

Boston University Student Health Services 881 Commonwealth Ave. West, Boston, MA 02215 Phone: 617-353-3575 | Website: bu.edu/shs/ihr Send us a message: patientconnect.bu.edu

IMMUNIZATION REQUIREMENTS FORM - CELOP

These vaccines are either required by the Commonwealth of Massachusetts or Boston University. You must complete this form with your licensed medical provider and then submit this form following the instructions on the bu.edu/shs/ihr page at least one month prior to the start of your first semester. If you haven't received all vaccines, you should still submit this form and receive the remaining vaccines at a later date while on campus at our clinic.

Last Name	First		Middle	•
Date of Birth mm/dd/yyyy	University ID Number (8 or 9 digits)	Semester Fall	r Start (cheo Spring	ck one): Summer 20

Measles- Mumps-R	Rubella	doses are required C	least 28 days apart and after OR positive MMR antibody tite han the minimum interval or ear	er. Doses of Varice	ella and MMR mus	st be given on the sam	easles, 2 Mumps and 2 Rubella e day or 28 days apart. Doses
MMR	Dose 1 mm/dd/yyy	/y Do	ose 2 mm/dd/yyyy				
OR				<u>.</u>			
Measles	Dose 1 mm/dd/yyy	/ Do	se 2 mm/dd/yyyy	OR	Positive Titer	mm/dd/yyyy	
Mumps	Dose 1 mm/dd/yyyy	/ Dos	se 2 mm/dd/yyyy	OR	Positive Titer	mm/dd/yyyy	
Rubella	Dose 1 mm/dd/yyyy	/ Do:	se 2 mm/dd/yyyy	OR	Positive Titer	mm/dd/yyyy	
Varicella			part and after 12 months of a less than the minimum inter				
Dose 1 mm/de	d/yyyy	Dose 2 mm/dd/y	yyyy OR	Positive Titer m	nm/dd/yyyy	Disease D	Date mm/dd/yyyy
Hepatitis Vaccine	HepB (3-dose set	Please attach t	is 1 and 2 and a minimum of he specific vaccine or titer ve Heplisav-B (HepB-C	erification from a n	nedical provider.		& B vaccine (TwinRix)
Vaccine	HepB (3-dose se Dose 1 mm/d		Heplisav-B (HepB-C Dose 2 mm/dd/y		/	Combination Hepatitis A mm/dd/yyyy	& B vaccine (TwinRix)
Doses							
OR	Antibody Titer m	m/dd/www					
Antibody Titer	Anilbody filef fil	n/dd/yyyy					
Meningoc	occal Conjugate	e (ACWY)	of age at the start of	of your first seme	ester. The Menin	not complete this sec gococcal B vaccine d equirement can be fou	tion if you will be over 21 years oes not fulfill the requirement ind on <u>this link.</u>
mm/dd	І/уууу						
Tetanus-D)iphtheria-Pertu	ssis (Tdap)	One dose on or after y include most recent do				
Tdap mm	n/dd/yyyy						



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IMMUNIZATION REQUIREMENTS FORM (continued)

