



Dear MIT Student:

On behalf of MIT Medical, welcome to MIT.

MIT Medical provides healthcare for students, faculty, employees, retirees—and their families. Our on-campus team of more than 100 primary care and medical specialty clinicians provides high-quality medical and mental health care 24 hours a day.

As a registered MIT student, your tuition allows you to use **many of the services at MIT Medical free of charge, under the MIT Basic Student Medical Plan**, including:

- Unlimited care by a personal physician, nurse practitioner or physician assistant
- Urgent care 24 hours a day
- Stress management consultations
- Mental health services—individual and group sessions
- Women's Health clinician visits
- Laboratory and other diagnostic testing and x-rays

One key to staying healthy is to have a clinician who knows you and in whom you have developed a trust. We encourage you to select a primary care provider (PCP) at MIT Medical. Our clinicians have a wide range of educational backgrounds, subspecialties, academic appointments and practice styles. Current information on each one of the MIT Medical clinicians who are accepting new patients and PCP choice forms are on our website at <http://web.mit.edu/medical/g-choosing.html>.

MIT is legendary for its challenges. It is not unusual for new students, especially those from other cultures, to have adjustment issues after arriving at MIT. If this happens to you, talk about it with your friends, your health care provider or a counselor. MIT Medical has—at no charge—a wide range of mental health professionals ready to help you adjust to life at MIT.

MIT has a strict confidentiality policy. MIT Medical cannot release your healthcare records to your parents, deans or faculty, unless you give us written permission.

When you get to campus, take the time to get to know us. Find out for yourself why 70 percent of the MIT faculty, choose to get their healthcare at MIT Medical.

William M. Kettyle, M.D.
Medical Director

Kristine Ruzycki, APRN, BC
Director, Student Health Services; Chief of Nursing

MEDICAL REPORT FORM INSTRUCTIONS 2007–2008

Please read the following directions carefully. Incomplete medical report forms may result in an \$80 fine and/or registration hold.

- Massachusetts law requires documentation of immunity to certain infectious diseases (see page 2).
 - Documentation of immunization dates can be found at previous schools attended or your doctor's offices.
 - All new students, including those in the military and those returning after an absence of one academic year or longer, must submit the completed Medical Report Form by the deadline indicated on the form. The pre-entrance medical requirements are not associated with or covered by the MIT Student Health Plan.
- 1) **All new undergraduate students:** Must complete and submit pages 3 through 8 of the Medical Report Form. Physical exam must be dated within the last 12 months preceding your MIT registration date.
 - 2) **All new graduate students:** Must complete and submit pages 3 through 6. The physical examination is optional for graduate students, unless you plan on participating in intercollegiate (varsity) sport(s), then the physical exam (pages 7 and 8) is required and must be dated within the last 12 months preceding your MIT registration date.
 - 3) **All new HST students:** Must complete pages 3 through 6. The physical examination for HST students is **optional**. ALL HST STUDENTS MUST PROVIDE POSITIVE TITRE RESULTS FOR THE FOLLOWING: MEASLES, MUMPS, RUBELLA, HEPATITIS B AND VARICELLA. A Mantoux Tuberculosis test, *regardless of your answers to the questions 1–4 on page 6*, is required for all HST students.
 - 4) **All special graduate students:** Must complete pages 3 through 6 only.
 - 5) **All students receiving allergy injections who plan to continue them while attending MIT** must be evaluated by an MIT Medical allergist before injections will be given. You must bring your allergy extracts and orders from your home allergy physician to your evaluation appointment. When you arrive on campus, please make an appointment with an MIT Medical allergist by calling 617-253-4460.
 - 6) **Make a copy of the completed Medical Report Form for your records.** If your Medical Report Form does not reach us, you will need a copy of the completed form.

PLEASE READ THE INSTRUCTIONS ON THE BACK OF THIS PAGE.



Instructions for required immunizations

TERM	DEADLINE
Summer	May 18, 2007
Fall	July 27, 2007
Spring	January 25, 2008

Questions? Check the FAQ (Frequently Asked Questions) at web.mit.edu/medical/, e-mail medrpt@med.mit.edu, or call 617-253-1777.

