

BOSTON COLLEGE

UNIVERSITY HEALTH SERVICES

Dear Undergraduate Student:

University Health Services (UHS) would like to welcome you to Boston College. All **mandatory** health forms are included in this packet. The State of Massachusetts requires that all full-time undergraduate students and part-time undergraduate health science and visa carrying students submit proof of the immunizations listed on the BC Immunization Incoming Form. All forms must be completed, uploaded and entered into the Health Services Portal (see instructions below).

The deadline for submission is **July 1st/Fall enrollment (January 1st/Spring enrollment)**. If all forms have not been uploaded and entered into the Health Services Portal within **30 days before the start of classes** you will not be able to register for the following semester classes and an \$85 non-refundable late fee will be applied to your student account.

Please note, you do not need to use the BC Immunization Incoming Form or Physical Form in the packet. You can substitute an official record from your provider. The **BC Immunization Incoming Form** details which vaccines are **required** by the State of Massachusetts and those that are highly recommended by UHS. Please make sure that your documentation includes all of the **required vaccines** listed or positive titers where applicable as well as the completed Health History, Physical and TB Questionnaire and Testing Form. If you have not received all of the required vaccines you will need to obtain them prior to the start of classes.

To submit forms through the Health Services Portal please follow the steps below:

1. Take a picture or scan the **individual** forms (immunization, meningitis waiver if applicable and tuberculosis questionnaire/testing form) and save them on your computer or phone to navigate to once logged into the Health Services Portal. *Do not use special characters when naming your files.*
2. Navigate to the **BC Agora Portal** (<https://services.bc.edu>) and sign in using your BC username and password
3. Under **OTHER SERVICES** click on the **HEALTH SERVICES** link
4. 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 (*Note: the drop down menu is below the list of “documents available to upload”*). 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”. **Varsity athletes are also required to upload sickle cell lab test results.**
5. ***Most Important Final Step:** Once forms have been uploaded go to the top of the page and select the **IMMUNIZATION LINK** and enter the dates of **all** of your vaccines as indicated on your form. Once you have entered all of the vaccine dates, click the **SUBMIT** button.

Once completed **DO NOT** send your forms to UHS instead maintain them for your records in case 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

**Boston College Health Services
Health History Form**

Varsity Athlete: Yes No

Name _____ Preferred Name: _____ Date of Birth ___/___/___
(Last Name) (First) (Middle)

Address _____
(Street) (City/Town) (State) (Zip)

Cell Phone Number: _____ E-Mail: _____ BC Eagle ID # _____

In Case of Emergency, notify: _____ Relation: _____ Cell Phone: _____

**** Health Insurance Information****

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

*****CONSENT FOR TREATMENT OF A MINOR (if < 18 years of age when they arrive on campus)*****

I _____ consent to have my child _____ receive routine treatment
Parent/Legal Guardian Name of Student
 at Boston College Health Services or local hospital should my child become ill/injured while at school.

Parent/Guardian Signature: _____ Date: _____

Family Medical History

Relation	Age	General Health	Past/Present Serious Illness	If Deceased/Age	Cause of Death
Parent					
Parent					
Sibling					
Sibling					
Sibling					

Use additional page if needed

Student's Medical History - Check all that apply

Are you adopted? Yes No

Illness	Yes	No	Comments
Asthma			
Cancer			
Concussion			
Covid-19			Date of Confirmed Testing: ___/___/___
Depression			
Diabetes			
Eating Disorder			
Ears/Eyes			

Illness	Yes	No	Comments
Heart			
Kidney/Liver			
ADD/ADHD			
Measles or Rubella			
Mumps			
Mononucleosis			
Seizures			
Thyroid			

Are you currently followed by a medical provider for a medical problem? No ___ Yes ___ Reason: _____

Are you currently followed by a medical provider for an emotional or psychological disorder? No ___ Yes ___ Reason: _____

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

ALLERGIES: Please list ALL Medication AND Food Allergies Do you carry an Epi-Pen? Yes ___ No ___

Name of Medication or Food	Describe Reaction

Use additional page if needed

MEDICATIONS: Please list all prescription and non-prescription meds including vitamins & herbal supplements.

Medication Name (print clearly)	Dose	Times per Day

Use additional page if needed

List any surgical procedures with date: _____

Do you smoke or vape? Yes ___ No ___ Do you consume alcohol? No ___ Yes ___ # drinks per week ___

Do you exercise regularly? Yes ___ No ___ Any limits: _____

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

Student Signature (REQUIRED) _____ Date _____

Boston College Health Services Physical Form Eagle ID: _____

Completed form must be uploaded by the student to the Health Services Portal (<https://osh.bc.edu>)

