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 - CLINICAL

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 Start (check one): Fall Spring Summer 20_____

Measles-Mumps-Rubella	Two doses given at least 28 days apart and after 12 months of age. If given as single antigen vaccines, 2 Measles, 2 Mumps and 2 Rubella doses are required OR positive MMR antibody titer. Doses of Varicella and MMR must be given on the same day or 28 days apart. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.		
MMR	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	
OR			
Measles	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	**OR** Positive Titer mm/dd/yyyy
Mumps	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	**OR** Positive Titer mm/dd/yyyy
Rubella	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	**OR** Positive Titer mm/dd/yyyy

Tetanus-Diphtheria-Pertussis (Tdap)	One dose on or after your 11th birthday is required. If you received multiple doses of Tdap, include most recent dose.
Tdap	mm/dd/yyyy

Meningococcal Conjugate (ACWY)	One dose on or after your 16th birthday is required. Do not complete this section if you will be over 21 years of age at the start of your first semester. The Meningococcal B vaccine does not fulfill the requirement. Instructions to decline the Meningitis (ACWY) vaccine requirement can be found on this link.
mm/dd/yyyy	

COVID-19	COVID-19 initial vaccination series and a COVID-19 booster dose OR one bivalent COVID-19 booster dose. More information on the COVID-19 vaccination requirements can be found on bu.edu/shs/covid-19/vaccination/.		
Dose 1 manufacturer	Dose 1 mm/dd/yyyy	Dose 2 manufacturer	Dose 2 mm/dd/yyyy
Booster/Dose 3 manufacturer	Booster/Dose 3 mm/dd/yyyy		Please check here if you received a COVID-19 bivalent booster.

Hepatitis B	A minimum of 4 weeks between doses 1 and 2 and a minimum of 16 weeks between doses 1 and 3 and a positive Hepatitis B antibody titer (titer documentation required). Please check here if you have received a Heplisav-B/HepB-CpG and attach the specific vaccine verification from a medical provider. Please check here if you have received a combination Hepatitis A & B vaccine such as TwinRix and attach the specific vaccine verification from a medical provider.		
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Dose 3 mm/dd/yyyy	**AND** Antibody Titer mm/dd/yyyy

Varicella	Two doses given at least 4 weeks apart and after 12 months of age OR positive Varicella antibody titer. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.	
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	**OR** Positive Titer mm/dd/yyyy

(continued on second page)

University ID Number (8 or 9 digits)

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IMMUNIZATION VACCINATION REQUIREMENTS *(continued)*

Tuberculosis (TB) Test

TB Test History	All clinical students are required to complete **a TB Symptom Screen along with a TB blood test (T-Spot or Quantiferon Gold) completed** no more than three months prior to the semester start date. Students will need to fulfill TB symptom screen annually while attending BU. If TB testing is not available in your country or you are unable to complete TB prior to your arrival at BU, you should still submit this form and arrange an appointment at SHS to have the IGRA blood test. If you have already had a positive TB skin or blood test in the past, do not repeat a TB test and fill out the Positive TB History section.		
IGRA T-Spot Blood Test	Date of Test mm/dd/yyyy		Result Positive Negative
OR			
Quantiferon Gold Blood Test	Date of Test mm/dd/yyyy		Result Positive Negative

Positive TB History	Please complete this section if you have ever had a positive TB skin or blood test and/or have ever received treatment for TB.		
Chest X-Ray	Date Given mm/dd/yyyy	Result Normal Abnormal	Describe:
Clinical Evaluation	Date of Appointment mm/dd/yyyy	Result Normal Abnormal	Describe:
Treatment	Date of Treatment mm/dd/yyyy	Yes — If Yes, drug, dose, & frequency:	No — If No, reason why treatment not done:

Authorization & Consent

I hereby authorize the clinical staff at Boston University (BU) Student Health Services (SHS) to examine and treat me during my enrollment at BU, and agree to the following:

- I understand that there is no charge to see a provider at BU SHS.
- I understand that I am responsible for miscellaneous charges including, but not limited to, lab tests, immunizations, and some supplies.
- I understand that I am responsible for all health care charges outside of SHS (except those covered by my health insurance).
- I understand that SHS includes medical, mental health, nutrition, sports medicine, athletic training services, 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.
- I understand that immunization information may be reported to the school or program in which I am enrolled.
- I understand that SHS endeavors to serve all students eligible for care, but that there may be circumstances when referral to outside providers in the community is necessary.
- The information on this form is for the use of SHS. As with all information SHS holds related to my health, it will not be released to a third party without my consent, except as necessary to fulfill the responsibilities of SHS or as required or permitted by law.

Student Name		Student Signature ______________________________

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

Provider Printed Name First Last Phone

Provider Signature/Credentials ______________________________ Date

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Boston University Student Health Services

Personal Checklist- Immunization Requirements

☐ **Go to the Health Requirements page at bu.edu/shs/ihr and select the option that best describes you using our guide:**

Which Immunization Requirement document are you required to complete?

- ☐ Immunization Requirement – Freshmen
- ☐ Immunization Requirement – Graduate or Transfer Student
- ☐ Immunization Requirement – Medical, Dental, or Clinical Medical Sciences
- ☐ Immunization Requirement – Center for English Language and Orientation Programs

☐ **Step 1: Obtain your immunization documentation from your licensed medical provider.** Documentation must be in English and only these types of documentation are accepted.

- **The BU Immunization Requirement form (preferred)** – available within the Health Requirements Guide on the bu.edu/shs/ihr page.
- An immunization history form printed off by your provider's office, high school, local health department, a previous university/college, or the U.S. military in English.

☐ **Step 2: Enter (type in) the dates of your immunizations into Patient Connect.**

1. Go to https://patientconnect.bu.edu/ and enter your university username and password.
2. Click "Medical Clearances" on the left menu.
3. Enter (type in) your vaccine dates and/or blood test (titer) dates into the individual immunization options by clicking the "Update" button and select "Done" once completed.

☐ **Step 3: Upload the immunization documentation into your online health portal Patient Connect *(preferred).*** Documentation must be in English.

1. Go to patientconnect.bu.edu and enter your university username and password.
2. Click "Medical Clearances" on the left menu.
3. Select "Immunization Requirements Upload."
4. Click "Add Immunization record..." and locate your document(s) on your device.
5. Click the "Save" button to submit and you will receive an email to your BU account when the document(s) have been processed within 15 business days.

☐ **IMPORTANT:** If you haven't received all vaccines, you should still submit your immunization documentation and follow these steps. You can receive the remaining vaccines later while on campus by booking an appointment at SHS or attending one of our several campus wide immunization clinics held each semester. Please check our website for updates and events. For more information about the Immunization Requirements, visit: bu.edu/shs/compliance.

☐ **IMPORTANT:** Immunization requirements are only part of the incoming health requirements process. Please be sure review all requirements, complete, and follow all of the steps within the Health Requirements Guide on the bu.edu/shs/ihr page.

☐ **DUE DATE:** Submissions are due at least one month prior to your first semester at Boston University. Please allow up to three weeks for your documents to be processed. You will receive an email when your documents have been processed.

Still have questions? Our Patient Services team is here to help! Please contact us at:

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This last page is for personal use only and does not need to be submitted to SHS.

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 MIIS Objection (or Withdrawal of Objection) Form. 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.

For more information about the MIIS visit their website: https://www.mass.gov/massachusetts-immunization-information-system-miis