



FORM IS DUE AUG 1 FOR FALL MATRICULATION

HEALTH HISTORY AND PHYSICAL EXAMINATION REPORT (CRC)

Student Information

(to be completed by the student)

Student Name _____
Last First Middle

Date of Birth _____ Boston University ID or Social Security number _____
Month Day Year

School at Boston University: _____ (MED and Dental, please use Medical Campus Form)

For comprehensive information about Student Health Services including hours and directions, please visit our website at:

www.bu.edu/shs

Consents and acknowledgements

I hereby authorize the clinical staff at Boston University Student Health Services to examine and treat me during my enrollment at Boston University. _____
initial

I understand that there is no charge to see a provider at Boston University Student Health Services. However, I understand that I am responsible for miscellaneous charges including, but not limited to, lab tests, allergy injections, immunizations, and some supplies. I understand that I am responsible for all health care charges outside of Student Health Services except that which is covered by my health insurance. _____
initial

I understand that some costs outside of Student Health Services may not be covered by my medical insurance. _____
initial

I understand that Student Health Services is a unit inclusive of medical, mental health, nutrition, sports medicine, and alcohol and other drug services. I understand that the providers within this organization may discuss my care within the unit to allow for effective care delivery and care management. _____
initial

I understand that some services provided are limited by staff and space availability. While we may endeavor to serve all students eligible for care, there may be circumstances when referral to outside providers in the community is necessary. _____
initial

The information on this form is for the use of Student Health Services and will not be released to a third party without your consent, except as necessary to fulfill the responsibilities of Student Health Services or as required by law. _____
initial

Student Signature Date

(Must be signed by a parent or guardian if student is under 18 years of age.)

Parent/guardian signature Parent/guardian name (please print) Date Relationship to student

Last name

Date of birth

BU ID or Social Security number

Medical Insurance Coverage

Since September of 1989, Massachusetts law, G.L. c.15A, § 18, has required every full-time and part-time student enrolled in an institution of higher learning in Massachusetts to participate in a student health program or in a health benefit plan with comparable coverage. A part-time student is defined as a student participating in at least 75% of the full-time curriculum. If you are opting to waive the University sponsored plan, please visit the Student Accounting website (www.bu.edu/studentaccountingservices) for instructions on this procedure.

Students greater than 75% time have paid a fee as part of the overall student fees that allows you to receive care at SHS regardless of your insurance choice. Please attach a copy of your insurance card below for our records.



Front of card



Back of card

Important Immunization Information, Please Read Carefully

Massachusetts State Immunization Requirements

These **must** be completed **prior** to coming to campus.

1. A booster of tetanus, diphtheria and pertussis (Tdap) within the last 10 years.
2. Two MMR (measles, mumps and rubella) shots or blood tests indicating immunity to these conditions. The first shot must be given AFTER 12 months of age.
3. Three doses of hepatitis B vaccine (or appropriately timed 2 dose series) or a blood test indicating immunity to hepatitis B.
4. One dose of meningitis vaccine for students who will be living on campus. Must be administered within the last 5 years.
5. A medical provider certified history of chicken pox or two doses of chicken pox vaccine given 4-8 weeks apart or a blood test indicating immunity to chicken pox.
6. A tuberculosis skin test depending on your country of origin and tuberculosis history.

The month and year of the immunization must be provided.

Such statements as "received as a child", "records were lost" or "up to date" are not acceptable.

All immunization records must be signed by a physician or designee or be copies of original immunization records.

The only circumstances under which a student may be exempt from submitting proof of immunizations are as follows:

- A physician certifies that a medical condition precludes immunization.
- The student states in writing that the required immunizations would conflict with his/her religious beliefs.

For students who have not received the required vaccines and in the event of a campus infectious disease exposure or outbreak, the student may be required to leave campus during the period of contagion.

Last name

Date of birth

BU ID or Social Security number

Required Immunization Record
Must be signed by MD/NP/PA
Must be completed PRIOR to arrival at Boston University.

