

Williams College
Student Health and Wellness
 Williamstown, Massachusetts 01267
 Tel. (413) 597-2206
 Fax (413) 597-2982
 Health@Williams.edu

Dear New Students to Williams (including Undergraduate, Graduate and Transfer students),

Health Services would like to welcome you to Williams College. Below is a check list you can use to make sure you have completed all of the health forms. These forms are required to be submitted to the Portal <https://williams.medicatconnect.com/> by July 1, 2024. If you have any question about these forms, please email Health@Williams.edu

Form	Instructions	Completed
Physical Form – We will accept any physical completed after 7/1/2023. Please have your healthcare provider complete our physical form or we will accept a physical form printed from your healthcare provider’s patient portal (<i>If you plan to play intercollegiate sports you must use our physical form and it must be completed within 6 months of the first practice.</i>)	This form needs to be uploaded to the Portal	
Immunization form – you may use this form or we will accept an immunization form printed from your healthcare provider’s patient portal.	This form needs to be uploaded to the Portal	
Immunization part two	Online form, need to enter immunization and dates on the Portal	
Parental Consent Form for students under the age of 18 only	This form needs to be uploaded to the Portal	
Williams College Health and Consent Form	Online form to be completed on the Portal	
Tuberculosis Risk Assessment Form	Online form to be completed on the Portal	
Tuberculosis Risk assessment Physician Follow-up Form. Only complete this if the Tuberculosis Risk Assessment Form indicated that it was necessary for you to do so.	This form needs to be uploaded to the Portal	

Williams College 2024-2025 Physical Form to be completed by a Medical Provider. All **bolded / italicized** sections must be completed on this form for NCAA athlete participation. Outside forms will not be accepted for NCAA athletes.

Last Name: _____ First Name: _____ Date of Birth: _____

HISTORY Please answer all questions and provide all physical data requested on the form. (NCAA Requirement)

<i>Prior exertional chest pain</i>	Yes / No	<i>Prior exertional syncope/near syncope</i>	Yes / No
<i>Excess, unexplained shortness of breath or fatigue with exercise</i>	Yes / No	<i>Prior history of heart murmur of increased blood pressure</i>	Yes / No
<i>Family history of premature death or mortality from cardiovascular disease in a relative younger than age 50</i>	Yes / No	<i>Occurrence in family, specifically hypertrophic cardiomyopathy or dilated cardiomyopathy, long QT syndrome or Marfan's syndrome</i>	Yes / No

Explain Abnormalities:

Physical Examination

Date of Physical Exam: _____ Height: _____ ft. Weight: _____ lbs. BMI: _____ Blood Pressure: _____ Pulse: _____

ALLERGIES (medications, insect venom, foods, etc. & type of reaction:

CURRENT MEDICATIONS (include vitamins, oral contraceptives, Rx, etc.)

Check each system below and indicate if it is normal or abnormal. Please give details in the "Explain abnormalities" section. If needed, please provide additional documentation.

System	Normal	Abnormal	System	Normal	Abnormal
HEENT			Abdomen		
Lymph nodes			Pelvic (if indicated)		
Thyroid			Musculoskeletal		
Chest/Lungs			Genitourinary		
Breast			Endocrine		
<i>Cardiovascular</i>			Neurological		
<i>Femoral Pulses</i>			Psychological		
<i>Marfan's syndrome</i>			Reflexes		
<i>Precordial Auscultation</i>			Skin		

Explain Abnormalities:

Cleared for Unlimited Physical Activity Yes No If no please explain on a separate sheet of paper

Lab work recommended: Hgb/Hct _____

NCAA REQUIRES REPORTING SICKLE CELL TRAIT (HgbAs) STATUS (circle one) AS Positive AS Negative

Is this student under treatment for any medical or mental health condition? If yes, please include the condition and treatment plan:

Has this student suffered any major illness or injury in the past that we should be aware of?

Do you have any recommendations for this student's health care while at Williams College?

Health Care Provider _____

Phone _____ Fax _____

Address _____

Provider's Signature _____

Date _____

Massachusetts School Immunization Requirements 2024–2025[§]

Requirements apply to all students, including individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students in every grade, even if they are over 18 years of age.

College (Postsecondary Institutions)^{**†}

Requirements apply to all full-time undergraduate and graduate students under 30 years of age^{***} and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	1 dose; and history of a DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥ 10 years since Tdap
Hepatitis B	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday, and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable; birth in the U.S. before 1957 acceptable only for non-health science students
Varicella	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after the first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable; birth in the U.S. before 1980 acceptable only for non-health science students
Meningococcal	1 dose; 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger; the dose of MenACWY vaccine must have been received on or after the student's 16 th birthday; doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

[§] Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

^{**} The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need to comply with this requirement.

[†] Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year, and religious exemptions (statement from a student or parent/guardian, if the student is < 18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year.

* A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee.

