

# Bridgewater State University Health and Counseling Form

Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yy)

Home Address (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Will you live ON-CAMPUS \_\_\_ or OFF-CAMPUS \_\_\_? Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**EMERGENCY CONTACT (name) \_\_\_\_\_ (phone) \_\_\_\_\_ (relationship) \_\_\_\_\_**

**NOTE: ALL INTERNATIONAL STUDENTS MUST TAKE THE BSU SPONSORED HEALTH INSURANCE. TRAVEL INSURANCE IS NOT HEALTH INSURANCE ACCORDING TO THE STATE LAWS OF MASSACHUSETTS. You may enroll on-line after July 1, 2011. A brochure and link is on the Bridgewater State University web site. You must be registered for courses to enroll.**

## IMMUNIZATIONS REQUIRED (MA State Law)

Photocopies from School or Physician's Office are acceptable. (Please attach.)

Immunization	Date of Immunization Month/year
<b>Tetanus/diphtheria/pertussis</b> (Tdap) _____ Within 10 years (for all first-year students)  *Sophomore – graduate students may satisfy this requirement with Td.	
<b>Measles, Mumps, Rubella (M.M.R.)</b> Documentation of <b>(2) doses</b> on or after the first Birthday. People born in or before 1957 are considered Immune and are not required to have 2 doses. If unable to document MMR immunization, laboratory Evidence of titers	1 _____ 2 _____
<b>Hepatitis B Series</b> <b>3 dose series</b> If unable to document hepatitis B immunizations, laboratory evidence of immune titers are required.	1 _____ 2 _____ 3 _____
<b>Meningococcal Vaccine**</b> Within 5 years (for newly entering residential students)	1 _____
<b>Varicella Vaccine (2 doses)</b> or Varicella Disease _____	1 _____ 2 _____
<b>Physician's Signature</b> _____	
<b>Date of Physician's Signature</b> _____	

## TUBERCULOSIS (TB) TESTING

TB questions below MUST be answered (CIRCLE Y or N)

Have you lived with or spent time with anyone who definitely or possibly had TB?	Y	N																																																																																																																															
Were you born in one of the countries listed below?	Y	N																																																																																																																															
Have you traveled or lived for more than one month in one of more countries listed below?	Y	N																																																																																																																															
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## PPD (Mantoux)

Date Given \_\_\_\_\_ Date Read \_\_\_\_\_

Results: Neg. \_\_\_ Pos. \_\_\_

Positive PPD (past or present) **X-ray** Date \_\_\_\_\_

requires a chest **X-ray** Results: Neg. \_\_\_ Pos. \_\_\_

\*Sophomore – graduate students may satisfy this requirement with Td vaccination

**\*\*Residential Students may not gain access to housing without proof of meningitis immunization within the last five years or a signed waiver which acknowledges the risk but declines the immunization. If you choose not to be immunized against meningitis, sign the waiver below after thoroughly reading the attached meningitis fact sheet.**

### Allergies to Medication: List and be specific:

### Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits 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)

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800

MDPH Meningococcal Information and Waiver Form

September 2008

STUDENT'S SIGNATURE \_\_\_\_\_

Parent or guardian must sign if student is under age 18

I, \_\_\_\_\_ give Health Services permission to medically treat my son/daughter as necessary.

**Personal History** (to be filled in by student)

**LIST any medications that you take** \_\_\_\_\_

**LIST environmental/food allergies** \_\_\_\_\_

**Have you ever.... Please Circle YES or NO** (then explain each yes answer in the box below\*)

1. Been hospitalized or had surgery?.....Yes No
2. Had a head injury resulting in unconsciousness or temporary memory loss?..... Yes No
3. Had migraine headaches?..... Yes No
4. Suspected or been told you might have an eating disorder:
  - a) Anorexia nervosa?..... Yes No
  - b) Bulimia?..... Yes No
  - c) Compulsive overeating?..... Yes No
  - d) Other?..... Yes No
5. Had counseling or treatment for an emotional problem? Yes No
6. Had any of the following conditions:
  - a) Asthma?..... Yes No
  - b) Anemia?..... Yes No
  - c) Diabetes?..... Yes No
  - d) High Blood Pressure?..... Yes No
  - e) Heart Murmur/Arrhythmias?..... Yes No
  - f) Hemophilia/Bleeding Disorder?..... Yes No
  - g) Hepatitis/Jaundice?..... Yes No
  - h) Kidney Disease?..... Yes No
  - i) Mononucleosis?..... Yes No
  - j) Rheumatic Fever?..... Yes No
7. Had a chronic medical condition not otherwise mentioned on this report?..... Yes No

\*Explain any **Yes** answers from above:

**Family History** (to be filled in by student)

Do you have a family history of any of the following conditions? (parents or siblings)

<b>FAMILY HISTORY</b>	Age	Any Health Problems:		Yes	No
Father			1. Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Mother			2. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Brother(s)			3. High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Sister(s)			4. Heart Disease before age 65	<input type="checkbox"/>	<input type="checkbox"/>
			5. Stroke before age 65	<input type="checkbox"/>	<input type="checkbox"/>
			6. Sudden death before age 50	<input type="checkbox"/>	<input type="checkbox"/>
			7. Alcohol or Drug problem	<input type="checkbox"/>	<input type="checkbox"/>
			8. Emotional /psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>

**A Physical Exam is RECOMMENDED BUT NOT REQUIRED. Athletes must have a physical exam. If you intend to play a sport, your physical exam form must be provided to Health Services and the Athletic department.**

**If you have had a recent physical, please attach a copy of that exam.**

Please return **this form, proof of immunization and the optional physical exam** by mail or FAX to:

**Bridgewater State University**  
**Health Services Dept.**  
**45 School Street**  
**Bridgewater, MA 02325**  
**PHONE: (508) 531-1252**  
**FAX: (508) 531-6193**

**It is Massachusetts Law that we must receive this information at least 2 weeks before the beginning of classes.**



## 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. 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 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.

### Where can I get more information?

- BSU Health Services
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm) and <http://www.mass.gov/epi>
- Town of Bridgewater Health department

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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