TB Questi	ons		Tuberculo	sis (T	B) Tes	t			
,		vith someone with arrival in the Unite		Ye	s No	If Yes	, explain:		
	nth to any of th	or have you trave ne high risk counti		Ye	s No	If Yes	, explain:		
		ive for TB or com event active TB?		Ye	es No	If Yes,	, explain:		
TB Test His	storv que	stions above, a TB ski	f the questions above, please sl in test or IGRA blood test must be a and have ever had a positive	complete	ed no more t	han six mo	onths prior to the	e semester start date. If y	ou answered yes
TB Skin Test	Date Giver	ı mm/dd/yyyy	Date Read mm/dd/yyy	у	Result Pos	itive	Negative	Indeterminate	Induration (recorded in mm)
OR	•								
IGRA Blood Test	Date of Te	est mm/dd/yyyy			Result Posit	tive	Negative	Indeterminate	
Positive TE	3 Test Hist	Orv Pleas	se complete this section if you hav	ve ever ha	ad a positive	TB skin te	est and/or have e	ever received treatment f	or TB.
Chest X-Ray		ו mm/dd/yyyy			Result Nor	mal	Abnormal	Describe:	
Clinical Evaluation	Inical Date of Appointment mm/dd/yyyy Result Describe:								
Treatment	Date of Tr	eatment mm/dd/y	lf Yes, d	rug, do	se, & frec			reason why treatr	nent not done
		۵ na	rent/guardian must acknowledge	and sign :	this section it	f the stude	No Int is under the a	are of 18 on the first day	of classes
Authoriza	ation & Co		tional resources for parents/guard					age of to off the first day	01 0183365.
understand that limited to, lab te covered by my alcohol and othe and care manag community is ne	there is no cha ests, immunization health insurance er drug services gement. While v ecessary. The in	rge to see a provide ons, and some supp e). I understand that s. I understand that tl ve may endeavor to	n University (BU) Student He r at BU SHS. However, I under lies. I understand that I am re SHS is a unit inclusive of me he providers within this organ serve all students eligible for rm is for the use of SHS and permitted by law.	erstand sponsib dical, m ization r care, the	that I am re le for all he ental health nay discuss ere may be	esponsibl alth care n, nutrition s my care circums	e for miscellar charges outsi n, sports medi e within the un tances when r	neous charges includi ide of SHS (except th icine, athletic training nit to allow for effective referral to outside prov	ng, but not at which is services, and care delivery <i>i</i> iders in the
Student Nam	e						Student Signature		
Parent/Guard (required if stud under the age of	lent						Parent Signature		
	-/	ı							

LICENSED MEDICAL PROVIDER (MD, DO, PA, NP, RN, or MBBS) VERIFICATION (required)

Provider Printed Name

First

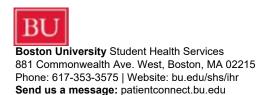
Last

Phone

Date

Provider Signature/Credentials

mm/dd/yyyy



Important Immunization Requirements Reminders

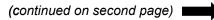
- Requirements: You are required to complete the "Immunization Requirements Form CELOP" in <u>English</u> and make sure the document is signed or stamped by a licensed medical provider before arriving at BU (not a parent/guardian). A copy of this form can be found under <u>bu.edu/shs/celop</u>.
- 2. IMPORTANT: If you haven't received all vaccines, you should still submit your immunization documentation and follow these steps prior to arriving to BU. You can receive the remaining vaccines later while on campus by booking an appointment/reservation at SHS or attending one of our several campus wide immunization clinics held each semester. If you are enrolled in BU's Student Health Insurance Plan (SHIP), all immunizations are covered only if received at BU Student Health Services when you arrive. Please check our website for updates and events. For more information about the Immunization Requirements, visit: bu.edu/shs/compliance.
- 3. **DUE DATE:** Submissions are due at least one month prior to your first semester at BU. Please allow up to three weeks for your documents to be processed. You will receive an email when your documents have been processed. When your form is completed, please follow the steps below to upload your form to our secure online health portal Patient Connect.
- 4. **Questions/Need Help?** If you have any other questions, please visit <u>bu.edu/shs/CELOP</u> for more information or email CELOP Admissions at celop@bu.edu.

Instructions: How to Submit Immunization Requirements

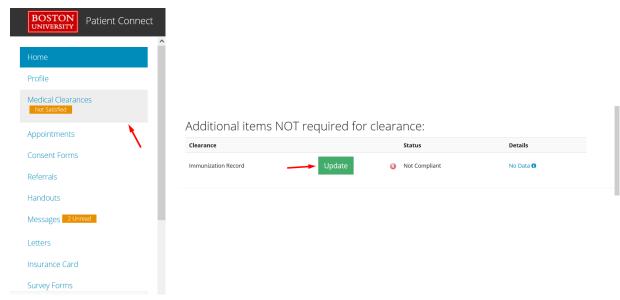
Important: Follow these instructions before arriving on campus. If you haven't received all vaccines or if vaccines aren't available in your location/country, you should still submit this form and receive the remaining vaccines at a later date while on campus at our clinic.

