Dear Graduate Student,

University Health Services (UHS) would like to welcome you to Boston College. All mandatory health forms are included in this packet. Massachusetts requires all full-time graduate students and part-time graduate health science and visa-carrying students to submit proof of the immunizations listed on the BC Immunization Incoming Form. All forms must be completed, uploaded, and entered into the Health Services Portal (see instructions below).

All forms must be uploaded and entered into the Health Services Portal within 30 days before classes start. If you do not comply, you will be unable to register for the following semester’s classes, and a $90 non-refundable late fee will be applied to your student account.

Deadlines for Submission:
- Fall Enrollment: July 1, 2022
- Spring Enrollment: January 1, 2023

The BC Immunization Incoming Form details which vaccines are required by the State of Massachusetts and those that UHS highly recommends. Your documentation should include all required vaccines listed or positive titers, the completed TB Questionnaire, and Testing Form. If you have not received all of the required vaccines, you must obtain them before classes start. All BC students are strongly encouraged to use the included immunization form, but you can substitute an official copy of your immunization records from your provider.

Directions to Submit Forms to Health Services Portal:
- Scan or take a picture of each form (immunization, meningitis waiver, and tuberculosis questionnaire/testing form). Save them to your computer or phone. Do not use special characters when naming your files.
- Log in to BC Agora Portal using your BC username and password (https://services.bc.edu)
- Under OTHER SERVICES, click on the HEALTH SERVICES link
- Once in the Health Services Portal, choose the UPLOAD ICON and upload the individual forms to their corresponding line item in the drop-down menu.
- Click SELECT FILE, choose the file you are uploading, and hit the UPLOAD button with each file.
  - Varsity athletes are also required to upload sickle cell lab test results
  - The uploaded documents will appear at the bottom of the page under “Documents Already on File.”
- Once forms have been uploaded, go to the top of the page, select the IMMUNIZATION LINK, and enter the dates of all of your vaccines as indicated on your form.
- Once you have entered all vaccine dates, click the SUBMIT button.

Once completed, please DO NOT send your original forms to UHS; instead, maintain them for your records if there is a problem with the image quality and you need to resubmit them.

Thank you in advance for your cooperation, and best of luck in your studies.

Yours truly,
Douglas Comeau, DO, CAQSM, FAAFP, FAMSSM
Director, University Health Services and Primary Care Sports Medicine
## Immunization Form Checklist

Use this checklist to ensure you have completed all the steps needed to be immunization compliant.

<table>
<thead>
<tr>
<th>Forms</th>
<th>Actions</th>
<th>Check List</th>
</tr>
</thead>
</table>
| Documentation of Immunizations | • Please take a copy of the Documentation of Immunizations form to your healthcare provider and have them complete and sign the form.  
  • Once complete, upload the provider-signed Documentation of Immunizations forms to the Health Services Portal.  
  • Enter all immunization dates under the “immunization link” in the portal  
  • Upload any supporting vaccine documentation into the portal.  
  **OR**  
  • If you have immunization documentation from your provider’s office, hospital, or other official documentation. In that case, you can upload the documents and enter the immunization dates in place of having your provider complete the Immunization Documentation.  
  *Submitted immunization documentation must be uploaded in English. QR codes can* | ✓          |
| Tuberculosis Screening & Testing | • To be completed and signed by your provider, if yes to any of the screening questions on page 1.  
  • Once complete, upload all three pages, the provider-signed form, and any supporting documents to Health Services Portal. | ✓          |
| Meningococcal Fact Sheet & Waiver | • Informational; waiver to be completed, if applicable  
  • Upload to Health Services Portal. | ✓          |
| Health Insurance Demographic | • To be completed and uploaded to Health Services Portal  
  • In addition, upload the front and back of students’ health insurance cards to Health | ✓          |
## Documentation of Immunizations

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Dates Given</th>
<th>MA State Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal Quadivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (Measles, Mumps &amp; Rubella)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (Tetanus, Diphtheria, Pertussis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella Vaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 Vaccine &amp; Booster</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Required Immunizations

The Commonwealth of Massachusetts and Boston College require full-time students, part-time students, and all students on a visa to be immunized against certain communicable diseases. All dates must include month, day, and year. To comply, have this form completed and signed by your healthcare provider. Once completed by the provider, the student must upload all documents to Health Services Portal as soon as possible and no later than July 1, 2022, for Fall Enrollment and January 1, 2023, for Spring Enrollment.

