MIT Health Massachusetts Institute Of Technology 77 Massachusetts Ave, E23 Cambridge, MA 02139 Questions?
See health.mit.edu/reportfaq
Email contact@patientfirstai.com

## Student Immunization and Tuberculin Screening Form 2024–2025

#### Instructions

Please read the following directions carefully. Incomplete forms will result in a registration hold.

- ALL NEW UNDERGRADUATE AND GRADUATE STUDENTS must complete pages 2-4.
- NEW HEALTH SCIENCE & TECHNOLOGY (HST) STUDENTS must complete pages 2–4. All HST students must provide positive titer results for the following: measles, mumps, rubella, hepatitis B and varicella. A tuberculosis screening test is required for all HST students regardless of your answers to the questions on page 3.
- Massachusetts law requires documentation of immunity to certain infectious diseases. The form to request an exemption for religious or medical reasons can be found at health.mit.edu/forms.
- You can find documentation of immunization dates at schools you've previously attended, your doctors' offices, or your state immunization registry.
- All new students, including those in the military and those returning after an absence of one academic year or longer, must submit the completed Student Immunization and Tuberculin Screening Form by the deadline indicated on the form.
- Keep a copy of the completed form for your records.
- Download the Patient First.Al app from Google Play or the App Store to submit the completed form before the applicable deadline to avoid a registration hold. You can email questions to: contact@patientfirstai.com



## **Documentation of Immunizations**

a physician, physician assist questions in English and sign	, •	•			student must co	mpiete ali	
-td t		First result (-in the second		data of binth (month	Is (double on )	N# :f I	
student's surname (family name)	MIT policy require	first name (given name)	oo of ago or gondor to a	date of birth (mont		O# if known	
Massachusetts state law, and infectious diseases. <b>HST stud</b>					-		
	_		-	•	ia, nopatitio b, and	a variodila.	
For these infectious disease	s, dates of immuniz	ation or serologic pro	oof of immunity are re	TT .			
Required immunizations		<b>Immunization dates</b> (month/day/year) Doses must be at least 30 days apart.			Serologic proof If providing serologic proof of immunity, you must attach laboratory test results when submitting this form.		
Measles, mumps,				Positive IgG	Date of test	Test results	
and rubella	MMR vaccine	1-1	date of second dose	serologic test	(month/day/year)	attached	
(combined MMR		date of first dose	date of second dose				
vaccine <b>or</b> separate	Measles			Measles		_	
measles, mumps, and	vaccine	date of first dose	date of second dose				
rubella vaccines)							
2 doses required;	Mumps vaccine	1. (6 )		Mumps		- 🗆	
first dose must be		date of first dose	date of second dose				
after age 1.	Rubella vaccine			Rubella		- П	
arter age i.		date of first dose	date of second dose				
Hepatitis B				Hepatitis B			
3 doses required <b>OR</b>	date of first dose	date of second dose	date of third dose	surface antibody	/	- 🗆	
Hepatitis B (Heplisav B)				Hepatitis B			
2 doses required			-	(Heplisav B)		- 🗆	
•	date of first dose	date of second dose	History of	(**************************************			
Varicella — 2 doses or history of disease	date of first dose	date of second dose	disease:	Varicella		- 🗆	
Immunization since 9/1/201	4 required:	Immunization sind	ce student's 16th birth	day or signed waive	r form required:		
TDAP (tetanus,		Meningococca	ι		If providing a si		
diphtheria, and pertussis)  date of most recent dose		(serrogroups A.C.W.V) date of immunizati		include it when submittir this form (see pages 5–6			
Recommended immunization	ons:						
	Imr	<b>munization dates</b> (mo	onth/day/year)				
Hepatitis A (2-dose series	3)	of first dose	date of second dos	se .			
Polio (latest booster dose)		of first dose					
HPV	date	of latest dose					
		of first dose	date of second dos	se e	date of third dose		
Bexsero (Meningococcal (2-dose series)	date	of first dose	date of second dos	se			
Trumenba (Meningococc B) (2-dose series)		of first dose	date of second dos	se			
Influenza	date	of most recent dose					
COVID-19	date	of most recent dose					
Certification by health care							
signature of physician/PA/NP/RN		printed name	·		date (month/d	lay/year)	



