

Any student failing to provide the required immunization documentation will be prohibited from both registering and attending all classes.

STUDENT NAME (PLEASE PRINT)

DATE OF BIRTH (MM/DD/YYYY)

Vaccination	Date 1: MM/DD/YYYY	Date 2: MM/DD/YYYY	Date 3: MM/DD/YYYY
HEPATITIS B Series of three doses (or positive titer); the second dose at least one month after the first, the third at least two months after the second and 4 months after the first.	/ /	/ /	/ /
MENINGOCOCCAL 1 dose of MCV4 (Menactra, Menveo) or MPSV4 (Menomune) within the last 5 years or signed waiver required.	/ /	Required within 5 years prior to registration	Please be sure to read, sign and attach waiver. Please check box is waived. <input type="checkbox"/>
MMR (Measles, Mumps, Rubella) Two doses required (or positive measles, mumps and rubella titers). Doses MUST BE given at least 4 weeks apart beginning at or after the first birthday.	/ /	/ /	The MMR vaccines may be substituted with 2 Measles, 2 Mumps and 2 Rubella vaccines OR positive titers.
MEASLES or positive titer	/ /	/ /	
MUMPS or positive titer	/ /	/ /	
RUBELLA or positive titer	/ /	/ /	
TDaP (Tetanus, Diphtheria, Pertussis)	/ / TDAP	Required within 10 years prior to registration	A TD vaccine DOES NOT satisfy this requirement.
VARICELLA Indicate incidence of disease or two doses or vaccine (given at least four weeks apart) or positive titer.	/ /	/ /	/ / Verified date of disease

TITERS	DATE	Immune	Not Immune	Equivocal
Measles IGG AB	/ /			
Mumps IGG AB	/ /			
Rubella IGG AB	/ /			
Hepatitis B surface antibody (HBsAB)	/ /			
Varicella IGG AB	/ /			

A health care provider MUST sign this form to verify dates.

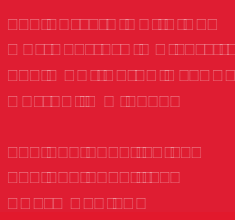
NAME (PLEASE PRINT)

SIGNATURE

DATE

ADDRESS

TELEPHONE



Health Report

Massachusetts law requires all University students to provide documentation of vaccination against Hepatitis B, Measles, Mumps, Rubella, Meningitis, Tetanus, Diphtheria, Pertussis and Varicella.

1. Please complete the information requested below.
2. Sign the consent form.
3. Have your primary care clinician complete the state-mandated immunization form.
4. Return the completed form to University Health and Counseling Services by mail, email (UHCS@neu.edu) or fax (617-373-2601) by the deadlines listed.

DEADLINES

June 30, 2014, for UNDERGRADUATE STUDENTS entering the University in Fall 2014.

December 1, 2014, for all UNDERGRADUATE STUDENTS entering the University in Spring 2015.

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

DEMOGRAPHIC INFORMATION

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 <input type="checkbox"/>	MALE <input type="checkbox"/>	UNDERGRADUATE <input type="checkbox"/>	GRADUATE <input type="checkbox"/>		
PARENT/GUARDIAN NAME		PARENT/GUARDIAN TELEPHONE		PARENT/GUARDIAN EMAIL	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT TELEPHONE		RELATIONSHIP	

CONSENT FOR TREATMENT

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

STUDENT NAME (PLEASE PRINT)		SIGNATURE	DATE
PARENT/GUARDIAN NAME		SIGNATURE	DATE
RELATIONSHIP			

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

PUBLIC HEALTH FACT SHEET

Meningitis

Massachusetts Department of Public Health, 305 South Street, Jamaica Plain, MA 02130

What is meningitis?

Meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord.

What causes meningitis?

Many different kinds of viruses and bacteria (germs) can cause meningitis. A sample of spinal fluid, usually collected by a spinal tap, is needed to find out if someone has meningitis and to see what caused it.

What kinds of bacteria can cause meningitis?

Neisseria meningitidis are bacteria that can cause illness in people of any age. At any time, about 5-15% of people have these bacteria in their throats or noses without getting sick. The bacteria are spread through saliva (spit) during kissing, sharing of food, drinks or cigarettes, and by close contact with infected people who are sneezing or coughing. People who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get antibiotics (medicine) for protection. Meningitis caused by these bacteria is called “meningococcal.” There are vaccines, which can be used to help prevent this kind of meningitis.