### Required Vaccines

- **Hepatitis B**: Series of 3 immunizations – laboratory evidence for immunity is acceptable in lieu of immunization.
  
- **MMR (Measles, Mumps & Rubella)**
  
- **Tdap (Tetanus, Diphtheria, Pertussis)**
  
- **Varicella Vaccination**
  
- **COVID-19 Vaccine & Booster**

### Strongly Recommended/ Additional Immunizations & Standard Dosing

- **Hepatitis A**: Hep A: 2 doses at least 6 months apart
- **Hepatitis A & B Combined**: 3 doses given on a 0, 1, and 6-month schedule
- **Meningococcal Group B**: MenB-4C (Bexsero)
- **Gardasil (HPV)**: Human Papillomavirus

### Documentation

- **Print Last Name**: ____________________________  
  
- **Print First Name**: ____________________________  
  
- **Eagle ID**: ____________________________  
  
- **Date of Birth**: _____________  
  
- **Cell Phone #**: ____________________________  
  
- **Student Signature**: ____________________________  

## Status (check all that apply):

- **Undergraduate**
- **Graduate**
- **Evening**
- **Exchange**
- **Varsity Athlete**

---

**Licensed Medical Provider (MD, DO, PA, NP, RN, MBBS) Verification**

- **Provider’s Printed Name**: ____________________________  
  
- **Address (including City & State)**: ____________________________  
  
- **Eagle ID**: ____________________________  
  
- **Phone #**: ____________________________  

- **Provider’s Signature/Credentials**: ____________________________  

---

**Send us a message**: 

Phone: 617-552-3225  
Website: uhs@bc.edu
**Tuberculosis (Tb) Questionnaire and Testing Form**

Print Last Name: _______________________ Print First Name: _______________________ Eagle ID#: ______________________

Date of Birth: ___________________ Cell Phone #: ___________________ BC Email: ___________________ Date: ___________________

Please refer to this list of countries/territories below when responding to questions #4 and #5