Name: _____

Date Of Birth: ___ / ___ / ___

Height: _____ Weight: _____

BMI: _____

BP: _____

Pulse: _____

System	Normal	Describe Abnormality
Skin		
HEENT		
Lungs / Chest		
Breasts		
Heart / Vascular System		
Abdomen		
Genito-urinary		
Pelvic (if indicated)		
Lymphatic		
Musculoskeletal		
Neurological		
Endocrine		
Psychological		
Recommended Labs for women: Hematocrit ~ Date: ___ / ___ / ___ Results: _____		

CURRENT AND CHRONIC PROBLEMS:

1. _____

2. _____

3. _____

4. _____

ALLERGIES (Please list ALL allergies to medications, foods and other miscellaneous items)	
MEDICATION ALLERGIES:	_____

FOOD ALLERGIES:	_____

OTHER ALLERGIES:	_____
	<div style="display: flex; justify-content: space-around;"> BEES LATEX NUTS SEASONAL / POLLEN </div>

MEDICATIONS (Include prescriptions, over-the-counter, and herbal)			
NAME	DOSE	FREQUENCY	RELATED DIAGNOSIS

*******STATEMENT MUST BE CHECKED FOR PARTICIPATION IN SPORTS*******

Is this student fit for Varsity or other sports? YES ___ NO ___

PROVIDER SIGNATURE: _____

DATE OF EXAMINATION: _____

PROVIDER NAME: _____

PHONE: _____

FAX: _____

BOSTON COLLEGE IMMUNIZATION INCOMING FORM

Eagle ID# _____

Date of Birth ____/____/____

Print Last Name _____

Print First Name: _____

 Status (check **all** that apply): Undergraduate ____ Graduate ____ Evening ____ Exchange ____ Varsity Athlete ____

REQUIRED IMMUNIZATIONS

If you have chosen to use this immunization form it must be completed and signed by your health care provider.

Required Vaccines	Dates Given	MA State Requirements
Hepatitis B	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ OR Positive Titer HBs AB Date: ____/____/____	3 doses OR Positive Titer Usual schedule at 0,1 & 4 months Minimum 4 weeks between doses 1 and 2 Minimum 8 weeks between doses 2 and 3 Minimum 16 weeks between 1 and 3
Meningococcal Quadrivalent (ALL Full Time Students 21 years or younger)	____/____/____ Please check which vaccine administered: Menactra ____ or Menveo ____ Nimenrix ____ OR signed waiver ____	MENINGOCOCCAL QUADRIVALENT (A, C, Y, W-135) (Menactra, Menveo or Nimenrix) for <u>all</u> full time students 21 years of age and younger on or after the 16th birthday or Signed Waiver (See Information about Meningococcal Disease and Waiver Form)
MMR (Measles, Mumps & Rubella Combined) OR Alternate: Individual vaccines or titers Measles Mumps Rubella	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____	1st dose given after 1st birthday 2 doses - Minimum of 4 weeks between doses OR Individual vaccines OR Positive Titers
Tdap (Tetanus, Diphtheria, Pertussis)	Tdap ____/____/____ *If greater than 10 yrs from date of enrollment must provide date of recent Td ____/____/____	Tdap one dose (after June 2005) *If Tdap date is greater than 10 yrs from date of enrollment you must provide date of recent Td (tetanus,diphtheria) or Tdap booster
Varicella	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date ____/____/____ OR History of disease: Yes ____ No ____ Date: ____/____/____	1st dose given after 1st birthday 2 doses - Minimum of 4 weeks between doses OR Positive Titer OR history of disease
Influenza	Date of Last Vaccine ____/____/____	Vaccine for the current flu season must be received annually by December 31st
<u>ADDITIONAL IMMUNIZATIONS</u>		<u>STANDARD DOSING</u>
Meningococcal Group B MenB-4C (Bexsero) OR MenB-FHbp (Trumenba) <i>THIS VACCINE IS STRONGLY RECOMMENDED</i>	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	2 doses at least one month apart 3 doses at 0, 2 and 6 months
Human Papillomavirus (HPV) <i>THIS VACCINE IS STRONGLY RECOMMENDED</i>	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____	3 doses at 0, 2 & 6 months
Hepatitis A OR Hepatitis A & B Combined	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Hep A: 2 doses at least 6 months apart Hep A & B Combined: 3 doses given on a 0, 1, and 6-month schedule

Provider's Signature: _____ Date: _____

Address (Including City and State): _____

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 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, 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. In the US, about 350-550 people get meningococcal disease each year 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 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 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 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 (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 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 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. 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) requires 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.

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 receipt of 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 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.

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 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 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 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 meningococcal vaccine.

Student Name: _____ Date of Birth: _____ Student ID: _____

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

BOSTON COLLEGE UNIVERSITY HEALTH SERVICES TUBERCULOSIS (TB) QUESTIONNAIRE AND TESTING FROM

Date: _____ Name: _____

Last First

Eagle ID#: _____ Date of Birth: _____

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

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

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2018. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

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 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.

If the answer to all of the above questions is NO, no further testing is required (no need to complete page 2 & 3).

