PLEASE NOTE
ALL GRADUATE STUDENTS who are three quarter time or full time students are required by Massachusetts State Law to provide immunization records or proof of immunity. The information provided must be in **English.**

Graduate Student Immunization Record

Brandeis University
Health Center
415 South Street MS 034
Waltham, MA 02454-9110

Telephone 781-736-3677

FOR HEALTH SERVICES USE ONLY
ALLERGIES:
Date Received:_____
Measles: #1 ☐ #2 ☐
Mumps: ☐ Rubella: ☐
Tetanus: ☐
Hepatitis B: #1 ☐ #2 ☐ #3 ☐
Meningococcal: ☐
PPD risk: low ☐ high ☐
Results: neg ☐ pos ☐
CXR: INH:
Varicella: disease ☐ vaccine ☐
Complete: ☐ Exemption: ☐

Name: _____ Gender: _____
Surname Given Name Middle Initial

Date of Birth: _____ Sage ID #: _____ Birthplace: _____
Month Dau Year (If known) Country

Permanent Address: _____
Street

_____
City State Country Postal Code

Home Telephone: _____ (_____) _____ Cell Phone: (____) _____
Country Code if International Area Code

Email address: _____

Date entering Brandeis University: _____ Program: _____

Were you an Undergraduate at Brandeis? _____ If yes, what dates did you previously attend or year of graduation: _____

Emergency Contact:

Name: _____
Last First Relationship

Address: _____
Street City State Zip Country

Home Telephone :_____(_____) _____ Business Telephone :_____(_____) _____

Health Information

Name: _____ Date of Birth _____

Medical History:

Hospitalizations, Major Illnesses, Major Injuries, Surgeries:

Medications (Include prescription, over the counter, and herbal medicines):

Allergies (Medication or Food):

Brandeis University Health Center
415 South Street MS 034
Waltham, MA 02454

IMMUNIZATION RECORD

In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15c, and Department of Public Health Regulations 105 CMR 220, Brandeis University requires verification of immunity for all mandated immunizations.

Student's Name_____ _____/_____/_____
Last First M.I. **Date of Birth**

I. MANDATORY IMMUNIZATIONS

MMR (MEASLES, MUMPS, RUBELLA) 2 doses required — **Month Day Year**

- ☐ Dose 1 Immunized on or after first birthday — Dose 1 _____ _____ _____
- ☐ Dose 2 Given at least one month after Dose 1 — Dose 2 _____ _____ _____

If unable to document Measles, Mumps and/or Rubella immunization dates, you must have titers. This is a blood test to prove you are immune. A copy of the lab report with the value in English is required.

TETANUS-DIPHTHERIA

- ☐ Completed primary series of tetanus-diphtheria immunizations — Date: _____ _____ _____
- ☐ Received tetanus-diphtheria booster within last 10 years — Date: _____ _____ _____

HEPATITIS B VACCINE **Dose 1** _____ _____ ____ **Dose 2** _____ _____ _____ **Dose 3** _____ _____ _____
Month Day Year Month Day Year Month Day Year

If unable to document Hepatitis B immunization dates, you must have a titer. This is a blood test to prove you are immune. A copy of the lab report with the value in English is required.

MENINGOCOCCAL VACCINE within 5 years — Date: _____ _____ _____
(May be waived by signing the attached form)

TUBERCULOSIS SCREENING: All students must complete the attached **Tuberculosis Risk Questionnaire**.

II. RECOMMENDED

If the student has received these vaccines, please provide dates below:

Hepatitis A Vaccine Dose 1 _____ _____ Dose 2 _____ _____
Month Year Month Year

Varicella Vaccine Dose 1 _____ _____ Dose 2 _____ _____ or Date of disease _____
Month Year Month Year Year

Polio Vaccine Dose 1 _____ _____ Dose 2 _____ Dose 3 _____ Dose 4 _____
Month Year Year Year Year

HPV Vaccine Dose 1 _____ _____ Dose 2 _____ _____ Dose 3 _____ _____
Month Year Month Year Month Year

MUST BE VERIFIED BY A LICENSED HEALTH CARE PROVIDER

Name _____ MD, NP, PA, DO Date _____

Signature_____ Telephone (___) _____

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)

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800

Brandeis University

TUBERCULOSIS RISK QUESTIONNAIRE
Must be completed by all students and returned with Health Report

Name: _____ Date of Birth: _____

Country of Birth: _____

	YES	NO
1. Have you ever had a positive tuberculosis skin test? (If yes go to Page 2)	❑	❑
2. To the best of your knowledge, have you had close contact with anyone who was sick with Tuberculosis (TB)?	❑	❑
3. Were you born in one of the countries listed below?	❑	❑
4. Have you traveled or lived for more than one month in any of the countries listed below?	❑	❑

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*
* World Health Organization. Global Tuberculosis Control. WHO report 2008.

