



Date Entering	
____/____	____
Month	Year

FORM MUST BE COMPLETED IN ENGLISH

HEALTH HISTORY AND PHYSICAL EXAMINATION REPORT

*The information requested on this form is for the use of Student Health Services and will not be released to anyone without your knowledge and consent, except as necessary to fulfill the responsibilities of Student Health Services, or as required by law.

Student Information <i>(to be completed by student)</i>			
Student Name			
_____	_____	_____	_____
Last	First	Middle	
School: _____			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____/_____/_____		
	Month	Day	Year
Boston University Identification# (BU ID#) or SS# _____			
Permanent Address			

Number and street			

City			

State			

Zip code			

Country			

Telephone _____		E-mail _____	
Permanent Emergency Contact		Alternate Emergency Contact	
_____		_____	
Name and relationship of person to be notified		Name and relationship of person to be notified	
_____		_____	
Number and street		Number and street	
_____		_____	
City		City	
_____		_____	
State		State	
_____		_____	
Zip		Zip	
_____		_____	
Best Contact Telephone Number		Best Contact Telephone Number	
_____		_____	
Do you plan to purchase medical insurance available through Boston University?			
[] Yes [] No <i>(If No, attach a copy of your insurance card, both front and back sides and complete the waiver online.)</i>			
Consent for Treatment			
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, some medications and splinting materials. I understand that I am responsible for all 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 have received a copy of Student Health Services Notice of Privacy Practices (enclosed with this form). _____			
Initial			
_____		_____	
Student Signature		Date	
<i>(Must be signed by a parent or guardian if student is under 18 years of age.)</i>			
_____		_____	
Parent/Guardian name (please print)		Signature	
_____		_____	
Date		Relationship	



Last Name _____ First Name _____ M.I. _____

Date of Birth (MM/DD/YYYY) _____

B.U. ID OR SS# _____

HEALTH STATEMENT (To be completed by MD/NP/PA)

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

2. List all ongoing treatments/medications with dosages/directions. None

3. List all medical or environmental allergies. None

4. Note any pertinent family history. None

5. List all pertinent physical exam findings. PE Within Normal Limits Abnormal Findings as follows

6. Date of Physical Exam (must be within One Year of Matriculation): _____

Height _____ Weight _____ BMI _____

Clinician's Signature

MD/NP/PA Name (Please Print) _____ Signature _____ State License _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone _____

BOSTON UNIVERSITY IMMUNIZATION REQUIREMENTS

Massachusetts state law requires all full-time undergraduate and graduate students, full and part time students in health science and full and part time International students to provide proof of the following:

1. At least two doses of measles given after 12 months of age, one of mumps and one of rubella or two MMR (measles, mumps and rubella) shots after 12 months of age.
2. One dose of meningitis vaccine in the last 5 years for incoming students living on campus. *(See waiver at the end of this form).*
3. A booster dose of tetanus diphtheria (Td) or tetanus, diphtheria, acellular pertussis (Tdap) within the last 10 years.
4. Three doses of hepatitis B vaccine.

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

- a. Certification in writing by an examining physician who is of the opinion that the physical condition is such that health would be endangered by one or more of the immunizations.
- b. The student states in writing that the required immunizations would conflict with his/her religious beliefs.
- c. In the case of measles, mumps, rubella, and hepatitis B, the student presents laboratory evidence of immunity.

In the event of an exposure to an infectious disease for which the student has been exempted from proof of immunization or immunity, the student may be required to leave campus during the period of time in which the student may be contagious.

Month and year of immunization must be provided. If the vaccine was given at 12 months, the month, day, and year are required.

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. **Records signed by parents are not acceptable.**



Last Name First Name M.I.

Date of Birth (MM/DD/YYYY)

B.U. ID or Social Security#

BOSTON UNIVERSITY IMMUNIZATION FORM

The record of immunizations and screening procedures must be up to date and received at the address on the following page in order for you to matriculate at Boston University.

