University Health and Counseling Services
135 Forsyth Building
Northeastern University
360 Huntington Avenue
Boston, MA 02115

617.373.2772 (voice)
617.373.2601 (fax)
617.373.5973 (TTY)

Northeastern

Health Report

Welcome!

Massachusetts law requires all university students to provide documentation of immunity to Hepatitis B, Measles, Mumps, Rubella, Meningitis, and Tetanus.

1. **Please complete the information requested below,**
2. **Sign the consent form,**
3. **Have your primary care clinician complete the state-mandated immunization documentation form on the back; and**
4. **RETURN the completed form to UHCS by mail or fax to 617.373.2601 by the deadlines listed.**

DEADLINES:

June 30, 2009 for **UNDERGRADUATE STUDENTS** entering the University in the fall of 2009.

December 4, 2009 for **UNDERGRADUATE STUDENTS** entering the University in spring of 2010.

GRADUATE STUDENTS must return the form **no later than a month** before entering the University.

LAST NAME (PLEASE PRINT) FIRST NAME MIDDLE INITIAL

HOME ADDRESS STREET CITY STATE ZIP CODE COUNTRY

DATE OF BIRTH (MM / DD / YYYY) CELL PHONE NUMBER

FEMALE ❑ MALE ❑ UNDERGRADUATE ❑ GRADUATE ❑ DATE OF ENTRY TO NORTHEASTERN______________________ MAJOR______________________

PARENT/GUARDIAN NAME PARENT/GUARDIAN TELEPHONE PARENT/GUARDIAN E-MAIL

EMERGENCY CONTACT NAME TELEPHONE RELATIONSHIP

CONSENT FOR TREATMENT

I give University Health and Counseling Services (UHCS) of Northeastern University permission to treat me for medical/psychiatric conditions while I am a student at the University.

STUDENT NAME (PLEASE PRINT) SIGNATURE DATE

(Must be signed by parent if student is under 18 years of age upon arrival at Northeastern University)

PARENT/GUARDIAN NAME (PLEASE PRINT) SIGNATURE

RELATIONSHIP DATE

Please retain a copy of this form for your records. Please print carefully and legibly.

LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH (MM / DD / YYYY)

Required Record of Immunity

FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN DENIAL OF ENROLLMENT.
The following is the documentation of immunity required by Massachusetts college immunization laws and Northeastern University. Month, day, and year of administration are required for all vaccines.

1. HEPATITIS B series of three: the 2nd at least one month after the 1st, the 3rd at least two months after the 2nd and four months after the 1st.

1ST ________ MM / DD / YY **AND** 2ND ________ MM / DD / YY **AND** 3RD ________ MM / DD / YY

OR series of two (Twintrix), separated by 4–6 months. 1ST ________ MM / DD / YY **AND** 2ND ________ MM / DD / YY

OR POSITIVE TITRE ________ MM / DD / YY

2. TWO (2) MMR (MEASLES/MUMPS/RUBELLA)* 1ST ________ MM / DD / YY **AND** 2ND ________ MM / DD / YY

OR

TWO (2) **MEASLES*** 1ST ________ MM / DD / YY **AND** 2ND ________ MM / DD / YY **OR** POSITIVE TITRE ________ MM / DD / YY RESULT ________ RANGE ________

AND

ONE (1) **MUMPS*** 1ST ________ MM / DD / YY **OR** POSITIVE TITRE ________ MM / DD / YY

AND

ONE (1) **RUBELLA*** 1ST ________ MM / DD / YY **OR** POSITIVE TITRE ________ MM / DD / YY

*Since 1968; after twelve months of age; thirty days apart if two doses are required.

3. MENINGITIS: MENACTRA ________ MM / DD / YY **OR** MENOMUNE ________ MM / DD / YY

PLEASE NOTE: The Commonwealth of Massachusetts permits students to decline the meningitis vaccine. The declination form is online at www.northeastern.edu/uhcs/forms/index.html.

4. TETANUS/DIPHTHERIA WITHIN TEN YEARS PRIOR TO REGISTRATION ________ MM / DD / YY **OR** **DTAP** ________ MM / DD / YY

REQUIRED FOR ALL BOUVÉ COLLEGE OF HEALTH SCIENCES STUDENTS – RECOMMENDED FOR ALL STUDENTS

5. VARICELLA POSITIVE TITRE ________ MM / YY **OR** HX DISEASE ________ MM / YY **OR** VACCINE 1ST ________ MM / DD / YY **AND** 2ND ________ MM / DD / YY

Clinician's Signature

NAME (PLEASE PRINT) SIGNATURE DATE

ADDRESS TELEPHONE