<table>
<thead>
<tr>
<th>Country</th>
<th>Country</th>
<th>Country</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>China, Hong Kong</td>
<td>Haiti</td>
<td>Myanmar</td>
</tr>
<tr>
<td>Algeria</td>
<td>SAR</td>
<td>Honduras</td>
<td>Namibia</td>
</tr>
<tr>
<td>Angola</td>
<td>China, Macao SAR</td>
<td>India</td>
<td>Nauru</td>
</tr>
<tr>
<td>Anguilla</td>
<td>Colombia</td>
<td>Indonesia</td>
<td>Nepal</td>
</tr>
<tr>
<td>Argentina</td>
<td>Comoros</td>
<td>Iraq</td>
<td>Nicaragua</td>
</tr>
<tr>
<td>Armenia</td>
<td>Congo</td>
<td>Kazakhstan</td>
<td>Niger</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Democratic People's</td>
<td>Kenya</td>
<td>Nigeria</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Republic of Korea</td>
<td>Kiribati</td>
<td>Niue</td>
</tr>
<tr>
<td>Belarus</td>
<td>Democratic Republic</td>
<td>Kuwait</td>
<td>Northern Mariana</td>
</tr>
<tr>
<td>Belize</td>
<td>of the Congo</td>
<td>Kyrgyzstan</td>
<td>Islands</td>
</tr>
<tr>
<td>Benin</td>
<td>Djibouti</td>
<td>Lao People's</td>
<td>Pakistan</td>
</tr>
<tr>
<td>Bhutan</td>
<td>Dominica</td>
<td>Democratic Republic</td>
<td>Palau</td>
</tr>
<tr>
<td>Bolivia (Plurinational)</td>
<td>Dominican Republic</td>
<td>Latvia</td>
<td>Panama</td>
</tr>
<tr>
<td>State of</td>
<td>Ecuador</td>
<td>Lesotho</td>
<td>Papua New Guinea</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>Equatorial Guinea</td>
<td>Libya</td>
<td>Paraguay</td>
</tr>
<tr>
<td>Botswana</td>
<td>Eritrea</td>
<td>Lithuania</td>
<td>The United Republic of</td>
</tr>
<tr>
<td>Brazil</td>
<td>Eswatini</td>
<td>Madagascar</td>
<td>Qatar</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>Ethiopia</td>
<td>Malawi</td>
<td>Republic of Korea</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Fiji</td>
<td>Malaysia</td>
<td>Republic of Moldova</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>French Polynesia</td>
<td>Maldives</td>
<td>Romania</td>
</tr>
<tr>
<td>Burundi</td>
<td>Gabon</td>
<td>Mali</td>
<td>Russian Federation</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>The Gambia</td>
<td>Malta</td>
<td>Rwanda</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>Georgia</td>
<td>Marshall Islands</td>
<td>Sao Tome and</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Ghana</td>
<td>Mauritania</td>
<td>Yemen</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Greenland</td>
<td>Mexico</td>
<td>Principe</td>
</tr>
<tr>
<td>Central African</td>
<td>Guam</td>
<td>Micronesia</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Republic</td>
<td>Guatemala</td>
<td>(the Federated States of)</td>
<td>Senegal</td>
</tr>
<tr>
<td>Chad</td>
<td>Guinea</td>
<td>Mongolia</td>
<td>Singapore</td>
</tr>
<tr>
<td>China</td>
<td>Guinea-Bissau</td>
<td>Morocco</td>
<td>Solomon Islands</td>
</tr>
<tr>
<td></td>
<td>Guyana</td>
<td>Mozambique</td>
<td>Somalia</td>
</tr>
</tbody>
</table>

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2020. Countries with incidence rates of ≥ 20 cases per 100,000 population.

1. Did you ever receive a BCG vaccine as a child?

2. Have you ever had close contact with persons known or suspected to have active TB disease?

3. Have you ever had a history of a positive PPD skin test?

4. Were you born in one of the countries or territories listed above that have a high incidence of active TB disease? (If yes, please CIRCLE the country)

5. Are you a recent arrival (<5 years) from one of the high prevalence areas listed above? (If yes, please indicate date of arrival)

6. Have you had frequent or prolonged visits (for more than one month) to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the country/countries)

7. Have you been a health care worker, volunteer, resident and/or employee of high-risk congregate settings or served clients who are at increased risk of active TB disease (e.g., correctional facilities, long-term care facilities, homeless shelter, substance abuse treatment, rehabilitation facility)?

8. Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low income, or abusing drugs or alcohol?

- If the answer to all of the above questions is **NO**, no further testing is required (no need to complete pages 2 & 3).
- If the answer is **YES** to any of the above questions, **Boston College requires that you receive TB testing as soon as possible but at least prior to the start of the semester**.
  - Have your physician complete and return the Tuberculosis (TB) Risk Assessment on pages 2 and 3 with additional testing and/or documentation as needed.
TUBERCULOSIS (TB) RISK ASSESSMENT
(to be completed by a health care provider)

Clinicians should review and verify information on the TB Screening Form. Persons answering YES to any of the questions are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test is documented.

History of a positive TB skin test or IGRA blood test? No____Yes____ (If Yes, and received previous treatment complete the TB Symptom Check and the Medication Section)

History of BCG vaccination? Yes____No____ (If yes, consider IGRA if possible.)

Part 1: TB Symptom Check

Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes____No____

If No, proceed to 2 or 3

If yes, check below:

- Cough (especially if lasting for 2-3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptyis)
- Chest pain
- Loss of appetite
- Unexplained weight loss, unusual weakness, or extreme fatigue
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

Part 2: Tuberculin Skin Test (TST)

(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0”. The TST interpretation should be based on mm of induration as well as risk factors.)

