



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@northeastern.edu) or fax (617-373-2601) by the deadlines listed.

DEADLINES

June 30, 2018, for UNDERGRADUATE STUDENTS entering the University in Fall 2018.

December 1, 2018, for all UNDERGRADUATE STUDENTS entering the University in Spring 2019.

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.



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 of vaccine (given at least 4 weeks apart beginning at or after the first birthday) 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



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 quadrivalent meningococcal polysaccharide or conjugate vaccine to protect against serotypes A, C, W and Y
- 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 1,000-1,200 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 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 most at 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 from some of the serogroups.

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 caused by some of the serotypes contained in the quadrivalent vaccine, 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, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

Is there a vaccine against meningococcal disease?

Yes, there are 3 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 polysaccharide vaccine (Menomune) is recommended for people age 56 and older with certain high-risk conditions. **MDPH strongly recommends two doses of quadrivalent meningococcal conjugate vaccine: a first dose at age 11 through 12 years and a second dose at 16 years.** Individuals in certain high risk groups may also need to receive 1 or more of these vaccines based on their doctor's recommendations. In addition, adolescents and young

(See reverse side)

adults (16-23 years of age) 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.

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.

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 a dose of quadrivalent 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 must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past (or a dose of quadrivalent meningococcal polysaccharide vaccine within the last 5 years), 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. Meningococcal B vaccines are not required and do not fulfill the requirement for receipt of meningococcal vaccine.

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.

While not required, MDPH strongly recommends that anyone up to 21 years of age who is entering college receive a second dose of quadrivalent meningococcal conjugate vaccine if their first dose was received before their 16th birthday, particularly if they are new residential students. College students who do not live in campus-related housing and want to reduce their risk for meningococcal disease may also choose to be vaccinated, though it is not required. Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which meningococcal vaccines you should receive.

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 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)

Meningitis

October 2016 | Page 1 of 3

What is meningitis?

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

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. Some cases of meningitis are very serious, leading to permanent neurologic problems, amputation of limbs, loss of hearing, seizures or strokes, and even death.

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.

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 6 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. 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. It is also used in high-risk people 2 years of age and older. This vaccine is recommended to be given as a first dose in a series with PPSV23 vaccine, for everyone 65 years of age and older.
- **Pneumococcal polysaccharide vaccine 23-valent (PPSV23)** 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 to be given as the second dose in a series with PCV13 for everyone 65 years of age and older.



- Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) is recommended for children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

MDPH strongly recommends two doses of quadrivalent meningococcal conjugate vaccine with the first dose given at age 11 through 12 years and the second dose at 16 years.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.
- Quadrivalent meningococcal polysaccharide vaccine (Menomune) also protects against 4 types (A, C, W, Y) of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. It is recommended for people with certain high-risk conditions 56 years of age and older.

Talk with your doctor about which vaccines you or your child should receive.

Are students required to get meningococcal vaccine?

Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive a dose of quadrivalent meningococcal vaccine. These students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine. More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges.*”

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 on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)

