



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>

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

University Health Services

140 Commonwealth Ave Chestnut Hill, MA 02467

Phone: 617-552- 3225 | Website: bc.edu/UHS

Send us a message: uhs@bc.edu

BC Eagle ID: _____

Student Cell Phone: _____

Health History Form

Demographic Information

Last Name					First Name					Middle Initial						
Preferred Name					Date of Birth (MM/DD/YYYY)					Cell Phone Number						
Home Address: Street					City			State			Zip Code			Country		
Parent/Guardian Name					Parent/Guardian Phone Number					Parent/Guardian Email						
Emergency Contact Name					Emergency Contact Phone Number					Relationship						

Authorization & Consent

(A parent/guardian must acknowledge and sign this section if the student is under the age of 18 on the first day of classes)

I give Boston College (BC) Health Services (UHS) permission to examine and treat me during my enrollment at BC. I understand that UHS providers within this organization may discuss my care with the clinic to allow for adequate care delivery and care management. I understand if specialty care is needed, UHS will provide a referral. This information is for UHS use and will not be released to a third party without your consent.

Student Name	
Student Signature	Date
Parent/Guardian Signature	Date

Health Insurance Information

- Insurance must be **updated annually** and when there is a change.
- Enter information under Medical Insurance in services.bc.edu
- Upload a copy of the **front & back** of your **Insurance Card** to your health portal.
- We suggest students keep a copy on their phones.

Student Medical History

Check all that apply:

- | | | | | | |
|------------------------------------|--|---------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer | <input type="checkbox"/> Concussion | <input type="checkbox"/> Covid-19 | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Ears/Eyes | <input type="checkbox"/> Heart | <input type="checkbox"/> Kidney/Liver | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Measles or Rubella | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Seizures | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Other | |

Comments:

Are you currently followed by a medical provider for a medical condition? Yes No

Reason:

Are you currently followed by a medical provider for any mental health conditions? Yes No

Reason:

Have you had any surgical procedures? Yes No

If yes, list them with the dates:

Health History Form

Student Medical History			
Do you exercise regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No Any limits: _____			
Do you smoke or vape? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you consume alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of drinks per week: _____			
Allergies			
List ALL Medication & Food Allergies			
<i>(Include name and reactions Or If the student has no known allergies please check the box below)</i>			
<input type="checkbox"/> The student has no known allergies to medications			
<input type="checkbox"/> The student has no known allergies to food			
Medication(s):			
Food(s):			
Other:			
Do you carry an Epi-Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Medications			
<i>(List all prescription and non-prescription medications, including vitamins & herbal supplements, including dose and times per day)</i>			
Prescription Medication:	Non-prescription medication:	Vitamins:	Herbal supplements:
Family Medical History			
Relation (Parent/Sibling/other family members):	Age:	General Health/Current/Past Health Conditions:	If deceased, cause and age of death:

Please notify the Disability Office if you will need accommodations on campus at 617-552-3470 or student.support@bc.edu.

Please use additional pages if needed for any of the sections.

I certify that the information provided is complete and accurate. I have also received notification of the Health Services privacy policy located on the UHS website: www.bc.edu/uhs.

Student Signature (Required)

Date

Tuberculosis (Tb) Questionnaire and Testing Form

Print Last Name: _____ Print First Name: _____ Eagle ID#: _____

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

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

Afghanistan	China, Hong Kong	Haiti	Myanmar	South Sudan
Algeria	SAR	Honduras	Namibia	Sri Lanka
Angola	China, Macao SAR	India	Nauru	Sudan
Anguilla	Colombia	Indonesia	Nepal	Suriname
Argentina	Comoros	Iraq	Nicaragua	Tajikistan
Armenia	Congo	Kazakhstan	Niger	Thailand
Azerbaijan	Democratic People's	Kenya	Nigeria	Timor-Leste
Bangladesh	Republic of Korea	Kiribati	Niue	Togo
Belarus	Democratic Republic	Kuwait	Northern Mariana	Tokelau
Belize	of the Congo	Kyrgyzstan	Islands	Tunisia
Benin	Djibouti	Lao People's	Pakistan	Turkmenistan
Bhutan	Dominica	Democratic Republic	Palau	Tuvalu
Bolivia (Plurinational	Dominican Republic	Latvia	Panama	Uganda
State of)	Ecuador	Lesotho	Papua New Guinea	Ukraine
Bosnia and	El Salvador	Liberia	Paraguay	The United Republic of
Herzegovina	Equatorial Guinea	Libya	Peru	Tanzania
Botswana	Eritrea	Lithuania	Philippines	Uruguay
Brazil	Eswatini	Madagascar	Qatar	Uzbekistan
Brunei Darussalam	Ethiopia	Malawi	Republic of Korea	Vanuatu
Bulgaria	Fiji	Malaysia	Republic of Moldova	Venezuela
Burkina Faso	French Polynesia	Maldives	Romania	(Bolivarian
Burundi	Gabon	Mali	Russian Federation	Republic of)
Côte d'Ivoire	The Gambia	Malta	Rwanda	Viet Nam
Cabo Verde	Georgia	Marshall Islands	Sao Tome and	Yemen
Cambodia	Ghana	Mauritania	Principe	Zambia
Cameroon	Greenland	Mexico	Senegal	Zimbabwe
Central African	Guam	Micronesia	Sierra Leone	
Republic	Guatemala	(the Federated States of)	Singapore	
Chad	Guinea	Mongolia	Solomon Islands	
China	Guinea-Bissau	Morocco	Somalia	
	Guyana	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 of 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 the 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 before the start of the semester. Or if you have received the BCG Vaccine, you will be required to have a TSPOT, not a PPD test.
 - 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 above 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 and 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 specific testing programs required by law or regulation, would otherwise not be tested.

* The significance of the travel exposure should be discussed with a healthcare 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 radiographs 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 declined 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

Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements, and the Waiver for Students at Colleges and Residential Schools



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 also at greater risk of illness from some serogroups.

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 Menveo) 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 unless 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)