Bridgewater State University Health and Wellness Form

Instructions: All full-time undergraduate and graduate students and any student with a student visa are required to submit a completed Health and Wellness form to the Wellness Center in Weygand Hall. The Health and Wellness form is required per Bridgewater State University policy and is in accordance with the Massachusetts College Immunization Law. Physicals are strongly recommended for all students but are not required. Forms can be faxed or mailed to:
BSU Wellness Center ◆ Weygand Hall ◆ 351 Great Hill Drive ◆ Bridgewater, MA 02325 ◆ Fax:508-531-6193
Registration for classes will be affected if this information is not completed. For questions call: 508-531-1252

Part 1: Demographic Information

Name: _____Banner ID #: _____
Last First MI
Date of Birth: _____/_____/_____ Country of Birth: _____
Month Day Year
Permanent Address: _____
Street City State Zip Country
On Campus Address: _____
Residence Hall Rm # or off campus address
Phone number (cell) _____ (home) _____

Emergency Contact: _____
Name Cell phone Relation
Health Insurance Name: _____ Health Insurance ID #: _____

Part 2: Consent for Medical Treatment for students under age 18

Signature of Parent/Guardian required if student is under 18 years of age

I, _____ hereby grant the Wellness Center at BSU permission to provide medical care to my son/daughter while he/she is a student at BSU, including examinations, immunizations, or other services, as necessary.
Name of Parent/Guardian: _____ Signature:_____ Date:_____

Part 3: Meningitis Waiver: *Students who have received the MenACWY vaccine can skip this section.*

Students may decline the MenACWY vaccine but first must review the MDPH Meningococcal Information sheet which can be found at https://www.mass.gov/lists/meningitis-vaccination-requirements or on the BSU Health Services website.

Waiver for Meningococcal Vaccination Requirement

I have reviewed the information on the risks of meningococcal disease and the risks and benefits of quadrivalent meningococcal conjugate vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger 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 on the DPH website on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: _____ Date of Birth: _____ Student ID: _____

Signature: _____ Date: _____

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Required Immunizations for Bridgewater State University *(to be completed by Health Care Provider)*

Name: _____ DOB: _____ Banner ID #:_____

Immunization requirements apply to all full time undergraduate and graduate students under 30 and all health science students. **Meningitis** requirements apply only to the group specified below. BSU requires **Covid vaccination** for all undergraduate and graduate students regardless of age, who are attending in-person classes, living in residence halls, conducting research on campus, and participating in any on-campus activities.

Check here if you are **over age 30 and not** an international student ❑

Tdap Vaccine **1 dose given at age 7-12** _____/_____/_____ month day year **Td or Tdap: if over 10 years since last Tdap** _____/_____/_____ month day year	**MMR #1 (on or after 1st birthday)** _____/_____/_____ month day year **MMR #2 (given ≥ 28 days after dose 1)** _____/_____/_____ month day year	**Hepatitis B #1** _____/_____/_____ month day year **Hepatitis B #2** _____/_____/_____ month day year **Hepatitis B #3** _____/_____/_____ month day year	**Varicella (Chicken Pox)** **Varicella Dose #1** _____/_____ month year **Varicella #2 (> 4 weeks after dose 1)** _____/_____ **OR** month year Proof of disease: _____/_____ month year

Meningococcal Vaccine (MenACWY)*

All newly enrolled FT students ≤ 21 years given on or after the student's 16th birthday

_____/_____/_____
month day year

*Students may decline the MenACWY vaccine. Students must read the MDPH Meningococcal Information and sign the Waiver for Meningococcal Vaccination Requirement found on page 1.

Covid-19 Vaccine (required for any student participating in on campus activities).

Vaccine Name: _____ Dose #1: _____/_____/_____ Dose #2 (if 2 dose series): _____/_____/_____
month day year month day year

Tuberculosis Test ❑ **Check here if student low risk for TB**

TST: Date Given: ___/___/___ Date Read: ___/___/___ Result: _____mm ❑ Positive ❑ Negative
M D Y M D Y

If positive: Chest x-ray ___/___/___ Result ❑ Positive ❑ Negative Treated: ❑ Yes ❑ No
M D Y

IGRA (Interferon Gamma Release Assay)

Date of IGRA blood Test: ___/___/___ Result ❑ Positive ❑ Negative Treated: ❑ Yes ❑ No
M D Y

Health Care Provider Information (Please complete.)

