



## 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, MS, ANP, BC  
*Director, Student Health Services; Chief of Nursing*

## MEDICAL REPORT FORM INSTRUCTIONS 2008–2009

**Please read the following directions carefully. Incomplete medical report forms may result in 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 23, 2008
Fall	July 25, 2008
Spring	January 23, 2009

Questions? Check the FAQ (Frequently Asked Questions) at [web.mit.edu/medical/](http://web.mit.edu/medical/), e-mail [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu), or call 617-258-7051.

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
<b>1 MMR Vaccine</b> (measles, mumps, rubella). <b>OR</b> you may submit laboratory report(s) documenting immunity to measles, mumps and rubella by IgG titres. <b>OR</b> 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.
<b>2 Hepatitis B Vaccine</b> <b>OR</b> 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.
<b>3 Tetanus/Diphtheria booster</b> <b>OR</b> 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.
<b>4 Meningococcal Vaccine</b> <b>OR</b> you may waive the requirement by signing the official waiver (pages 9 & 10).	1	Dose given with in the last 5 years.
<b>5 Highly recommended but not required: Varicella (Chicken Pox) vaccine</b> <b>OR</b> 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](mailto:medrpt@med.mit.edu)

See page 5 to document immunizations.



# Medical Report

## 2008-2009

MIT Medical, E23-177  
77 Massachusetts Avenue  
Cambridge, MA 02139-4307

E-mail medrpt@med.mit.edu  
Telephone 617-258-7051  
Fax 617-253-4121  
<http://web.mit.edu/medical/g-requirements.html>

Complete and return the Medical Report form before the deadline and avoid a registration hold.

<b>TERM</b>	<b>DEADLINE</b>
Summer	May 23, 2008
Fall	July 25, 2008
Spring	January 23, 2009

Near the deadline? Fax all pages to 617-253-4121.

### STUDENT DEMOGRAPHICS (check one)

Undergraduate  Graduate  H.S.T.  Special student

### MIT REGISTRATION DATE (check one)

June 2008  September 2008  February 2009

Complete all the questions on both sides of this form in English, then sign and date it. **Please print answers.**

STUDENT NAME LAST FIRST		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS		DATE OF BIRTH _____ AGE: _____ YEARS MONTH/DAY/YEAR
CITY		MIT STUDENT ID # (IF KNOWN)
STATE	ZIP/POSTAL CODE	EMAIL:
COUNTRY	TELEPHONE (AT THIS ADDRESS)	CELL PHONE

### FAMILY MEDICAL HISTORY

FAMILY MEMBER	IN GOOD HEALTH? (YES / NO)	KNOWN HEALTH PROBLEM(S)	DECEASED / AGE
FATHER			
MOTHER			
BROTHER(S)			
SISTER(S)			

### STUDENT MEDICAL HISTORY

<p>List all medication that you are taking (include those prescribed by a health professional as well as any over-the-counter medications, vitamins and/or herbal supplements.)</p>	<p>History of serious illnesses and or injuries (include dates):</p>
	<p>History of surgery and hospitalizations (include dates):</p>
<p>Do you wear glasses? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, you must attach a copy of your prescription or formula)</p> <p>Do you wear contact lenses? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, you must attach a copy of your prescription or formula)</p> <p>Do you smoke cigarettes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many per day? _____ For how many years? _____</p> <p>Do you drink alcoholic beverages? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many per day? _____</p> <p>Do you wear seat belts? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any allergies to medications and what the reaction is:</p> <p>List any food and/or environmental allergies and what the reaction is:</p> <p>Are you presently taking allergy injections? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Do you plan to continue those injections while attending MIT? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please see instruction sheet on what to do.</p>

**CONTINUE ONTO THE REVERSE SIDE AND COMPLETE ALL QUESTIONS, THEN SIGN AND DATE THE FORM.**

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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 23, 2008  
 Fall July 25, 2008  
 Spring January 23, 2009

Questions? Check the FAQ (Frequently Asked Questions) at [web.mit.edu/medical/](http://web.mit.edu/medical/), e-mail [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu), or call 617-258-7051.

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.*



Td: \_\_\_\_\_ OR Tdap: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR

**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.*



Menomune: \_\_\_\_\_ OR Menactra \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR



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

**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.*

**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

The following are not required but should be listed if dates are known:

Hepatitis A: #1 \_\_\_\_\_ #2 \_\_\_\_\_ Polio Vaccine, Last Booster Dose: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR MONTH/DAY/YEAR

X \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF PHYSICIAN/ P.A./ N.P./ R.N. PRINTED NAME MONTH/DAY/YEAR



# Mantoux tuberculin requirement

**TERM**  
Summer  
Fall  
Spring

**DEADLINE**  
May 23, 2008  
July 25, 2008  
January 23, 2009

**Questions?** Check the FAQ (Frequently Asked Questions) at [web.mit.edu/medical/](http://web.mit.edu/medical/), e-mail [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu), or call 617-258-7051.

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	Mali	Papua New Guinea	Tajikistan
Bhutan	Djibouti	India	Maldives	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	Principe	Turkmenistan
Brunei Dar.	Eritrea	Kiribati	Moldova Republic	Romania	Uganda
Burkina Faso	Estonia	Korea (Democratic People's Republic)	Mongolia	Russian Federation	Ukraine
Burundi	Ethiopia	Korea (Republic)	Morocco	Rwanda	Uzbekistan
Cambodia	Gabon	Kyrgyzstan	Mozambique	Sao Tome	Vanuata
Cameroon	Georgia	Laos (Lao People's Democratic Republic)	Myanmar	Senegal	Vietnam
Cape Verde	Ghana	Latvia	Namibia	Sierra Leone	Yemen
			Nepal	Solomon Islands	Zambia
			Northern Caledonia		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 (MEMP), 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, OR A QuantiFERON-TB GOLD ASSAY TEST RESULT. 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 vaccination is not a contraindication to TB testing.

### TESTING DOCUMENTATION FOR A "YES" ANSWER TO ANY OF THE QUESTIONS ABOVE:

Mantoux PPD (tuberculin 5TU) test date \_\_\_\_\_ Results: size of induration \_\_\_\_\_ mm  
MONTH/DAY/YEAR NUMBER IN MILLIMETERS

If a QuantiFERON-TB Gold assay was performed, a copy of test result must be submitted.

If the patient had a positive Mantoux PPD or a positive QuantiFERON-TB Gold assay, did he/she receive prophylactic medication?  Yes  No If yes, dates received from \_\_\_\_\_ to \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

If a student has had tuberculosis, OR has a positive reaction ( $\geq 10$ mm), OR has a known positive PPD, OR has a positive QuantiFERON-TB Gold assay, proof of a chest X-ray taken within the six months preceding registration at MIT is required. This chest X-ray report must be written in English.

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

Address or stamp \_\_\_\_\_

Please call Health Screen at 617-258-7051 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.

TERM	DEADLINE
Summer	May 23, 2008
Fall	July 25, 2008
Spring	January 23, 2009

Questions? Check the FAQ (Frequently Asked Questions) at [web.mit.edu/medical/](http://web.mit.edu/medical/), e-mail [medrpt@med.mit.edu](mailto:medrpt@med.mit.edu), or call 617-258-7051.

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					

PLEASE CONTINUE ONTO THE REVERSE SIDE TO COMPLETE ALL THE QUESTIONS, SIGN AND DATE THE FORM

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](http://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