Date Ended: ____/____/____

HEALTH CARE PROVIDER

Name _____ Signature _____

Address _____

Phone() _____

**Please Return Form(s) to: BOSTON COLLEGE UNIVERSITY HEALTH SERVICES
CUSHING HALL RM 117
140 COMMONWEALTH AVE
CHESTNUT HILL, MA 02467**