Afghanistan
Algeria
Angola
Argentina
Armenia
Azerbaijan
Bahamas
Bahrain
Bangladesh
Belarus
Belize
Benin
Bhutan
Bolivia
Bosnia & Herzegovina
Botswana
Brazil
Brunei Darussalam
Burkina Faso
Burundi
Cambodia
Cameroon
Cape Verde
Central African Republic
Chad
China
China, Hong Kong SAR
China, Macao SAR
Colombia
Comoros
Congo
Cote d'Ivoire
Djibouti
Dominican Republic
DPR Korea
DR Congo
Ecuador
El Salvador
Equatorial Guinea
Eritrea
Ethiopia
Gabon
Gambia
Georgia
Ghana
Guam
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iraq
Kazakhstan
Kenya
Kiribati
Kyrgyzstan
Lao PDR
Latvia
Lesotho
Liberia
Lithuania
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Mexico
Micronesia
Mongolia
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Northern Mariana Islands
Pakistan
Palau
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Sao Tome and Principe
Saudi Arabia
Senegal
Seychelles
Sierra Leone
Solomon Islands
Somalia
South Africa
Sri Lanka
Sudan
Suriname
Swaziland
Tajikistan
Thailand
Togo
Turkmenistan
Tuvalu
Uganda
Ukraine
UR Tanzania
Uzbekistan
Vanuatu
Viet Nam
Wallis & Futuna
Yemen
Zambia
Zimbabwe

HIGH RISK: If the answer to question 2, 3 or 4 is YES, Brandeis University requires that you have a tuberculin skin test (Mantoux test) to check for latent tuberculosis infection. **YOUR HEALTHCARE PROVIDER MUST COMPLETE THE FORM ON THE BACK OF THIS PAGE**

LOW RISK: If the answer to all of the above questions is NO, a tuberculin skin test should not be done.

Brandeis University

Medical Evaluation for Latent Tuberculosis Infection

(To be completed and signed by a licensed healthcare provider)

Name: _____ Date of Birth: _____ / _____ /_____

PLEASE NOTE:
If patient has had a **POSITIVE TUBERCULIN SKIN TEST** in the past, the test should not be repeated. Go to Section B below.

A. TUBERCULIN SKIN TEST (Mantoux)

Test must be read by a healthcare provider 48-72 hours after administration. If no induration, indicate "0 mm".
Result of multiple puncture tests, such as Tine or Mono-Vac, are NOT accepted.
Date administered: ___ / ___ / ___ Date test read: ___ / ___ / ___ Result _____ mm of induration.

Interpretation of Tuberculin skin test	
RISK FACTOR	POSITIVE RESULT
Close contact with a case of tuberculosis	5 mm or more
Born to a country that has a high rate of tuberculosis	10 mm or more
Traveled or lived for a month or more in a country that has a high rate of Tuberculosis	10 mm or more
No risk factors (test not recommended)	15 mm or more

B. If Tuberculin Skin Test is POSITIVE, now or by history, the following are required:

1. Date of positive PPD: Date: ___ / ___ / ___
   Month Day Year
2. Chest X-ray: Required (attach report, NOT the X-ray) Date: ___ / ___ / ___
   Month Day Year

❑ Normal ❑ Abnormal _____ (Describe)

3. Clinical Evaluation:

❑ Normal ❑ Abnormal _____ (Describe)

4. Treatment:

❑ No ❑ Yes _____ (Drug, dose, frequency and dates)

HEALTHCARE PROVIDER SIGNATURE: (Required) _____ DATE: ___ / ___ / ___
Month Day Year

Phone: _____ Fax: _____