Vaccines	Dates Given	Massachusetts State Requirements
MMR	#1 ___/___/___ #2 ___/___/___	2 doses or MMR (measles, mumps and rubella) or positive titers Minimum of 4 weeks between doses #1 given after 1 st birthday
Measles	Positive titer date ___/___/___	
Mumps	Positive titer date ___/___/___	
Rubella	Positive titer date ___/___/___	
Tdap	___/___/___	Tdap booster within the last 10 years
Meningitis	___/___/___ <input type="checkbox"/> Memomune <input type="checkbox"/> Menactra	One dose for incoming students living on campus within 5 years or completed waiver (page 9)
Varicella	#1 ___/___/___ #2 ___/___/___	2 doses varicella vaccine or positive titer or history of disease, history of disease must be verified by a medical provider
Varicella	Positive titer date ___/___/___	
Chicken pox	Date of disease ___/___/___	
Hepatitis B	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___	3 doses or positive titer
Hepatitis	Positive titer date ___/___/___	

Clinician name MD/NP/PA (please print)

Signature

State license number

Date

Last name

Date of birth

BU ID or Social Security number

HEALTH HISTORY
Must be signed by MD/NP/PA

1. List any significant past medical, surgical or mental health conditions including hospitalizations. Use additional pages if necessary.
 None

2. List all ongoing medications or treatments with dosages/directions and briefly what each medication is treating. None

Medication, dose, directions	Condition addressed by this medication

3. List all environmental or medical allergies. None

4. Note any pertinent family history. None

5. List all pertinent physical exam findings. PE within normal limits Abnormal findings as follows

Date of physical exam (must be within one year of matriculation): _____

This student has been evaluated and found to be in good health and able to participate in highly competitive athletics, if they choose to do so: Yes No. Please explain:

Clinician name MD/NP/PA (please print) Signature State license number Date

Street address City State Telephone

Last name

Date of birth

BU ID or Social Security number

Student Information
(to be completed by the student)

We at Student Health Services recognize that this time in your life can be both exciting and stressful. We want to be sure you know that free evaluations, short-term counseling and medication management are available in our Behavioral Medicine Department. If you find that you are feeling anxious, depressed or overwhelmed with new experiences that college has to offer, please call or stop by to access our confidential services.

The following are some questions about your emotional and mental health. The responses are completely confidential and are solely for the purpose of providing excellent service to students. You may opt not to answer the questions.

1. Have you ever been on medications for a mental health problem including depression, anxiety, bipolar disorder or other psychological disorders?
Yes No
2. Have you ever been hospitalized for a mental health problem, including an eating disorder or substance abuse?
Yes No
3. If yes to any of the above questions, would you like to be contacted by a Behavioral Medicine provider?
Yes No

Mental Health Resources

Boston University Student Health Services Behavioral Medicine Department	(617) 353-3569
The Danielsen Institute	(617) 353-3047
The Center for Anxiety and Related Disorders	(617) 353-9610
The Center for Psychiatric Rehabilitation	(617) 353-3549

Please visit our mental health resources website at www.bu.edu/mentalhealth.

Students with Disabilities

Students with a disability of any kind may request accommodations through the Office of Disability Services. Since it may take some time for this process, please check the website www.bu.edu/disability and/or contact the **Office of Disability Services** as soon as possible: (617) 353-3658. For students with ADD/HD who will require prescription medication, we require a report of psychological testing confirming this diagnosis from within the prior three years. If you are in need of testing and wish to have it when you come to Boston University, please call Behavioral Medicine at (617) 353-3569 for information on beginning this process.



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

Revised legislation in Massachusetts now requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) 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:

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 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 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.

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 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 covered by the regulations must provide documentation of having received a dose of meningococcal polysaccharide vaccine within the last 5 years (or a dose of meningococcal conjugate vaccine at any time in the past), 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.

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: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

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 newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution 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, but wish to receive 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)