



BOSTON COLLEGE

UNIVERSITY HEALTH SERVICES

Dear Part-Time Graduate and Undergraduate Students:

University Health Services (UHS) would like to welcome you to Boston College. The information below details the forms that newly enrolled part-time students must complete. If you are an **international student** here on a **visa**, you must submit additional documents that can be found on our website or the links provided.

Part-time Undergraduate visa carrying students:

<https://www.bc.edu/content/dam/bc1/offices/StudentAffairs/uhs/pdf/Immunization/undergradimmform.pdf>

Part-time Graduate visa carrying students:

<https://www.bc.edu/content/dam/bc1/offices/StudentAffairs/uhs/pdf/Immunization/gradimmform.pdf>

Boston College requires all students, faculty, and staff to be fully vaccinated (with FDA-approved COVID vaccines or World Health Organization (WHO) emergency use listing-approved vaccines) against COVID-19 before participating in any on-campus activity related to the 2022-2023 academic year. Additionally, members of our community who plan to be on campus during the semester must obtain a COVID-19 booster when eligible and upload documentation to the Health Services Portal. For questions regarding the COVID vaccine requirements, please email covidtesting@bc.edu.

You are required to complete the following:

- **TB Questionnaire and Testing Form**
 - To be completed and signed by your provider.
 - Once complete, upload all three pages, the provider-signed form, and any supporting documents to Health Services Portal.
- **Meningococcal Disease**
 - Review the Mass Department of Public Health's Informational fact sheet.

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.
 - 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

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

Afghanistan	China, Hong Kong SAR	Haiti	Myanmar	South Sudan
Algeria	China, Macao SAR	Honduras	Namibia	Sri Lanka
Angola	Colombia	India	Nauru	Sudan
Anguilla	Comoros	Indonesia	Nepal	Suriname
Argentina	Congo	Iraq	Nicaragua	Tajikistan
Armenia	Democratic People's Republic of Korea	Kazakhstan	Niger	Thailand
Azerbaijan	Democratic Republic of the Congo	Kenya	Nigeria	Timor-Leste
Bangladesh	Djibouti	Kiribati	Niue	Togo
Belarus	Dominica	Kuwait	Northern Mariana Islands	Tokelau
Belize	Dominican Republic	Kyrgyzstan	Pakistan	Tunisia
Benin	Ecuador	Lao People's Democratic Republic	Palau	Turkmenistan
Bhutan	El Salvador	Latvia	Panama	Tuvalu
Bolivia (Plurinational State of)	Equatorial Guinea	Lesotho	Papua New Guinea	Uganda
Bosnia and Herzegovina	Eritrea	Liberia	Paraguay	Ukraine
Botswana	Eswatini	Libya	Peru	The United Republic of Tanzania
Brazil	Ethiopia	Lithuania	Philippines	Uruguay
Brunei Darussalam	Fiji	Madagascar	Qatar	Uzbekistan
Bulgaria	French Polynesia	Malawi	Republic of Korea	Vanuatu
Burkina Faso	Gabon	Malaysia	Republic of Moldova	Venezuela (Bolivarian Republic of)
Burundi	The Gambia	Maldives	Romania	
Côte d'Ivoire	Georgia	Mali	Russian Federation	Republic of Viet Nam
Cabo Verde	Ghana	Malta	Rwanda	Yemen
Cambodia	Guinea	Marshall Islands	Sao Tome and Principe	Zambia
Cameroon	Guinea-Bissau	Mauritania	Senegal	Zimbabwe
Central African Republic	Guyana	Mexico	Sierra Leone	
Chad		Micronesia (the Federated States of)	Singapore	
China		Mongolia	Solomon Islands	
		Morocco	Somalia	
		Mozambique	South Africa	

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
2. Have you ever had close contact with persons known or suspected to have active TB disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Have you ever had a history of a positive PPD skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Are you a recent arrival (<5 years) from one of the high prevalence areas listed above? If YES please indicate date of arrival: _____ / _____ / _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Have you ever been a member of any of the following groups that may have an increased incidence of latent <i>M. tuberculosis</i> infection or active TB disease – medically underserved, low income, or abusing drugs or alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

- 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? (If yes, consider IGRA if possible.) Yes ____ No ____

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 (hemoptysis)
- 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 jejunioileal 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: _____

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 jejunioileal 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

Meningitis

May 2018 | Page 1 of 4

What is meningitis?

Meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord.

What are the symptoms of meningitis?

Symptoms of meningitis 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 meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In some infants, the only signs of meningitis may be crankiness or tiredness and poor feeding. Babies with meningitis usually run a fever, but not always. Anyone who has or observes these symptoms should contact a health care provider right away. Some cases of meningitis are very serious, leading to permanent neurologic problems, amputation of limbs, loss of hearing, seizures or strokes, and even death.

What causes meningitis?