Massachusetts state law requires all college students, regardless of age or gender, to submit documentation of immunity to certain infectious diseases

VACCINE	NUMBER OF DOSES	FREQUENCY
1 MMR Vaccine (measles, mumps, rubella). OR you may submit laboratory report(s) documenting immunity to measles, mumps and rubella by IgG titres. OR if you received separate measles, mumps and rubella vaccines, then the schedule is as follows:	2	DOSE #1: after age 12 months; DOSE #2: at least 30 days after dose #1. Both doses given after 1971.
> Measles Vaccine	2	DOSE #1: after age 12 months; DOSE #2: at least 30 days after dose #1. Both given after January 1, 1968.
> Mumps Vaccine	2	DOSE #1: after age 12 months; DOSE #2: at least 30 days after dose #1. Both given after January 1, 1967.
> Rubella Vaccine	1	DOSE: given any time after age 12 months and after January 1, 1969.
2 Hepatitis B Vaccine OR you may submit laboratory report documenting a positive Hep B surface antibody.	3	DOSE #1: any age; DOSE #2: one month after dose #1; DOSE #3: six months after dose #1.
3 Tetanus/Diphtheria booster OR Tetanus, Diphtheria and Pertussis (Tdap). Tdap is highly recommended instead of Td, if the student is due for a booster or if last Td was >2 years from this date.	1	Dose given with in the last 10 years.
4 Meningococcal Vaccine OR you may waive the requirement by signing the official waiver (pages 9 & 10).	1	Dose given with in the last 5 years.
5 Highly recommended but not required: Varicella (Chicken Pox) vaccine OR a positive Varicella titer or history of disease.	2	DOSE #1: any time after age 12 months; DOSE #2: at least 30 days after dose #1.

VACCINATION EXEMPTIONS

Massachusetts state law allows the following exemptions to the immunization requirements:

- **Religious exemption:** Statements must be accompanied by an official letter from the pastor, rabbi, or minister of the practicing faith stating that it is against the student's religious beliefs to receive any immunizations. The letter must also state how long the student has been a member of that faith.
- **Medical exemption:** An official letter from a medical doctor (MD), nurse practitioner (NP) or physician's assistant (PA) stating the medical reason for the exemption.
- **Philosophical exemptions** are not permitted by Massachusetts state law and will not be accepted by MIT.

If you have further questions, please visit our FAQ at <http://web.mit.edu/medical/pdf/mrptfaqs.pdf> or email questions to medrpt@med.mit.edu

See page 5 to document immunizations.

PRESENT HEALTH

Are you presently under medical care for a medical or mental health problem? YES NO
 If yes, describe the problem(s) and treatment:

Will you participate in intercollegiate (varsity) sports? YES NO
 All students, both undergraduate and graduate, who participate in intercollegiate sports are required to have a pre-entrance physical examination (see pages 7 & 8) to be medically cleared for sports participation.

Intercollegiate (varsity) sport(s) in which you plan to participate (please list all):

Have you ever been cared for by a mental health clinician? YES NO

Have you ever been hospitalized for a mental health problem? YES NO

Have you ever had a period of depressed, anxious, or irritable mood most of the day, nearly every day, lasting for weeks? YES NO

Have you ever been unable to do your school work because of stress, anxiety or depression? YES NO

Have you ever been so upset that you have harmed yourself, or been afraid that you might harm yourself? YES NO

Have you ever felt very lonely, or do you worry about being very lonely here at MIT? YES NO

Have you ever restricted eating or purged? YES NO

Would you be interested in more information about MIT Mental Health Services? YES NO

Would you like a referral to a mental health clinician at MIT? YES NO

MIT primary healthcare provider: You may choose a primary healthcare provider (a physician or nurse practitioner), at this time or any time while you are part of the MIT community. However, we encourage students who have chronic medical condition(s) or concerns to choose a primary provider now and contact that clinician upon arrival at MIT. You can view information about clinicians and submit your choice at <http://web.mit.edu/medical/g-choosing.html>.

I acknowledge that I have answered all of the questions on both sides of this form as truthfully and as accurately as possible.