^{***} Williams College requires all students to meet these guidelines

Student Name: Last _____ First _____ Date of Birth _____

Williams College Immunizations 2024 - 2025 Due by 7/1/2024

This form must be completed and signed by a health care provider, we will also accept a signed Immunization form from your health care provider's Electronic Medical Records

FAILURE TO COMPLY WITH MASSACHUSETTS IMMUNIZATION LAW (see 2nd page) WILL RESULT IN A HOLD ON ACCESS TO YOUR DORM ROOM KEY

Required Vaccines

MMR	# 1 ___/___/___ #2 ___/___/___ Or attach documented proof of Positive Titer
Measles	# 1 ___/___/___ #2 ___/___/___ Or attach documented proof of Positive Titer
Mumps	# 1 ___/___/___ #2 ___/___/___ Or attach documented proof of Positive Titer
Rubella	# 1 ___/___/___ #2 ___/___/___ Or attach documented proof of Positive Titer
Tdap (Td or Tdap should be given if it has been ≥10 years since Tdap)	___/___/___
Meningococcal ACWY (Not Meningococcal B)	___/___/___ Or Signed Waiver see page 3
Varicella	# 1 ___/___/___ #2 ___/___/___ Or attach documented proof of Positive Titer History of Disease ___/___/___
Hepatitis B	# 1 ___/___/___ #2 ___/___/___
<input type="checkbox"/> Heplisav-B 2 shot series	#3 ___/___/___
<input type="checkbox"/> Engerix-B or Recombivax HB 3 shot series	Or attach documented proof of Positive Titer

Recommended vaccines

Moderna	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___
Pfizer	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___
Janssen (Johnson and Johnson)	#1 ___/___/___ 2# ___/___/___
AstraZeneca	#1 ___/___/___ #2 ___/___/___ 3# ___/___/___
Meningitis B- Bexsero	#1 ___/___/___ #2 ___/___/___
Meningitis B- Trumenba	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___
HPV	# 1 ___/___/___ #2 ___/___/___ #3 ___/___/___
Influenza (there will be a Flu clinic on campus)	___/___/___

Other vaccines

Hepatitis A	# 1 ___/___/___ #2 ___/___/___
Pneumococcal Polysaccharide (PPV)	___/___/___
Polio	Primary Series: Oral/Injectable Most recent Booster ___/___/___
Rabies	# 1 ___/___/___ #2 ___/___/___ #3 ___/___/___
Typhoid	Oral/Injectable ___/___/___
Yellow Fever	___/___/___
Other	
Other	

Health Care Provider (Not a relative; Please print): _____ Date _____

Address: _____

Phone: _____ Fax: _____

Provider's Signature: _____

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 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?

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 and 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 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 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 <https://www.mass.gov/info-details/school-immunizations>.

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 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)

Tuberculosis Risk Assessment Medical Provider Follow-up Form

NAME: Last _____ First _____ Date of Birth ____/____/____

Student:

Please indicate which of these three questions you answered "yes" to on the electronic risk assessment:

- Have you had close contact with anyone who was sick with tuberculosis (TB)?
- Were you born in a country other than Australia, Canada, New Zealand, the U.S. or Western Europe?
- Have you traveled or lived for more than a month in a country other than Australia, Canada, New Zealand, the U.S. or Western Europe?
- Are you taking any medications that your doctor said could weaken your immune system or increase your risk for infections?

Health Care Provider:

Please use this form to document the required Tuberculosis testing and follow-up you have provided for this student:

Based on the information provided by the student, a PPD test (Mantoux) within the previous 12 months is required.

Please administer and/or record PPD test results below:

Date Planted: _____	Date Read: _____	Results: _____ m of Induration
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If PPD is negative, **STOP HERE**. If PPD is positive, or there is a history of a positive PPD without treatment*, Interferon Gamma Release Assay (IGRA or Tspot) is required.

IGRA or Tspot Date (mm/dd/yyyy): _____	Result: Positive _____ or Negative _____
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If IGRA is negative, **STOP HERE**.

Chest X-ray required if IGRA or Tspot is positive

Chest X-Ray Date (mm/dd/yyyy): _____	Results: Normal _____ or Abnormal _____
--------------------------------------	---

If Chest X-Ray is normal, **STOP HERE**.

Copy of Chest X-Ray Report is required if result is abnormal.

* If you have been treated for a positive PPD or IGRA/Tspot, no further testing is required. Please document below, including dates of treatment.

Name of Health Care Provider (please print): _____

Signature of Health Care Provider: _____

Signature

Date

WILLIAMS COLLEGE STUDENT HEALTH SERVICES
PARENTAL CONSENT
FOR MEDICAL CARE AND SHARING OF HEALTH INFORMATION

Student's Name: _____

Student's Williams ID #: _____

Student's Date of Birth: _____

As parent/legal guardian of the student indicated above, who has not yet attained the age of 18, I hereby consent to the provision by Student Health Services of such medical care as may be require while the student is at Williams College, including referral to a hospital, emergency facility or other outside health care provider when necessary to provide appropriate treatment. I also consent to the sharing by Student Health Services of health information about the student with (i) such other health care clinicians when necessary to support appropriate services and treatment and (ii) to other departments of the College when necessary to establish the student's eligibility to participate in programs or activities sponsored or organized by the College.

Name of Parent/Guardian: _____

Please Print Name

Relationship to Student

Parent/Guardian's Signature: _____