



# Health and Wellness Form/Health History and Consent

## DEADLINE

To return completed form:  
**Within 30 days of  
 registering for classes**

### Check List

- Student info/medical Information (page 1)
- Immunization Record (page 2)
- TB screen form (page 3)
- Meningococcal Waiver Form, if choosing not be Vaccinated (page 4)

### Please return forms to:

Bridgewater State  
 University  
 Wellness Center  
 Weygand Hall  
 351 Great Hill Drive  
 Bridgewater, MA 02325

Phone: 508-531-1252  
 Fax: 508-531-6193

**Instructions:** All FT undergraduate and graduate students, and any student with a student visa are required to return the completed health report to health services no later than the deadline. This Health and Immunization form is required per Bridgewater State University policy and is in accordance with the Massachusetts College Immunization Law. The student is responsible for submitting immunizations. Physicals are strongly recommended for all students, but are not required. **Registration for classes will be affected if this information is not completed.**

### Part 1: Personal Information

Name: \_\_\_\_\_  
Last First MI Banner ID#

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) \_\_\_\_\_ Phone number(home) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Cell phone Relation

Health Insurance Name: \_\_\_\_\_ Health Insurance ID # \_\_\_\_\_

### Consent for Medical Care

**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: \_\_\_\_\_

### Medical History

**Allergies** (Please specify, include allergies to medications, foods, seasons, animals, and the type of reaction) \_\_\_\_\_

**Medications** (Please list all meds that you are presently taking including birth control, inhalers and topical creams) \_\_\_\_\_

**Surgeries/Hospitalizations** (Please provide details including dates, diagnosis, type of surgery) \_\_\_\_\_

### Personal Medical History (please circle all that apply)

Anemia Anxiety Asthma Bleeding/Clotting Disorder Blind/Visual Impairment Crohn's Disease Depression Deaf/Hearing Impairment Diabetes	Drug/Alcohol problems Eating Disorder Head injury Heart Disease/Murmur High Blood Pressure/High Cholesterol Impaired Mobility/Paralysis Kidney Disease Liver Disease Lyme Disease	Mental Health Disorder Migraine Head aches Mononucleosis Date: _____ Neuromuscular Disease Seizure Disorder Thyroid Disease Tuberculosis Ulcerative Colitis Other: _____
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Do you have any health problems or additional info we should be aware of? If yes, please explain: \_\_\_\_\_



# Health and Wellness Form/Immunization Requirements

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Banner ID \_\_\_\_\_

In accordance with the Massachusetts College Immunization Law, Bridgewater State University requires verification of immunity against certain illnesses. All full-time students (undergraduate students taking 12 credits or more and graduate students taking nine credits or more) must provide proof of the following immunizations. **The health care provider must complete this immunization record.**

