

S University Health Services

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2013 MASSACHUSETTS REQUIRED IMMUNIZATION HISTORY

This form must be completed and returned to UHS before you arrive on campus. All responses must be in English.

You may: 1.) Complete the shaded sections. Attach immunization documentation from your healthcare provider's office, school or military records. or: 2.) Complete the shaded sections. Have your healthcare provider complete the remaining sections and sign where indicated on page 2.

STUDENT INFORMATION

STUDENTI	NFURMATION				
First name:		Last name:		SPIRE ID #:	
				Cell phone #:	
Home address:		City:		State: Zip Date of entry in	D:
Month/year ente	ring UMass Amherst:	Country of origin	I:	Date of entry in	nto U.S.:
	shman ☐ sophomore Sciences major? ☐ Yes		☐ graduate studer	nt continuing education student	
REQUIRED	IMMUNIZATIONS				
TETANUS/DI	PHTHERIA/ACELLULAF	R PERTUSSIS (Must be with	ithin the last 10 years)	1
Primary series (<i>(DPT/DTAP/DT or Td)</i> 🗆 Ye	s □ No			
Tdap /	(Mandatory for ente	ring freshmen, sophomores,	, juniors and Health S	Sciences majors.)	
or Td ///	(Acceptable for enter	ring seniors and graduate st	'udents.)		
MEASLES, M	UMPS, RUBELLA (MMI	R) (Two doses required)	Exempt <i>(b</i>	orn before 1957)	2
MMR #1_/ or	(First dose must b	e after age 12 months) MN	/IR #2 ///	_ (Must be at least one month after o	lose #1)
Measles vaccine	e #1 <u>/ /</u> #2 <u></u>	///Mumps vacci	ine #1 ///	_ #2 <u>/ /</u>	
Rubella vaccine or	#1 <u>//</u> #2	/ / 1 / DD / YY			
Positive bloo	d test titers: Rubella:	<u>/ / / Mumps:</u>	// Rub	eola: <u> </u> (Attach copy of	f lab results.)
MENINGITIS	□ Menomune	#1 / / / / /	#2 <u>/ /</u> /	vithin five years	3
	□ Menactra	#1 <u>/ /</u>	#2 <u>/ / </u> r	o expiration date	
	Menveo	#1 <u>/ /</u>	#2 <u>/ /</u> r	o expiration date	
	□ Other:		#2 <u>/ /</u> MM / DD / YY		
			MM / DD / YY		
or Li Off-camp	us resident – exempt with of	f-campus address:			
or □ Signed w	aiver (on top of next page)				
HEPATITIS B	OR A/B (Dates must be fil	led in)	4 V	ARICELLA Exempt (born before)	re 1980) 5
#1 / /	.			<u>fandatory</u> for entering freshmen, sop Iniors and Health Sciences majors)	homores,
	, (Must be at least one mo			Varicella #1 //	#2 / /
		nths after #2 and four month	hs after # 1) 01	Had disease Date: _/	
or ⊔ Merck Re	ecombivax 10 mcg. <i>(ages 11</i>	- 15)	or	\Box Positive titer/ / (A)	ttach copy of
#1 <u>/</u> /	/ #2 / / / yy #2 / /	_ (Must be four months bei	tween doses)	Positive titer ////////////////////////////////////	b results)
or 🗆 Positive b	blood test titer ///	_ (Attach copy of lab result	ts)		

Read meningococcal disease information on pages 4 and 5 before signing 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 gualify for one of the exemptions specified in the law.

□ After reviewing the information on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student name:

Signature:

 Date of birth:	/	/	Student ID #:	
	MM / DD	/ / / /		

Today's 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 08/11

RECOMMENDED: PNEUMOCOCCAL VACCINATION

The CDC recommends vaccination for adults	who have health	n conditions including astl	hma, diabetes and other	chronic problems; those with
weakened immune systems; and smokers.	Pneumovax _	/ / MM / DD / YY		

OTHER VACCINATIONS List other vaccinations received (such as influenza, polio, HPV, hepatitis A)

Vaccine:	/ / MM / DD / YY	Vaccine:	/ / /
Vaccine:	/ / /	Vaccine:	/ / /
Vaccine:	/ / /	Vaccine:	/ / //
Vaccine:	/ / / /	Vaccine:	/ / /

HEALTHCARE PROVIDER SIGNATURE

Unless documentation of immunizations is attached, your healthcare provider's (M.D./N.P./P.A.) signature or stamp is required below.

