

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**REQUIRED IMMUNIZATIONS**

This form must be completed and signed by a health care provider.

★ Please be aware: **FAILURE TO COMPLY WITH MASSACHUSETTS IMMUNIZATION LAW WILL RESULT IN A HOLD ON ACCESS TO YOUR DORM ROOM.**

Required Vaccines	Dates Given	MA State Requirements
MMR	#1 ____/____/____ #2 ____/____/____	2 doses OR positive titers – <i>must attach lab report</i> Minimum of 4 weeks between doses 1 <sup>st</sup> dose given after 1 <sup>st</sup> birthday
Measles	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____	Option of combined MMR OR individual vaccines
Mumps	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____	
Rubella	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____	
Tdap	Tdap: ____/____/____	Tdap booster within last 10 years
Meningococcal	____/____/____ OR Signed Waiver _____	One dose given within the last 5 years for all incoming students living in campus housing OR signed waiver.
Varicella	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ OR History of Disease: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: ____/____/____	2 doses OR positive titer – <i>must attach lab report</i> OR history of disease Minimum of 4 weeks between doses if age 13 or older
Hepatitis B	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ OR Positive Titer HBs AB Date: ____/____/____	3 doses OR positive titer – <i>must attach lab report</i> Usual schedule at 0, 1 & 6 Months Minimum 4 weeks between doses 1 and 2 Minimum 8 weeks between doses 2 and 3 Minimum 4 months between dose 1 and 3

**RECOMMENDED VACCINES**

Vaccines	Dates Given	Recommendations
Hepatitis A	#1 ____/____/____ #2 ____/____/____	Recommended if planning to travel Interval: 6-12 months between doses
HPV	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Health care maintenance
Influenza	Most recent: ____/____/____	
Pneumococcal Polysaccharide (PPV)	____/____/____	High risk groups
Polio	Primary Series: <input type="checkbox"/> Oral <input type="checkbox"/> Injectable Most recent booster: ____/____/____	Primary series
Rabies	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Travel/ Occupational
Typhoid	<input type="checkbox"/> Oral <input type="checkbox"/> Injectable	Travel
Yellow Fever	____/____/____	Travel
Other Vaccines Administered:	Doses:	Explanation:
	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____	
	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____	

<p><b>Health Care Provider</b> (Not a relative; Please Print): _____</p> <p><b>Address:</b> _____</p> <p><b>Phone:</b> (____) _____ <b>Fax:</b> (____) _____</p> <p><b>Provider's Signature:</b> _____ <b>Date:</b> _____</p>	<p>The immunization information provided by your physician should be entered into the</p> <p><b>Williams College</b> <b>Ephs Patient Portal</b> <a href="https://williams.medicatconnect.com">https://williams.medicatconnect.com</a></p> <p><b>By July 1</b></p> <p>and the signed form should be uploaded according to the instructions on the site.</p> <p>If you have questions, call 413-597-2206</p>
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## **Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges**

Massachusetts requires all newly enrolled full-time students attending a secondary school (e.g., boarding schools) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to:

1. receive quadrivalent meningococcal polysaccharide or conjugate vaccine to protect against serotypes A, C, W and Y; or
2. fall within one of the exemptions in the law, which are discussed on the reverse side of this sheet.

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The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

### **What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. In the US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become 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 in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

### **Who is most at 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 and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease from some of the serogroups.

### **Are some students in college and secondary schools at risk for meningococcal disease?**

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease caused by some of the serotypes contained in the quadrivalent vaccine, as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks. .

### **Is there a vaccine against meningococcal disease?**

Yes, quadrivalent meningococcal polysaccharide vaccine (Menomune) and meningococcal conjugate vaccine (Menactra and Menveo) protect against 4 serotypes (subgroups), A, C, W, and Y of meningococcal disease.

Meningococcal serogroup B vaccines (Bexsero and Trumenba) protect against serogroup B meningococcal disease. Currently, students are required to have a dose of quadrivalent polysaccharide vaccine within the last 5 years or a dose of quadrivalent conjugate vaccine at any time in the past (or fall within one of the exemptions allowed by law).

Meningococcal serogroup B vaccines are not required for students in college or secondary schools and do not fulfill the requirement for receipt of meningococcal vaccine.

Please be aware that in October 2010 the Advisory Committee on Immunization Practices (ACIP) recommended booster doses of quadrivalent meningococcal conjugate vaccine for healthy adolescents 16-18 years of age. Persons up to 21 years of age entering college are recommended to have documentation of a dose of quadrivalent meningococcal conjugate vaccine no more than 5 years before enrollment, particularly if they are new residential students. Talk with your doctor about which meningococcal vaccines you should receive.

### **Is the meningococcal vaccine safe?**

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. Getting meningococcal vaccine is much safer than getting the disease. Some people who get meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women.

### **Is it mandatory for students to receive meningococcal vaccine for entry into secondary schools or colleges that provide or license housing?**

Massachusetts law (MGL Ch. 76, s.15D) requires newly enrolled full-time students attending a secondary school (those schools with grades 9-12) or postsecondary institution (e.g., colleges) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution to receive quadrivalent meningococcal vaccine. At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. All students covered by the regulations must provide documentation of having received a dose of quadrivalent meningococcal polysaccharide vaccine within the last 5 years (or 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. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

### **Where can a student get vaccinated?**

Students and their parents should contact their healthcare provider and make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of 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) 9836800 or [www.mass.gov/dph/imm](http://www.mass.gov/dph/imm) and [www.mass.gov/dph/epi](http://www.mass.gov/dph/epi)
- Your local health department (listed in the phone book under government)

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## **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 vaccine. I understand that Massachusetts' law requires newly enrolled full-time students at secondary schools, colleges and universities who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school or postsecondary institution to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

- After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of meningococcal vaccine.

Student Name: \_\_\_\_\_ Student ID or SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Student or parent/legal guardian, if student is under 18 years of age)