1. Take a picture or scan your completed and signed "Immunization Requirement Form." If you have questions, please contact CELOP Admissions (celop@bu.edu).

2. Go to <u>patientconnect.bu.edu</u> in your web browser and log in with your university username and password.



3. Once logged in, click on the word "Medical Clearances" from the menu bar and click on the "Update" button to the right of "Immunization Record".



4. Click "Upload" and locate your document(s) on your device.

Immunization Rec	ord
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Verify Upload

Immunization Record Upload Needed	
 Upload a readable immunization rec Accepted upload formats in Portrait Do not upload MS Word documents. 	rd with your full name and date of birth on each page. ode are: gif, jpg, png, pdf.
Download	Upload
Preview Download	Upload
status: Upload Required	
	Cancel Sav

5. Click the "Looks Good" button then "Save" button to submit your document for review.

Does this image look correct? If it looks wrong for any reason, click Cancel Upload and upload a new image. - + Automatic Zoom 🗸 5 $\land \land \downarrow$ 🖶 🗅 📕 1 of 3 >> University ID Number (8 or 9 digits) t Health Services Vest, Boston, MA 02215 Ibsite: bu.edu/shs/ihr ntconnect.bu.edu IMMUNIZATION REQUIREMENTS FORM ared by the Commonwealth of Massachusetts. You must complete this form with your licensed medical It this form following the instructions on the bu eduishs/inr page at least one month prior to the start of your entr teched all vaccines, you should still submit this form and receive the remaining vaccines at a later four clinic. First Middle University ID Number (8 or 9 digits) Semester Start (check one): Fall Spring Summer 20_ Two doses given at least 28 days apart and after 12 months of a doses are required OR positive MAR antibody titer. Doses of Var administered at less than the minimum interval or earlier than the minim yy Dose 2 mm/dd/yyyy Measles, 2 Mumps and 2 Rubella same day or 28 days apart. Doses /dd/yyyy

6. You will receive an email to your BU account when the from has been processed within 15 business days. If you have any other questions, please visit bu.edu/shs/CELOP for more information or email CELOP Admissions at celop@bu.edu.



MIIS FAQs: Sharing Your Immunization Information

What is the Massachusetts Immunization Information System?

The Massachusetts Immunization Information System (MIIS), also called an immunization registry, is a confidential, web-based system that collects and stores vaccination (shot) records for people of all ages vaccinated in Massachusetts. The MIIS is operated by the Immunization Division at the Massachusetts Department of Public Health and helps you, along with your healthcare providers, keep track of the shots that you have received.

Why is the MIIS important?

The schedule of vaccines that you need to stay healthy and that are required for you becomes more complicated with every new vaccine introduced. Keeping all your shot records in one place helps to make sure that you receive the complete schedule of immunizations.

What information about me will be entered into the MIIS?

Boston University Student Health Services is mandated to report any immunizations we administer to the MIIS. Other information, including address, date of birth, sex, and the provider office location will also be included in the registry to be sure that your records are accurate and cannot be confused with another patient's record. All the information in the MIIS is secure and confidential.

What if I do not want to share my immunization information?

The law requires that immunizations are reported to the Massachusetts Department of Public Health through the MIIS. There is no option to "opt-out" of the MIIS. Your records will only be available to those involved in your care, who have a reason to know about them. The MIIS enables Student Health Services to verify what shots you have received in the past from other providers. If you prefer that your immunization history not be viewed by new providers, you may object to sharing your immunization information.

If you object to data sharing, your immunization information will still be in the MIIS, but only the provider(s) who administered your vaccines and the Department of Public Health will be able to see it. To object to data sharing, you must complete the <u>MIIS Objection (or Withdrawal of Objection) Form</u>. If you change your mind, you can fill out the same form to have your immunization information shared in the MIIS.

Please note: you will need to keep track of your records in the event that you receive immunizations from other health care providers.