

Bridgewater State University Health and Counseling Form

Name _____ Banner ID# _____ Date of Birth _____ (mm/dd/yy)

International Home Address _____

Address while at BSU (street) _____ (city) _____ (state) _____ (zip) _____

Cell phone _____

EMERGENCY CONTACT (name) _____ **(phone)** _____ **(relationship)** _____

Health Insurance Company _____ **Health Insurance ID #** _____

IMMUNIZATIONS REQUIRED (MA State Law)

Photocopies on Letterhead are acceptable. (Please attach.)

Immunization	Date of Immunization Month/year
Tetanus with pertussis within 10 years	Tdap _____
Measles, Mumps, Rubella (M.M.R.) Documentation of (2) doses of measles, mumps, if positive, satisfy the requirement. Titrers?	1 _____ 2 _____
Hepatitis B Series 3 dose series If unable to document hepatitis B Immunization, laboratory evidence of immune titers must be submitted	1 _____ 2 _____ 3 _____
Meningococcal Vaccine *Within 5 years (For International visitors or students living on campus)	1 _____
Varicella Vaccine or Varicella Disease _____	1 _____ 2 _____
Physician's Signature _____	
Date of Physician's Signature _____	

***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**

TUBERCULOSIS (TB) TESTING

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

Have you ever had a positive TB skin test?	Y	N
Have you ever had close contact with anyone who was sick with TB?	Y	N
Have you ever resided in or traveled to Africa, Asia except Japan, Central /South America, Mexico, Eastern Europe, Caribbean, Middle East for more than one month within the last 5 years?	Y	N
Were you born in Africa, Asia except Japan, Central/South America, Mexico, Eastern Europe, Caribbean, Middle East ? (If yes, circle the region listed above)?	Y	N
Have you ever been vaccinated with BCG vaccine?	Y	N

TB testing is only required for people in high risk regions or people answering yes to one of the questions above. US citizens who answered no to the above questions are not required to have proof of TB for university entry.

Tuberculosis Skin Test (PPD/Mantoux test)

Date Given _____ Date Read _____

Results: Neg. ___ Pos. ___

Chest x-ray is required if PPD is positive.

X-ray Date _____

X-ray Results: Neg. ___ Pos. ___ Treatment? _____

Allergies to Medication: List and be specific:

Allergies to Food: List and be specific:

DO YOU NEED TO CARRY AN EPI-PEN DO TO LIFE-THREATENING ALLERGIES? (circle one) YES NO

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 new residents to receive meningococcal vaccinations, unless 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.

Name: _____ Date of Birth: _____

Banner ID _____

Signature: _____ Date: _____

SIGNATURE _____

Personal History (to be filled in by the international visitor)

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 the international visitor)

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

- | | | |
|------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Anemia | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |

FAMILY HISTORY	Age	Any Health Problems:
Father		
Mother		
Brother(s)		
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.
If you have had a recent physical, you may attach a copy of that exam.

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

International Student and Scholar Services
Dr. E Minnock Center for International Engagement
Maxwell Library, Rm. 330
10 Shaw Road,
Bridgewater, MA 02325 USA
Phone: (508) 531-6195
FAX: (508) 531-4135
Email: ISSS@bridgew.edu

It is Massachusetts Law that we must receive this information at least 2 weeks before coming to campus.



Information about Meningococcal Disease and Vaccination

People visiting a 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 people 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 person 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. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. 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.