<b>Required Immunizations</b>	
<b>Hepatitis B</b> <input type="checkbox"/> 3 doses required  Or  <input type="checkbox"/> Hepatitis B Immune Serology (titer) accepted And <input type="checkbox"/> Lab documentation is attached	<b>3 dose series</b> Month / Day / Year Dose 1                                  _____/_____/_____ Dose 2                                  _____/_____/_____ Dose 3                                  _____/_____/_____ OR Hepatitis B titers <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Lab documentation is attached
<b>Tetanus-Diphtheria and Pertussis (Tdap)</b> <input type="checkbox"/> 1 dose of Tdap within the past 10 years	<b>Tdap</b> Month / Day / Year _____/_____/_____
<b>Measles, Mumps, Rubella(MMR)</b> <input type="checkbox"/> 2 doses MMR <input type="checkbox"/> Dose 1 after 1 <sup>st</sup> birthday: Dose 2 at least 4 weeks after Dose 1 Or <input type="checkbox"/> MMR immune serology (titer) accepted And <input type="checkbox"/> Lab documentation is attached <input type="checkbox"/> Born in USA before 1957 are considered immune	Month / Day / Year MMR Dose 1                              _____/_____/_____ MMR Dose 2                              _____/_____/_____ Or Record of titer                      Mumps <input type="checkbox"/> Positive <input type="checkbox"/> Negative Measles <input type="checkbox"/> Positive <input type="checkbox"/> Negative Rubella <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Lab documentation is attached <input type="checkbox"/> DOB<1957
<b>Meningococcal Vaccine</b> <input type="checkbox"/> All newly enrolled FT students 21 years of age or younger are required to show documentation of a dose of MenACWY vaccine administered on or after their 16 <sup>th</sup> regardless of housing status Or <input type="checkbox"/> Signed waiver is attached	Month/ Day/ Year <input type="checkbox"/> Menactra (MenACWY)                  _____/_____/_____ <input type="checkbox"/> Menomune                                      _____/_____/_____ <input type="checkbox"/> Menveo(MenACWY)                      _____/_____/_____ <input type="checkbox"/> other _____                              _____/_____/_____ <input type="checkbox"/> Signed waiver is attached <input type="checkbox"/> Student is >21 years old is not FT status and is therefore exempt from Meningitis requirement
<b>Varicella (Chicken Pox)</b> <input type="checkbox"/> 2 doses required <input type="checkbox"/> Doses 1 and 2 at least 4 weeks apart Or <input type="checkbox"/> History of disease OR <input type="checkbox"/> Varicella Immune Serology <input type="checkbox"/> Lab documentation is attached <input type="checkbox"/> Not required if born In US before 1980	2 dose series                              Month/ Day/ Year Dose 1    _____/_____/_____ Dose 2    _____/_____/_____ Or History of Varicella Disease          _____/_____/_____ OR Varicella titers <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Laboratory documentation is attached <input type="checkbox"/> Exempt- born before 1980 (Exempt)

**Healthcare Provider Signature:**

_____	_____	_____
Health Care Provider Name (Please Print)	Office Address	Phone number
_____	_____	_____
Health Care Provider Signature	Date	Fax #



# Health and Wellness Tuberculosis Screening and Testing Form

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Banner ID \_\_\_\_\_

## Tuberculosis Screening Form

To help us determine if you need to have a TB (Tuberculosis skin test) before coming to BSU, you must answer the following questions and provide your signature/appropriate documentation at the end of the section.

1. Were you born in one of the following areas: Africa, Asia, Philippines, Indonesia, Eastern Europe, Central or South America, Mexico, Portugal, Caribbean or the Middle East?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you lived in or had extensive travel to a high prevalence area (listed above)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Have you ever lived in a potentially high risk setting such as a prison, homeless shelter, drug treatment center, a long term care facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you had recent close or prolonged contact with someone who has infectious TB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you or anyone in your house hold have a history of intravenous or other street drug use, or HIV infection/AIDS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you ever had a documented positive TB skin test or history of active TB infection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answered **NO** to all of the above questions (1-6), **no further testing or further action is required**. Please sign below and send this form with your immunization record to Health Services.

If you answered **YES** to any of the first 5 questions and **NO** to question 6, then you **are required** to have a PPD skin test or TB blood test within 6 months prior to the start of classes. Please sign below and have your medical provider document the results of your testing.

If you are **unable** to have either the PPD skin test or IGRA done by your provider, **you will need to have the testing performed at the wellness center within one month of starting classes at BSU**. Please sign below.

If you answered **YES** to question 6, then you do not need testing, but must **provide documentation of a recent negative chest x-ray and documentation of any medication and treatment for your positive PPD**. Please include documentation with this form and sign below.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Provider Use Only:

<b>TB (Tuberculin) skin test:</b>		
Date TB test given _____	Date TB test read (within 48-72 hours) _____	
Results must be recorded in mm of induration _____ mm		
Interpretation (circle result): Positive      Negative		
<b>IGRA (Interferon Gamma Release Assay)</b>		
Date of IGRA blood Test _____	Circle result	Positive      Negative
<b>Chest x-ray (required if tuberculosis test is positive)</b>		
Date: _____	Chest x-ray result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Treatment: <input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	
<b>Healthcare Provider Signature (required)</b>		
_____	_____	_____
Health Care Provider Name (Print)	Health Care Provider Signature	Office phone number



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

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Banner ID \_\_\_\_\_

I have 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 **all full time students 21 years of age and younger regardless of housing status** to receive meningococcal vaccinations, unless the student provides a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials 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 Updated October 2017

### 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 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 16<sup>th</sup> 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](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (listed in the phone book under government)