Phone:

Healthcare provider signature or stamp:

Date: / / Address:_

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)

Provided by: Massachusetts Department of Public Health, Division of Epidemiology and Immunization: 617-983-6800, MDPH Meningococcal Information and Waiver Form 08/11

Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2013 – 2017 from Massachusetts DPH

Vaccine	2013	2014	2015	2016	2017
2 MMR and 2 Varicella	K-2 and 7-9 College: full-time freshmen-juniors; all health science	K-3 and 7-10 College: full-time freshmen-seniors; all health science	K-4 and 7-11 College: full-time freshmen-graduates; all health science	K-5 and 7-12 College: full-time freshmen-graduates; all health science	K-12 College: full-time freshmen-graduates; all health science
Tdap	Grades 7-9 College: full-time freshmen-juniors; all health science	Grades 7-10 College: full-time freshmen-seniors; all health science	Grades 7-11 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science

University Health Services / UMass Amherst / 2013 New Student Immunization Form / page 2

REQUIRED: TUBERCULOSIS (TB) RISK	QUESTIONNAIRE		
1. Have you ever been treated for active TB?		□ Yes	□ No
If yes, give dates of treatment	From: /// To: ///		
2. Have you ever had a positive TB skin or blood test?		□ Yes	□ No
If yes, when?			
3. Have you ever been treated for latent TB?		□ Yes	□ No
If yes, give dates of treatment	From: /// To: ///		
4. Were you born in one of the countries listed on page 4?	MW700711 WW700711	□ Yes	□ No
If yes, when did you come to the U.S.?			
5. Have you traveled for more than a month in a country with	h a high rate of TB, as listed on page 4?	□ Yes	□ No
6. To the best of your knowledge, have you ever had close of	contact with anyone sick with TB?	□ Yes	□ No
7. Have you ever been vaccinated with BCG?		□ Yes	□ No

HIGHLY RECOMMENDED: TB TEST FOR HIGH-RISK STUDENTS

If you answered 'yes' to questions 4, 5 or 6 above, UHS recommends a TB test (Mantoux or PPD) be done within three months of enrollment at UMass Amherst. If you have already had one of these tests, record results below.

Mantoux or PPD (Tine or Monovac not acceptable) ///

Test results: Record exact measurement of induration (horizontal diameter), not erythema (redness). Do not just check 'negative' or 'positive.'

legativemm Positivemm If positive, record chest X-ray results. Include a copy of the report.				
Results		//		
T-Spot or Quantiferon Gold	(IGRA):		_ □ Pos. □ Neg.	Date:
Health care Provider Signa	ture:			Include a copy of results.

COUNTRIES WITH HIGH TUBERCULOSIS (TB) RATES

Afghanistan	Central African Republic	Guatemala	Mauritius	Oatar	Uganda
Algeria	Chad	Guinea	Mexico *	Rep. Korea	Ukraine
Angola	China	Guinea-Bissau	Micronesia	Republic of Moldova	UR Tanzania
Anguilla	China, Hong Kong SAR	Guyana	Mongolia	Romania	Uzbekistan
Armenia	China, Macao SAR	Haiti	Montserrat	Russian Federation	Vanuatu
Azerbaijan	Colombia *	Honduras	Morocco	Rwanda	Vietnam
Bahrain	Comoros	India	Mozambique	Sao Tome & Principe	Yemen
Bangladesh	Congo	Indonesia	Myanmar	Senegal	Zambia
Belarus	Cook Islands	Iraq	Namibia	Seychelles	Zimbabwe
Belize	Côte d'Ivoire	Kazakhstan	Nauru	Sierra Leone	C ourseou
Benin	Djibouti	Kenya	Nepal	Solomon Islands	Sources:
Bhutan	Dominican Republic	Kiribati	Nicaragua	Somalia	 World Health Organization,
Bolivia	DPR Korea	Kyrgyzstan	Niger	South Africa	Global Tuberculosis Control:
Bosnia & Herzegovina	DR Congo	Lao PDR	Nigeria	Sri Lanka	estimated burden of TB,
Botswana	Ecuador	Lesotho	Northern Mariana Island	Sudan	2009.
Brazil	El Salvador *	Liberia	Pakistan	Suriname	 Mass. Dept. of Public Health.
British Virgin Islands	Equatorial Guinea	Libyan Arab Jamahiriya	Palau	Swaziland	Birth in TB endemic country
Brunei Darussalam	Eritrea	Lithuania	Panama	Taiwan	(defined as TB case rate of
Bulgaria	Ethiopia	Madagascar	Papua New Guinea	Tajikistan	> 50 per 100,000 people)
Burkina Faso	Gabon	Malawi	Paraguay	Thailand	is a major risk factor for
Burundi	Gambia	Malaysia	Peru	Timor-Leste	exposure to TB.
Cambodia	Georgia	Mali	Philippines	Тодо	* Countries with TB case rate
Cameroon	Ghana	Marshall Islands	Poland *	Turkmenistan	<50 per 100,000 but where TB cases in Massachusetts
Cape Verde	Guam	Mauritania	Portugal *	Tuvalu	are from. May 2009.

Information about meningococcal disease and vaccination for students at residential schools and colleges

Full-time residential students: Waiver is on page 2. Read and retain pages 4 - 5; do not return to UHS.

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 receive meningococcal vaccine or to fall within one of the exemptions in the law, which are discussed below.

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 on page two of this form. 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.

DO NOT RETURN THIS PAGE TO UHS

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 two types of vaccines available that protect against four 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 two years of age and older. There are two 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 five years. Currently, students are only required to have a dose of polysaccharide vaccine within the last five years or a dose of conjugate vaccine at any time in the past (or fall within one of the exemptions allowed by law).

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 five 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 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.