Many different kinds of viruses and bacteria (germs) can cause meningitis. A sample of spinal fluid, usually collected by a spinal tap, is needed to find out if someone has meningitis and to see what caused it.

What kinds of bacteria can cause meningitis?

Neisseria meningitidis are bacteria that can cause illness in people of any age. At any time, about 5-15% of people have these bacteria in their throats or noses without getting sick. The bacteria are spread through saliva (spit) during kissing, sharing of food, drinks or cigarettes (including e-cigarettes), and by close contact with infected people who are sneezing or coughing. People who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get antibiotics (medicine) for protection. Meningitis caused by these bacteria is called “meningococcal.” There are vaccines, which can be used to help prevent this kind of meningitis.

Haemophilus influenzae type b bacteria, called Hib, can also cause meningitis. There is a vaccine called “Hib vaccine” that prevents infants and young children from getting Hib disease. Most adults are resistant to this type of meningitis, and thanks to the vaccine, most children under 5 years of age are protected. Certain people who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get an antibiotic to protect unimmunized, under-immunized or immunocompromised children in their household.

Streptococcus pneumoniae are bacteria that cause lung and ear infections but can also cause “pneumococcal” meningitis. These bacteria are usually found in the throat. Most people who have these bacteria in their throats stay healthy. However, people with chronic medical problems or with weakened immune systems, and those who are very young or very old, are at higher risk for getting pneumococcal meningitis. Meningitis caused by *Streptococcus pneumoniae* is not spread from person-to-person. People in close contact with someone who has pneumococcal meningitis do not need to get antibiotics.

Other bacteria can also cause meningitis, but meningitis from these other bacteria is much less common and usually not contagious.



What about viruses?

Viral meningitis, also called **aseptic meningitis**, is much more common than bacterial meningitis. A group of viruses called *enteroviruses* is the most common cause of viral meningitis. These viruses are found in the throat and feces (stool) of infected people. The virus is most likely to be spread when people do not wash their hands after using the toilet or changing a diaper or soiled sheets, then touch their own mouths, prepare food for others, or touch others with their contaminated hands. These viruses can also be spread by the kind of close face-to-face contact that is common in families.

Many enteroviruses don't cause people to feel very sick. Others may cause only mild diarrhea or vomiting. People with viral meningitis are usually less sick than people with bacterial meningitis. They usually get better on their own. People who are close contacts of viral meningitis patients do not need to be treated with antibiotics. However, they should wash their hands often with soap and warm water or use alcohol-based hand rubs or gels to stop the spread of these viruses. There are usually more cases of viral meningitis in the late summer and early fall.

How is meningitis spread?

Many of the viruses that cause meningitis are spread through saliva (spit) or feces (stool). The bacteria that can cause meningitis are usually spread from person-to-person through contact with infected saliva. Most people may already have immunity (natural protection) against many of these germs.

How can meningitis be prevented?

If a person is exposed to the saliva of someone with meningitis caused by certain types of bacteria, public health officials or your health care provider may recommend an antibiotic to prevent disease. Frequent handwashing with soap and water or use of alcohol-based hand rubs or gels can help stop the spread of many viruses and bacteria. Not sharing food, drinks, or eating utensils with other people can also help stop the spread of germs.

There are 5 vaccines that can help prevent meningitis:

- ***Haemophilus influenzae* (Hib) vaccine** is usually given at 2, 4, 6 and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. Children over 5 years of age usually do not need this vaccine. But, some older children or adults with special health conditions should get it.
- **Pneumococcal conjugate vaccine 13-valent (PCV13)** is recommended for all children less than 24 months old. It is usually given at 2, 4, 6, and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. It is also used in high-risk people 2 years of age and older. This vaccine is recommended to be given as a first dose in a series with PPSV23 vaccine, for everyone 65 years of age and older.
- **Pneumococcal polysaccharide vaccine 23-valent (PPSV23)** is used in high-risk individuals 2 years of age or older. (High-risk children less than 5 years of age should also receive PCV13.) This vaccine is also recommended to be given as the second dose in a series with PCV13 for everyone 65 years of age and older.



- **Quadrivalent meningococcal conjugate vaccine** (Menactra and Menveo) is recommended for children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of quadrivalent meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- **Meningococcal serogroup B vaccine** (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who are not at high risk **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 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 or your child should receive.

Are students required to get meningococcal vaccine?

Yes. Massachusetts law requires the following students receive quadrivalent meningococcal conjugate vaccine (unless they qualify for one of the exemptions allowed by the law):

- Secondary school (those schools with grade 9-12): newly enrolled full-time students who will be living in a dormitory or other congregate housing licensed or approved by the secondary school must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past.
- Postsecondary institutions (e.g., colleges): newly enrolled full-time students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, regardless of housing status.

More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools.*”

Shouldn't 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. At the current time, there is no routine 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 of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available.

Where can I get more information about meningitis?

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)