Immunization	Vaccine/Date	or	Titer/Date
Measles 1 or MMR no. 1	_____	or	_____
Measles 2 or MMR no. 2	_____		
Mumps (if no MMR)	_____	or	_____
Rubella (if no MMR)	_____	or	_____
Tetanus Vaccine (Td or Tdap)	_____		
Hepatitis B no. 1	_____	and	_____
Hepatitis B no. 2	_____		
Hepatitis B no. 3	_____		
Meningococcal Vaccine			
<input type="checkbox"/> Menactra (MCV4)*	_____		
or			
<input type="checkbox"/> Menomune (MPSVA4)	_____		
or			
<input type="checkbox"/> Waiver (Page 8 of this form)			

MD/NP/PA Signature Date



Last Name First Name M.I.

Date of Birth (MM/DD/YYYY)

B.U. ID

TUBERCULOSIS RISK QUESTIONNAIRE FOR COLLEGE AND UNIVERSITY STUDENTS

- 1. To the best of your knowledge have you had close contact with anyone who was sick with tuberculosis? [] Yes [] No
2. Were you born in one of the countries listed below? [] Yes [] No
3. Have you traveled or lived for more than one month in one or more of the countries listed below? [] Yes [] No

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

Table listing 60 countries with high rates of tuberculosis, including Afghanistan, Angola, Armenia, Azerbaijan, Bahamas, Bahrain, Bangladesh, Belarus, Benin, Bhutan, Bolivia, Bosnia, Botswana, Brazil, Brunei Dar., Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Cent. Afr. Rep., Chad, China, Colombia, Comoros, Congo, Congo, DR, Cote d'Ivoire, Croatia, Djibouti, Domin. Rep., Ecuador, El Salvador, Equ. Guinea, Eritrea, Estonia, Ethiopia, Gabon, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Biss, Guyana, Haiti, Herzegovina, Honduras, Hong Kong SAR, India, Indonesia, Iran, Kazakhstan, Kenya, Kiribati, Korea, DPR, Korea Rep., Kyrgyzstan, Lao PDR, Latvia, Lesotho, Liberia, Lithuania, Macao SAR, Macedonia, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Is., Mauritania, Mauritius, Micronesia, Moldova Rep., Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, N. Caledonia, Nicaragua, Niger, Nigeria, Niue, N. Mariana Is., Pakistan, Palau, Panama, Papua N. G., Paraguay, Peru, Philippines, Principe, Romania, Russian Fed., Rwanda, Sao Tome, Senegal, Sierra Leone, Solomon Is., Somalia, So. Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian A. R., Tajikistan, Tanzania UR, Thailand, Togo, Tokelau, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vanuatu, Vietnam, Yemen, Zambia, Zimbabwe.

If the answer to any of the above questions is YES, the Massachusetts Department of Public Health strongly recommends that you have a tuberculin skin test to check for latent tuberculosis infection. If the answer to all of the above questions is NO, a tuberculin skin test should not be done. Please note: If you have had a positive tuberculin skin test in the past, you do not need another test.

TUBERCULIN SKIN TEST

Date: _____

Result (48-72 hours) _____ mm of induration. (Note: Use 5 TU Mantoux test (intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vac, not accepted.)

IF THE TUBERCULIN SKIN TEST IS POSITIVE:

Chest X-Ray

Date: _____ [] Normal [] Abnormal _____ (Describe)

Clinical Evaluation

Date: _____ [] Normal [] Abnormal _____ (Describe)

Treatment [] Yes _____ (Drug, dose, frequency, and dates) [] No

Clinician's Signature

MD/NP/PA Name (Please Print) Signature State License Date



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 US, about 1,000-3,000 people get meningococcal disease each year 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 2-55 years of age. 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 either vaccine. Protection 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. 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 elected to decline the vaccine.

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/imm and <http://www.mass.gov/epi>
- 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.

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