## **Tuberculin Requirement**

<b>All students must complete section A</b> . If any of the answers to the questions in section A are "yes," then a heal must complete Section B. If all answers to the questions are "no," skip Sections B and C.	th care pro	ovider
student's surname (family name) first name (given name)	date of birth (n	nonth/day/year)
Section A — to be completed by student		
Country of birth:		
Have you ever had tuberculosis or had a positive tuberculosis test?	☐ yes	no
To the best of your knowledge, have you had close contact with anyone who was sick with tuberculosis?	☐ yes	no
Were you born in one of the countries or territories listed on page 3, or have you traveled or lived for more than one month in any of these countries or territories?	☐ yes	no
<b>Are you a Health Science and Technology (HST) student</b> in the Medical Engineering & Medical Physics (MEMP) program?	☐ yes	no
If you answered yes to any of the above questions, you are required to submit a Mantoux 5TU PPD skin test of an Interferon gamma release assay (IGRA), e.g. T-spot or Quantiferon-Gold test result. The test must have be six months prior to your MIT registration date. Have your health care provider fill out Section B.		
If you have previously had tuberculosis or a positive tuberculosis test, have your health care provider fill	out Sectio	n C.
<ul> <li>Section B — to be completed by health care provider</li> <li>Multiple-puncture TB tests are not acceptable (tine, HEAF, etc.).</li> <li>History of BCG is not a contraindication to TB testing.</li> </ul> Mantoux 5T Interferon gamma release assay (IGRA)		
Test date:    date (month/day/year)   Result:   result (mm)   Test date:   date (month/day/year)   Include a cope   date (month/day/year)   Test date:   date (month/day/year)   date (month/day/y		esults.
Section C — to be completed by health care provider in the event of positive tuberculosis test or history of tuber	erculosis	
1. Attach a copy of a report for a chest X-ray that was taken upon or after the positive result. The chest X-ray report in English and dated within 12 months prior to entrance to MIT.	oort must b	oe written
2. Did the student receive tuberculosis therapy? ☐ yes ☐ no		
If yes, provide information about therapy: Start date: Completion date:	_	
3. Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats, or weight  ☐ yes ☐ no	loss?	
If yes, please describe:		
Certification by health care provider (required)		

printed name

signature of physician/PA/NP/RN

date (month/day/year)



## **Tuberculin List of Countries**

If you were born in any of the countries or territories listed below, or traveled/lived in any of these countries or territories for more than one month, you are required to submit a Mantoux 5TU PPD skin test and result or a copy of an Interferon gamma release assay (IGRA), e.g. T-spot or Quantiferon-Gold, test result (see page 3). The test must have been performed within six months prior to your MIT registration date.

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



# 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 16<sup>th</sup> 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 headaches, 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. In the US, about 350-550 people get meningococcal disease yearly, and 10-15% die despite receiving antibiotic treatment. Of those who live, another 10-20% 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 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 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?

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 very common, microbiologists who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as first-year college students living on campus and military recruits are also at greater risk of disease from some of the serogroups.

#### Which students are most at risk for meningococcal disease?

In the 1990s, college freshmen 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 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 the incidence of serogroup B meningococcal disease in college students is low, four-year college students are at increased risk compared to non-college students; 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 (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. The 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 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?

## MIT Student Medical Report Form 2024–2025



Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) require both newly enrolled full-time students attending a secondary school (with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution <u>and</u> newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., college) to receive a dose of quadrivalent meningococcal conjugate 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. 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 having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16<sup>th</sup> 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 requirement for meningococcal vaccine. 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.

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 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 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 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 this time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges may institute a requirement). Those aged 16-23 years may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16-18 years of age, to provide short-term protection against most strains of serogroup B meningococcal disease. This is decided by the patient and healthcare provider. These policies may change as new information becomes available.

#### Where can a student get vaccinated?

Students and their legal guardians should contact their healthcare providers to make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. Schools and college health services are not required to provide this vaccine.

#### Where can I get more information?

Your healthcare provider; your local Board of Health (listed in the phone book under government); or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <a href="https://www.mass.gov/info-details/school-immunizations">https://www.mass.gov/info-details/school-immunizations</a>.

#### **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 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 dange vaccine.	ers of meningococcal disease,	I choose to waive receipt of the meningococcal
Student I	Name:	Date of Birth:	Student ID:
Signature	e:	Date:	
•	(Student or parent/legal guardian if the studen	it is under 18 years of age)	

MDPH Meningococcal Information and Waiver Form