Student _____ Date signed _____
SIGNATURE MONTH/DAY/YEAR



Required immunizations

TERM
 Summer May 18, 2007
 Fall July 27, 2007
 Spring January 25, 2008

Questions? Check the FAQ (Frequently Asked Questions) at web.mit.edu/medical/, e-mail medrpt@med.mit.edu, or call 617-253-1777.

Physician, physician assistant, nurse practitioner, or registered nurse must complete all questions *in English* and sign this page.

Student name _____ date of birth _____
LAST (FAMILY) FIRST MIDDLE MONTH/DAY/YEAR

SEROLOGICAL TESTING/ SPECIAL INSTRUCTIONS

1 Positive IgG serological test for immunity to Measles, Mumps and Rubella. *Attach laboratory results to this form.*

Measles: _____ Result: _____
MONTH/DAY/YEAR

Mumps: _____ Result: _____
MONTH/DAY/YEAR

Rubella: _____ Result: _____
MONTH/DAY/YEAR

*Note: Serological proof of immunity is **REQUIRED** for HST students.*

2 Positive Hepatitis B surface antibody titer. Attach laboratory results to this form.

HbAbs: _____ Result: _____
MONTH/DAY/YEAR

*Note: Serological proof of immunity is **REQUIRED** for HST students.*

3 Tetanus/Diphtheria (Td) booster within the last 10 years. *Tetanus, Diphtheria & Pertussis (Tdap) is **highly recommended** instead of Td, if the student is due for a booster or if last Td was >2 years from this date.*

4 Meningococcal vaccine within the last 5 years or a signed waiver (see pages 9 and 10 for waiver form). *To waive this requirement, the waiver form (provided separately) must be signed **and** the box at the right checked.*

5 Positive serological testing for Varicella (chicken pox). Attach laboratory results to this form.

Varicella titer: _____ Result: _____
MONTH/DAY/YEAR

*Note: Serological proof of immunity is **REQUIRED** for HST students.*

IMMUNIZATIONS

Two MMRs after the first birthday and at least 30 days apart

#1 MMR: _____ (after 1971)
MONTH/DAY/YEAR

#2 MMR: _____ (after 1971)
MONTH/DAY/YEAR

OR

OR two each of measles and mumps and one rubella

Measles: #1 _____ #2 _____ (after 1/1/1968)
MONTH/DAY/YEAR MONTH/DAY/YEAR

Mumps: #1 _____ #2 _____ (after 1/1/1967)
MONTH/DAY/YEAR MONTH/DAY/YEAR

Rubella: #1 _____ (after 1/1/1969)
MONTH/DAY/YEAR

Hepatitis B series of 3

#1. _____ #2 _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

#3. _____
MONTH/DAY/YEAR

OR



Td: _____ OR Tdap: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR



Meningococcal vaccination: _____
MONTH/DAY/YEAR

OR



I am waiving the requirement for meningococcal vaccine and have signed the waiver form provided.

OR

Check here if you have a history of having Varicella disease (chicken pox).

OR

Varicella vaccination:

#1. _____ #2 _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

X _____
SIGNATURE OF PHYSICIAN/ P.A./ N.P./ R.N.

PRINTED NAME

Date _____
MONTH/DAY/YEAR



Mantoux tuberculin requirement

TERM Summer
Fall
Spring
DEADLINE May 18, 2007
July 27, 2007
January 25, 2008

Questions? Check the FAQ (Frequently Asked Questions) at web.mit.edu/medical/, e-mail medrpt@med.mit.edu, or call 617-253-1777.

Student must complete all questions.

Student name _____ date of birth _____
LAST (FAMILY) FIRST MIDDLE MONTH/DAY/YEAR

Country of birth _____

1 To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis?
 YES NO

To answer the next two questions, please refer to this list of countries that have high rates of tuberculosis.

