

MIT Student Medical Report Form 2021–2022

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 an 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 (by appointment; 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
- 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, MD
Student Health Director

Term	Deadline
Summer	May 7, 2021
Fall	July 23, 2021
Spring	January 21, 2022

Questions?

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

Instructions

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

- **ALL NEW UNDERGRADUATE STUDENTS** must complete **pages 2–8**.
The physical examination must be dated within the 12 months preceding your MIT registration date.
- **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.
- **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.
- **VARSITY STUDENT-ATHLETES** must complete **pages 2–9**.
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 Sickle Cell Trait Status form (page 9).
- 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 or your doctors' 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.
- **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/e?b=medical.mit, and send your documents to medrpt@med.mit.edu.

MIT Student Medical Report Form 2021–2022

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

Term	Deadline
Summer	May 7, 2021
Fall	July 23, 2021
Spring	January 21, 2022

Questions?

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

Student information

MIT registration date (check one): ☐ June 2021 ☐ September 2021 ☐ February 2022

Program type (check one): ☐ Undergraduate ☐ Graduate ☐ Health Science & Technology (HST)

surname (family name) _____ first name (given name) _____

date of birth (month/day/year) _____ age _____ gender _____ 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 contact lenses? ☐ 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 (including 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 surgeries and/or hospitalizations (include dates):

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 student mental health services? ☐ yes ☐ no
- Would you like a clinician from MIT Student Mental Health & Counseling Services to contact you? ☐ 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 campus care provider: You may choose a provider (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 provider 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)

Documentation of Immunizations

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 a signed copy of the student's immunization record.

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

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:

Required immunizations	Immunization dates (month/day/year) <i>Doses must be at least 30 days apart.</i>	Serologic proof <i>If providing serologic proof of immunity, you must attach laboratory test results when submitting this form.</i>
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 _____ <input type="checkbox"/>
	Mumps vaccine _____ date of first dose _____ date of second dose	Mumps _____ <input type="checkbox"/>
	Rubella vaccine _____ date of first dose _____ date of second dose	Rubella _____ <input type="checkbox"/>
Hepatitis B 3 doses required	_____ date of first dose _____ date of second dose _____ date of third dose	Hepatitis B surface antibody _____ <input type="checkbox"/>
Varicella — 2 doses or history of disease required	_____ date of first dose _____ date of second dose <i>History of disease:</i>	Varicella _____ <input type="checkbox"/>

Immunization since 1/1/2011 required:

TDAP (tetanus, diphtheria, and pertussis)	_____ date of most recent dose
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Immunization since student's 16th birthday or signed waiver form required:

Meningococcal (serogroups A, C, W, Y)	_____ date of immunization (must be on or after student's 16th birthday)	<i>If providing a signed waiver, include it when submitting this form (see pages 10–11).</i>
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Recommended immunizations:

	Immunization dates (month/day/year)
COVID-19	<i>Vaccine manufactured by:</i> _____ _____ date of first dose _____ date of second dose
Influenza	_____ date of most recent dose
Hepatitis A (2-dose series)	_____ date of first dose _____ date of second dose
Polio (latest booster dose)	_____ date of latest dose
HPV (3-dose series)	_____ 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

Certification by health care provider (required):

signature of physician/PA/NP/RN _____ printed name _____ date (month/day/year) _____

Mantoux Tuberculin Requirement

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 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) 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

Test date: _____ Result: _____
date (month/day/year) result (mm)

OR

Interferon gamma release assay (IGRA)

Test date: _____ Include a copy of test results.
date (month/day/year)

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)

Mantoux Tuberculin List of Countries

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	Dominican Republic	Malawi	São Tomé & Príncipe
Algeria	Ecuador	Malaysia	Senegal
Angola	El Salvador	Maldives	Serbia
Anguilla	Equatorial Guinea	Mali	Sierra Leone
Argentina	Eritrea	Marshall Islands	Singapore
Armenia	Eswatini (formerly Swaziland)	Mauritania	Solomon Islands
Azerbaijan	Ethiopia	Mexico	Somalia
Bangladesh	Fiji	Micronesia (Federated States of)	South Africa
Bangladesh	French Polynesia	Moldova (Republic of)	South Sudan
Belarus	Gabon	Mongolia	South Korea (Republic of Korea)
Belize	Gambia	Morocco	Sri Lanka
Benin	Georgia	Mozambique	Sudan
Bhutan	Ghana	Myanmar (Burma)	Suriname
Bolivia	Greenland	Namibia	Tanzania (United Republic)
Bosnia and Herzegovina	Guam	Nauru	Tajikistan
Botswana	Guatemala	Nepal	Thailand
Brazil	Guinea	Nicaragua	Timor-Leste (East Timor)
Brunei Darussalam	Guinea-Bissau	Niger	Togo
Bulgaria	Guyana	Nigeria	Tokelau
Burkina Faso	Haiti	Niue	Trinidad
Burundi	Honduras	Northern Mariana Islands	Tunisia
Cabo Verde	India	North Korea (Democratic People's Republic of)	Turkmenistan
Cambodia	Indonesia	Pakistan	Tuvalu
Cameroon	Iraq	Palau	Uganda
Central African Republic	Kazakhstan	Panama	Ukraine
Chad	Kenya	Papua New Guinea	Uruguay
China	Kiribati	Paraguay	Uzbekistan
China, Hong Kong SAR	Kuwait	Peru	Vanuatu
China, Macao SAR	Kyrgyzstan	Philippines	Venezuela
Colombia	Lao People's Democratic Republic	Portugal	Viet Nam
Comoros	Latvia	Qatar	Yemen
Congo	Lesotho	Romania	Zambia
Côte d'Ivoire (Ivory Coast)	Liberia	Russian Federation	Zimbabwe
Democratic Republic of the Congo	Libya	Rwanda	
Djibouti	Madagascar		

Physical Examination

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.

student's surname (family name)

first name (given name)

date of birth (month/day/year)

History and Review of Systems

Please answer all questions. Check "Y" for yes or "N" for no. If yes, please explain on page 8 under "Explain abnormalities" or add an additional sheet for explanation if necessary.

Has the patient had:

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

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 participation

☐ Approved

☐ Denied

☐ Requires sports med physician review

INITIALS _____

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)

signature of physician/PA/NP/RN

printed name

date (month/day/year)

mailing address

office phone

Sickle Cell Trait Status

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

surname (family name)

first name (given 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: _____
date (month/day/year)

Result: _____
positive/negative

Certification by health care provider (required)

signature of physician/PA/NP/RN

printed name

date (month/day/year)

Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools



Colleges: Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

Residential Schools: Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding schools) to receive quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W and Y **or** fall within one of the exemptions in the law, 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. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, sensitivity to light and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. Less common presentations include pneumonia and arthritis. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 10-20% 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 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 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?

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 MenACWY vaccine, 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 2-4 outbreaks due to serogroup B reported annually.

Although incidence of serogroup B meningococcal disease in college students is low, college students aged 18-21 years are at increased risk compared to non-college students. The close contact in college residence halls, combined with certain behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and other activities involving the exchange of saliva), may put college students at increased risk. 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.

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) requires both newly enrolled full-time students attending a secondary school (those schools 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., colleges) 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 receipt of 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 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.

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 the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously, adolescents and young adults (16 through 23 years of age) *may* be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available

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 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)

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800
MDPH Meningococcal Information and Waiver Form Updated May 2018