Date Given: __________________________ Date Read: __________________________

Result: mm of induration **Interpretation (please refer to interpretation guidelines): positive negative

(If a positive Chest X-Ray is required see pg. 3 of 3)

Interpretation Guidelines

>5 mm is positive:
- Recent close contact with an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving the equivalent of >15 mg/d of prednisone for 1 month or more)
- HIV-infected persons

>10 mm is positive:
- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings for example prisons, long term care facilities, health care facilities, homeless shelters, residential facilities for patients with HIV/AIDS
- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer/hematologic disorders (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunooileal bypass and weight loss of at least 10% below ideal body weight.
- Children < than 4 years of age or infants, children, and adolescents exposed to adults at high-risk

>15 mm is positive:
- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Health Care Provider’s Signature: __________________________ Date: __________________________

(Continue on Page 3)
Part 3: Interferon Gamma Release Assay (IGRA)

Date Obtained: __________________ Specify Method: ☐ QFT-GIT ☐ T-Spot ☐ other____

Result: _____negative _____positive _____indeterminate _____borderline (T-Spot only)

Part 4: Chest x-ray: (Required if TST or IGRA is POSITIVE)

Date of chest x-ray: ___________________________ Result: _____normal _____abnormal

TUBERCULOSIS (TB) RISK ASSESSMENT Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. However, students in the following groups are at increased risk of progression from LTBI to TB disease and should be prioritized to begin treatment as soon as possible.

☐ Infected with HIV
☐ Recently infected with M. tuberculosis (within the past 2 years)
☐ History of untreated or inadequately treated TB disease, including persons with fibrotic changes on chest radiograph consistent with prior TB disease
☐ Receiving immunosuppressive therapy such as tumor necrosis factor-alpha (TNF) antagonists, systemic corticosteroids equivalent to/greater than 15 mg of prednisone per day, or immunosuppressive drug therapy following organ transplantation
☐ Diagnosed with silicosis, diabetes mellitus, chronic renal failure, leukemia, or cancer of the head, neck, or lung
☐ Have had a gastrectomy or jejunoileal bypass
☐ Weigh less than 90% of their ideal body weight
☐ Cigarette smokers and persons who abuse drugs and/or alcohol

Populations defined locally as having an increased incidence of disease due to M. tuberculosis, including medically underserved, low-income populations

MEDICATION SECTION

Was the patient educated and counseled on latent tuberculosis and advised to take medication because of the positive results?

☐ Yes  ☐ No

• Does the patient decline treatment at this time?  ☐ No
• Does the patient agree to receive treatment?  ☐ Yes
• Indicate medication(s) prescribed? Date Started: __________ Date Ended: __________

____________________________________________________________

____________________________________________________________

____________________________________________________________

HEALTH CARE PROVIDER

Signature of Provider __________________ Printed Name __________________ Date __________

____________________________________________________________

____________________________________________________________

Mailing Address __________________ Office Phone __________________
Colleges: Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., college) to receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

Residential Schools: Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding school) to receive the quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law, 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 that 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. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, sensitivity to light, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. Less common presentations include pneumonia and arthritis. About 350-550 people get meningococcal disease each year in the US, and 10-15% die despite receiving antibiotic treatment. Another 10-20% of those who live lose their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long-term neurologic problems, or suffer seizures or strokes.

How is the 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 infected, or being within 3-6 feet of someone infected and coughing or sneezing.

Who is at most risk for getting meningococcal disease?
High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is prevalent, microbiologists who work with the organism, and people who may have been exposed to the meningococcal disease during an outbreak. People who live in specific settings, such as first-year college students living on campus and military recruits, are at greater risk than the general public.

Which students are most at risk for meningococcal disease?
In the 1990s, first-year college students living in residence halls were identified as being at increased risk for meningococcal disease. Meningococcal disease and outbreaks in young adults were primarily due to serogroup C. However, following many years of routine vaccination of young people with the quadrivalent meningococcal conjugate vaccine (for serogroups A, C, W, and Y), serogroup B is now the primary cause of meningococcal disease and outbreaks in young adults. Among the approximately 9 million students aged 18-21 years enrolled in college, there are an average of 20 cases and 0-4 outbreaks due to serogroup B reported annually. Although incidence of serogroup B meningococcal disease in college students is low, four-year college students are at increased risk compared to non-college students; the risk is highest among first-year students living on campus. The close contact in college residence halls, combined with social mixing activities (such as going to bars, clubs, or parties; participating in Greek life; sharing food or beverages; and other activities involving the exchange of saliva), may put college students at increased risk.