Haemophilus influenzae type b bacteria, called Hib, can also cause meningitis. There is a vaccine called “Hib vaccine” that prevents infants and young children from getting Hib disease. Most adults are resistant to this type of meningitis, and thanks to the vaccine, most children under 5 years of age are protected. Certain people who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get an antibiotic for protection.

Streptococcus pneumoniae are bacteria that cause lung and ear infections but can also cause “pneumococcal” meningitis. These bacteria are usually found in the throat. Most people who have these bacteria in their throats stay healthy. However, people with chronic medical problems or with weakened immune systems, and those who are very young or very old, are at higher risk for getting pneumococcal meningitis.

Meningitis caused by *Streptococcus pneumoniae* is not spread from person-to-person. People in close contact with someone who has pneumococcal meningitis do not need to get antibiotics.

Other bacteria can also cause meningitis, but meningitis from these other bacteria is much less common and usually not contagious.

What about viruses?

Viral meningitis, also called **aseptic meningitis**, is much more common than bacterial meningitis. A group of viruses called *enteroviruses* is the most common cause of viral meningitis. These viruses are found in the throat and feces (stool) of infected people. The virus is most likely to be spread when people do not wash their hands after using the toilet or changing a diaper or soiled sheets, then touch their own mouths, prepare food for others, or touch others with their contaminated hands. These viruses can also be spread by the kind of close face-to-face contact that is common in families.

Many enteroviruses don’t cause people to feel very sick. Others may cause only mild diarrhea or vomiting. People with viral meningitis are usually less sick than people with bacterial meningitis. They usually get better on their own. People who are close contacts of viral meningitis patients do not need to be treated with antibiotics. However, they should wash their hands often with soap and warm water or use alcohol-based hand rubs or gels to stop the spread of these viruses. There are usually more cases of viral meningitis in the late summer and early fall.

What are the symptoms of meningitis?

Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In some infants, the only signs of meningitis may be crankiness or tiredness and poor feeding. Babies with meningitis usually run a fever, but not always. Anyone who has or observes these symptoms should contact a health care provider right away.

How is meningitis spread?

Many of the viruses that cause meningitis are spread through saliva (spit) or feces (stool). The bacteria that can cause meningitis are usually spread from person-to-person through contact with infected saliva. Most people may already have immunity (natural protection) against many of these germs.

How can meningitis be prevented?

If a person is exposed to the saliva of someone with meningitis caused by certain types of bacteria, public health officials or your health care provider may recommend an antibiotic to prevent disease.

Frequent handwashing with soap and water or use of alcohol-based hand rubs or gels can help stop the spread of many viruses and bacteria. Not sharing food, drinks, or eating utensils with other people can also help stop the spread of germs.

There are 5 vaccines that can help prevent meningitis:

- ***Haemophilus influenzae* (Hib) vaccine** is usually given at 2, 4, 6 and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. Children over 5 years of age usually do not need this vaccine. But, some older children or adults with special health conditions should get it.
- **Pneumococcal conjugate vaccine 13-valent (PCV13)** is recommended for all children less than 24 months old and in certain high-risk children between the ages of 24 and 59 months. It is usually given at 2, 4, 6, and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun.
- **Pneumococcal polysaccharide vaccine 23-valent (PPV23)** is used in high-risk individuals 2 years of age or older. (High-risk children less than 5 years of age should also receive PCV13.) This vaccine is also recommended for everyone 65 years of age and older.
- **Meningococcal polysaccharide vaccine** protects against 4 types of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. It is licensed for use in people 2 years of age and older. Meningococcal vaccine is thought to provide protection for approximately 5 years.
- **Meningococcal conjugate vaccine** also protects against 4 types of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. It is approved for use in people 11-55 years of age. Meningococcal vaccine is thought to provide protection for approximately 5 years.

Meningococcal vaccine is recommended for children 11-12 years of age. Now, students 16-18 years of age should receive a booster dose or their first dose if they have not yet been vaccinated. College freshman and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal vaccine. Meningococcal vaccine and booster doses are recommended for high-risk groups including 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.

Where can I get more information about meningitis?

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>
- Your local health department (listed in the phone book under government)



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

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 United States, about 2,600 people each year get meningococcal disease 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 11-55 years of age. Both types of meningococcal vaccines are acceptable for college students and residential school students 11 years of age and older. For those younger than 11 years of age, meningococcal polysaccharide vaccine is the only licensed vaccine. 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 the vaccine. Protection from immunization 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. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. 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 and: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

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
- 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.

Please check the appropriate box below.

- After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.
- OR-
- Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive 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)