_____ _____
Health Care Provider Name (Please print.) Office Address

_____ _____ _____
Health Care Provider Signature Date Phone

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Tuberculosis Screening Form *(To be filled out and signed by student.)*

Name: _____ DOB:_____ Banner ID #:_____

Please answer the following questions and follow the instructions given after each section.

1. Have you ever had close contact with person(s) known to have active TB disease?	❑ No	❑ Yes
2. Were you born in one of the countries or territories listed below with a high prevalence of TB disease?	❑ No	❑ Yes
3. Have you had frequent or prolonged visits to one or more countries or territories listed below?	❑ No	❑ Yes
4. Have you ever lived or worked in a potentially high risk setting such as a prison, homeless shelter, drug treatment center, or long-term care facility?	❑ No	❑ Yes
5. Do you or anyone in your household have a history of HIV/AIDS or intravenous drug use?	❑ No	❑ Yes

Afghanistan	Burundi	El Salvador	Indonesia	Republic of	Tanzania
Albania	Cabo Verde	Equatorial Guinea	Iraq	Moldova	(United
Algeria	Cambodia	Eritrea	Kazakhstan	Romania	Republic of)
Angola	Cameroon	Eswatini (formerly	Kenya	Russian	Thailand
Anguilla	Central African	Swaziland)	Kiribati	Federation	Timor-Leste
Argentina	Republic	Ethiopia	Kuwait	Rwanda	Togo
Armenia	Chad	Fiji	Kyrgyzstan	Sao Tome and	Tunisia
Azerbaijan	China	French Polynesia	Lao People's	Principe	Turkmenistan
Bahamas	China, Hong Kong	Gabon	Democratic Republic	Senegal	Tuvalu
Bangladesh	China, Macao SAR	Gambia	Niue	Sierra	Uganda
Belarus	Colombia	Georgia	Northern Mariana Is.	Leone	Ukraine
Belize	Comoros	Ghana	Pakistan	Singapore	Uruguay
Benin	Congo	Greenland	Palau	Solomon Islands	Uzbekistan
Bhutan	Côte d'Ivoire Democratic	Guam	Panama	Somalia	Vanuatu
Bolivia	People's Republic of Korea	Guatemala	Papua New Guinea	South Africa	Venezuela
Bosnia and Herzegovina	Democratic Republic of the	Guinea	Paraguay	South Sudan	(Bolivarian
Botswana	Congo	Guinea-Bissau	Peru	Sri Lanka	Republic of)
Brazil	Djibouti	Guyana	Philippines	Sudan	Viet Nam
Brunei Darussalam Bulgaria	Dominican Republic	Haiti	Portugal	Suriname	Yemen
Burkina Faso	Ecuador	Honduras	Qatar	Swaziland	Zambia
		India	Republic of Korea	Tajikistan	Zimbabwe

Have you ever had a positive TB test? ❑ No ❑ Yes

If yes, you must provide documentation of a negative chest x-ray done on or after the date of your positive TB test and any treatment that you may have received. **Please include documentation with this form**.

If you are **unable** to obtain chest x-ray or treatment results, please schedule an appointment with your Primary Care or call 508-531-1252 to schedule an appointment with BSU Wellness Center for consultation.

If you answered **no** to questions 1-5, no further action is required.

If you answered **yes** to any of the above 5 questions, BSU requires that you receive TB testing as soon as possible but at least prior to the start of your first semester. **Please include documentation with this form.**

If you have ever had a TB test, PPD, or Quantiferon TB test, you may submit a copy of your most recent TB test. BSU Wellness Staff will review documentation and the student will be contacted if additional TB testing is needed.

Students unable to have testing done by their PCP can have TB testing performed at the Wellness Center. Please call 508-531-1252 to schedule an appointment.

Student Signature: _____ Date:_____

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