Afghanistan	Central African Republic	Guam	Lesotho	Nicaragua	Somalia
Angola	Chad	Guatemala	Liberia	Niger	South Africa
Armenia	China	Guinea	Lithuania	Nigeria	Sri Lanka
Azerbaijan	Columbia	Guinea-Bissau	Macao SAR	Niue	Sudan
Bahamas	Comoros	Guyana	Macedonia	Northern Marianas Islands	Suriname
Bahrain	Congo (Democratic Republic)	Haiti	Madagascar	Pakistan	Swaziland
Bangladesh	Congo (Republic)	Herzegovina	Malawi	Palau	Syrian Arab Republic
Belarus	Cote d'Ivoire	Honduras	Malaysia	Panama	Taiwan
Benin	Croatia	Hong Kong SAR	Maldives	Papua New Guinea	Tajikistan
Bhutan	Djibouti	India	Mali	Paraguay	Tanzania UR
Bolivia	Dominican Republic	Indonesia	Marshall Islands	Peru	Thailand
Bosnia	Ecuador	Iran	Mauritania	Philippines	Togo
Botswana	El Salvador	Kazakhstan	Mauritius	Portugal	Tokelau
Brazil	Equatorial Guinea	Kenya	Micronesia	Portugal	Turkmenistan
Brunei Dar.	Eritrea	Kiribati	Moldova Republic	Principe	Uganda
Burkina Faso	Estonia	Korea (Democratic People's Republic)	Mongolia	Romania	Ukraine
Burundi	Ethiopia	Korea (Republic)	Morocco	Russian Federation	Uzbekistan
Cambodia	Gabon	Kyrgyzstan	Mozambique	Rwanda	Vanuata
Cameroon	Georgia	Laos (Lao People's Democratic Republic)	Myanmar	Sao Tome	Vietnam
Cape Verde	Ghana	Latvia	Namibia	Senegal	Yemen
			Nepal	Sierra Leone	Zambia
			Northern Caledonia	Solomon Islands	Zimbabwe

2 Were you born in one of the countries on the list above?
 YES NO

3 Have you traveled or lived for more than one month in any of the countries on the list above?
 YES NO

4 Are you a Health Science and Technology (HST) student in either the Medical Engineering & Medical Physics (MEMPH), Biomedical Enterprise (BEP) or Speech & Hearing Bioscience & Technology (SHBT) program?
 YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, YOU ARE REQUIRED TO SUBMIT A MANTOUX 5TU IPPD TEST DATE AND RESULTS, DOCUMENTED BY A HEALTH-CARE PROVIDER. THE TEST MUST HAVE BEEN PERFORMED WITHIN THE SIX MONTHS prior to MIT registration date.

- Multiple-puncture TB tests are not acceptable (TINE, HEAF, etc.).
- History of BCG is not a contraindication to TB testing.
- If a student has had tuberculosis, has a positive reaction (≥10mm), or has a known positive PPD, a chest X-ray is required within six months prior to registration at MIT.

If yes, Mantoux PPD (tuberculin 5TU) test date _____
MONTH/DAY/YEAR

Results: size of induration _____ mm
NUMBER OF MILLIMETERS

If the patient has had a positive Mantoux PPD, did he/she receive prophylactic medication? no yes _____
MONTH/DAY/YEAR

If the Mantoux PPD test is positive (≥ 10 mm), you must submit a chest x-ray report. The chest x-ray must be dated within six months prior to your MIT registration date. This report must be written in English.

If Mantoux PPD is positive: chest x-ray test date _____. Result: positive negative
MONTH/DAY/YEAR

Physician/ N.P./ P.A./ R.N. _____ Date _____
SIGNATURE MONTH/DAY/YEAR

Address or stamp _____

Please call Health Screen at 617-253-1777 if you have any questions.



Physical examination

- Physician, physician assistant, or nurse practitioner must complete all questions in English and sign this page.
- Physical examination must be within 12 months prior to registration date.