Is there a vaccine against meningococcal disease?
Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menevo) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Quadrivalent meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16th birthday do not need a booster. Individuals in certain high-risk groups may need to receive 1 or more of these vaccines based on their doctor’s recommendations. Adolescents and young adults (16-23 years of age) who are not in high-risk groups may be vaccinated with the meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

Is the meningococcal vaccine safe?
Yes. Getting the meningococcal vaccine is much safer than getting the disease. Some people who get the 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 vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.
Is meningococcal vaccine mandatory for entry into secondary schools that provide housing and colleges?

Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) require both newly enrolled full-time students attending a secondary school (those schools with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., colleges) to receive a dose of quadrivalent meningococcal conjugate vaccine.

The requirements apply to all new full-time residential students at affected secondary schools, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past until they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of receiving a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, regardless of housing status, unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirements for receiving the meningococcal vaccine. Whenever possible, immunizations should be obtained before enrollment or registration. However, students may be enrolled or registered if the required immunizations are obtained within 30 days of registration.

Exemptions: 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 they 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 their 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 elected to decline the vaccine.

Shouldn’t the meningococcal B vaccine be required?

CDC’s Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. Currently, there is no standard recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously, adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short-term protection against most strains serogroup B meningococcal disease. This would be a decision between a patient or parent and a healthcare provider. These policies may change as new information becomes available.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and make an appointment to discuss the meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. 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 www.mass.gov/dph/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 the quadrivalent meningococcal conjugate vaccine. I understand that Massachusetts’ law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger 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 the meningococcal vaccine.

Student Name: __________________________________________ Date of Birth: _____ Student ID: _______________

Signature: __________________________________________ Date: _______________

(Student or parent/legal guardian, if the student is under 18 years of age)
# Insurance Demographic Information

**Insurance Alert:** It is *your responsibility* to provide accurate and thorough information regarding your insurance. Failure to do so may result in a bill from any medical services outside of University Health Services sent to the Policy Holder.

There may still be a co-pay/deductible requirement that must be paid depending on individual insurance plans or charges for out-of-network services, which will be your responsibility.

These services are provided by outside medical services and NOT Boston College. Payment for these services will be processed through individual insurance companies, and the student/Policy Holder is responsible for payment of any remaining balance.

*By completing this form, you acknowledge the above information.*

*Please be sure to copy all insurance accurately from your insurance card to avoid unnecessary billing issues.*

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>______________________________</th>
<th>Eagle ID #:</th>
<th>______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature:</td>
<td>______________________________</td>
<td>Date:</td>
<td>______________________</td>
</tr>
</tbody>
</table>

**Student Home Address**

- Street Address: ______________________________ ________________ Apt/Suite: ________________
- City/Town: ______________________________ State: ______ Zip Code: ______________ Country: ______
- Cell Phone #: ______________________ Email: ______________________________

**Insurance Information/ Policy Holder Information**

- Name of Policy Holder: ______________________________
- Relationship to Student:  
  - [ ] Self  
  - [ ] Parent/Guardian  
  - [ ] Spouse  
  - [ ] Other: ______________________________

- Street Address: ______________________________ ________________ Apt/Suite: ________________
- City/Town: ______________________________ State: ______ Zip Code: ______________ Country: ______
- Cell Phone #: ______________________ Email: ______________________________
- Insurance Company: ______________________________ Insurance Policy #: ______________________________
- Group #: ______________________________ Insurance Company Phone: ______________________________
- Insurance Company Address: ______________________________

**Health Insurance Sponsored through Boston College.**  
(This number will be provided by the start of the semester.)

- SR ID #: ______________________________