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Student name _____ date of birth _____
LAST (FAMILY) FIRST MIDDLE MONTH/DAY/YEAR

HISTORY AND REVIEW OF SYSTEMS

Please answer all questions. Check "Y" for yes or "N" for no. If yes, please explain on page 8 under "Explain abnormalities" or add an additional sheet for explanation if necessary. Has the patient had:

	Y	N		Y	N		Y	N		Y	N
Acne			H/O tonsillectomy			Heart murmur			Eating disorder		
Anemia			Any other surgery			Myocarditis			Restriction/purging/binging		
Asthma			Loss of paired organ			Joint disease or injury					
Chicken pox			Insomnia			Joint reconstruction			Dizziness or fainting,		
Diabetes mellitus			Excessive nervousness			Knee or shoulder problems			Weakness or paralysis		
Infectious mononucleosis			Depression			Back/neck/spine problems			Seizure disorder		
Malaria			Frequent anxiety			Stress fracture(s)			Sexually transmitted disease		
Meningitis			Recurrent headaches			Heat exhaustion					
Scarlet fever			Head injury/unconsciousness			Tumor, cancer, cyst			Frequent urination		
Tuberculosis			Anaphylaxis			Jaundice			Women only:		
Gum/tooth disease			Shortness of breath			Stomach/intestinal trouble			• irregular periods		
Sinusitis			Chest pain or pressure			Recurrent diarrhea			• severe cramps		
Eye/vision condition			Chronic cough			Gall bladder/gallstones			• excessive bleeding		
Ear, nose or throat trouble			Heart palpitations			Hernia/hernia repair			• amenorrhea		
H/O appendectomy			High or low blood pressure			Recent weight gain or loss					

PHYSICAL EXAMINATION

HEIGHT	WEIGHT	BMI	BLOOD PRESSURE	PULSE

Please check each system below and indicate whether it is normal or abnormal. If it is abnormal, please explain in the section provided on page 8.

SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL
Skin			Breasts			Genitourinary		
HEENT			Cardiovascular			Extremities		
Lymph nodes			Peripheral vascular			Reflexes		
Thyroid			Heart murmur			Neurologic		
Chest/lungs			Abdomen					

Student name _____ date of birth _____
LAST (FAMILY) FIRST MIDDLE MONTH/DAY/YEAR

Explain abnormalities: _____

Do you feel that the student has any condition that would warrant any accommodations while engaging in his/her studies at MIT? Explain: _____

Is this person under treatment for any medical or mental health condition? If yes, please describe the problem and treatment: _____

In your opinion, is there any contraindication for this person to participate in collision, contact, or non-contact sports? If yes, please describe the nature of your suggested limitation or your advice for further work-up: _____

Do you have any recommendations for this person's health care while at MIT?: _____

Physician/ P.A./ N.P. _____ Date of physical exam _____
SIGNATURE MONTH/DAY/YEAR

Printed name _____

Mailing address _____ Office telephone (_____) _____

To facilitate our review of identified conditions, their treatment, and any associated limitations, please include copies of applicable documentation, such as clinic notes, post-operative notes, diagnostic test results (CT scan, MRI, EKG, bone scan, etc.), and any rehabilitation (PT, OT, speech) reports.



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

Legislation has been enacted in Massachusetts requiring all new students at residential schools (e.g., boarding schools) with grades 9-12 and postsecondary institutions (e.g., colleges) that provide or license housing to:

1. receive meningococcal vaccine prior to the beginning of classes; or
2. 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 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 survive, about 10% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

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, sneezing, coughing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected.

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. In January 2005, a new type of meningococcal vaccine was licensed, called meningococcal conjugate vaccine, and is currently only 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.

Is it mandatory for students to receive meningococcal vaccine prior to entering secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D)) requires new students at residential schools (e.g., boarding schools) with grades 9-12 and new full- and part-time, undergraduate and graduate students in degree-granting programs at postsecondary institutions (e.g., colleges) that provide or license housing to receive meningococcal vaccine. At affected institutions, the new requirements apply to all new students, regardless of grade (including grades pre-K through 8), year of study, and whether or not they reside in school- or campus-related housing. Beginning in August 2005, all new students at these institutions must provide documentation of having received meningococcal vaccine (within the last 5 years) at least 2 weeks prior to the beginning of classes, unless they qualify for one of the exemptions allowed by the law.

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.

Consideration is being given to amending the law regarding the students to be covered by the requirement. When and if the law is amended, regulations regarding meningococcal vaccination may change.

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?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph
- Your local health department (listed in the phone book under government)

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 students enrolled at secondary schools, colleges and universities that provide or license housing 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.

Please check the appropriate box below.

- After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

-OR-

- Due to the shortage of meningococcal vaccine, I was unable to be vaccinated.

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