



Health Office 2015-16  
 STUDENT HEALTH RECORD  
 508.490.8228 • healthforms@fayschool.org

<b>PARENTS: PLEASE LIST</b>
Allergies: _____
_____
Dietary Restrictions: _____
_____

Please fill out the following form completely. This form includes a permission statement that **MUST** be signed by a parent or guardian. Per Massachusetts law, students will not be allowed to attend FaySummer without completely updating all health forms and immunization records. The completed form must be returned to the Health Office by **June 1, 2015**.

**THESE FORMS MUST BE COMPLETED IN ENGLISH.**

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
last first middle

Entering grade \_\_\_\_\_  male  female Student cell number \_\_\_\_\_

HomeAddress \_\_\_\_\_  
number and street city state zip code

Student resides with  both parents  father  mother  other \_\_\_\_\_

Parent/Guardian full name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Parent/Guardian full name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_

Alternate responsible person (not a parent) to be reached in case of emergency, if parent or guardian is unavailable:

\_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**INSURANCE: MANDATORY FOR ENROLLMENT**

If you have hospital or health insurance for your child, please list the information below. A copy of your insurance card (front and back) is also required. **International Students do NOT need to supply insurance information as insurance is included with tuition.**

Name and address of insurance plan \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Date of birth \_\_\_\_\_

**RETURN ALL FORMS to Fay School Health Office • 48 Main Street • Southborough, MA 01772**  
**email healthforms@fayschool.org • tel 508.490.8228 • fax 508.485.0163**  
**With these forms, you must also include:**  
**updated physical exam, immunization record, and copy of insurance card (front and back).**



Please read and sign the permissions listed below.

Per Massachusetts law, **children will not be allowed to attend Fay School without completely updating all health forms and immunization records. The completed form must be returned to the Health Office by June 1, 2015.**

Student's Name \_\_\_\_\_ Entering grade \_\_\_\_\_  
last first middle Birth date \_\_\_\_\_

### PARENT PERMISSION/PERMISSION TO TREAT

I hereby give consent to the Fay School Health Office, or designated health care providers, to carry out accepted procedures for diagnosis and treatment of medical conditions, athletic injuries, dental injuries, counseling services and medication administration for my daughter/son, \_\_\_\_\_ (student name). Furthermore, I understand that the exchange of pertinent medical, psychological, and health insurance information may be necessary when providing care with an outside provider or through an off-campus facility. Faculty and other school personnel will be informed of any life threatening allergies, medical conditions, and psychological issues which may require treatment as deemed necessary by the Wellness Center staff.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If submitting electronically, please type your full name above and check here to indicate that this qualifies as your electronic signature:

### USE/ DISCLOSURE INFORMATION

This form authorizes Fay School's Health Office staff, Counseling Services staff, and community health care providers to whom the student is referred for health care, to use the student's health information and disclose the student's health information to each other for the following purposes:

- To evaluate whether accommodations at school are recommended or necessary in order to address the student's health related condition
- To provide the student's health information with school administration and the head of school to the extent necessary to make their above mentioned recommendation.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) requires that you be informed that by signing this form you authorize the use/disclosure of the students health information as described above. This authorization shall become effective immediately and remain for one year following the child's last day of attendance. You have the right to revoke this authorization at any time. Revocation must be in writing, signed by a parent/guardian and delivered to the Health Office. I understand that Fay School will protect the student's health information as prescribed by the Family Educational Rights and Privacy Act (FERPA) and that the information becomes part of the student's health record. The information will be shared with individuals working at or with Fay School for the purpose of providing safe and appropriate health services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please read and sign that you have read the policies listed below.

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Student's Name \_\_\_\_\_ Entering grade \_\_\_\_\_  
last first middle Birth date

**MEDICAL REGISTRATION POLICY**

**Yearly** updated medical registration forms, including signed permission to treat, are required before students are allowed to register or participate in FaySummer activities. These records are kept confidential and are prohibited from release unless specific written permission is given. Parents should inform the Health Office promptly of any new or changed medical treatment at home during the academic year, particularly if such treatment includes prescribed medications.

**IMMUNIZATION POLICY**

Under the Massachusetts Department of Public Health statutes and Fay School's requirements, all students are required to have a completed record of immunizations against certain vaccine-preventable diseases as a condition of enrollment. If documentation is not available, re-immunization or blood titer immunity determination will be required. **This is the responsibility of the parent. Students may not participate in FaySummer activities unless immunizations are complete.**

**HEALTH INSURANCE POLICY**

All students must have health insurance while in attendance at Fay School. A copy of current medical insurance and, if applicable, a prescription card must be kept on file in the Health Office. Changes in medical insurance information must be updated immediately by contacting the Health Office 508-490-8228 or via notification in writing or fax 508-485-0163.

**MEDICATION POLICY**

Fay may not give medications without a signed doctor's order and parental consent. Doctor's orders, therefore, must be provided (in English) any time a medication is started, anytime there is a dose change, or anytime a medication is discontinued. Over-the-counter medications may be dispensed as appropriate only if parents or guardians have submitted a signed and authorized over-the-counter consent form. School nurses will supervise the storage and administration of all medications and follow Massachusetts Department of Public Health guidelines for delegating medication administration to non-nursing personnel (e.g. administrators, teachers, house parents, coaches).

Parents and guardians are responsible for keeping track of when medications need to be refilled or mailed. School nurses may make courtesy calls in some instances, but these calls will not be routine.

I have read and understand the policies listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**This form must be completed in English.**  
**See Massachusetts School Immunizations page for required vaccines.**

Student's Name \_\_\_\_\_  
last first middle

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year     female     male     day     boarding

If combination vaccine is administered, please indicated vaccine type (e.g. DTaP-Hib, etc.)

Vaccine	Date/Vaccine Type	Vaccine	Date/Vaccine Type
<b>Hepatitis B</b> (e.g. HepB, HepB-Hib, DTaP-HepB-IPV)	1	<b>Haemophilus influenzae type b</b> (e.g. Hib, HepB-Hib, DTaP-Hib)	1
	2		2
	3		3
<b>Diphtheria, Tetanus, Pertussis</b> (e.g. DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1	<b>Measles, Mumps, Rubella (MMR)</b>	4
	2		1
	3	2	
	4	<b>Varicella (Var)</b>	1
	5		2
	6		1
	<b>Polio</b> (e.g. IPV, DTaP-HepB-IPV)	1	<b>Hepatitis A (HepA)</b>
2		1	
3		<b>Pneumococcal Polysaccharide (PPV23)</b>	2
4			1
<b>Pneumococcal Conjugate (PCV7)</b>	1	<b>Influenza inactivated (Intramuscular) or Live (Intranasal)</b>	2
	2		3
	3		1
	4		2
		<b>Other:</b>	

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* must also check Chickenpox History box			

Chickenpox History
<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox. Date of disease: _____ Reliable history may be based on: • physician interpretation of parent/guardian description of chickenpox • physical diagnosis of chickenpox, or • serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (please print) \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Facility name \_\_\_\_\_

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Student's Name \_\_\_\_\_  female  male Birth date \_\_\_\_\_
last first middle

Medical history \_\_\_\_\_

Pertinent family history \_\_\_\_\_

Current health issues

- Y N
Allergies: Please list: Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_
History of Anaphylaxis to \_\_\_\_\_ EpiPen:  yes  no (Please attach)
Asthma: asthma action plan  yes  no (Please attach)
Diabetes:  Type I  Type II
Seizure disorder: \_\_\_\_\_
Other (please specify): \_\_\_\_\_

Current medications (if relevant to the student's health and safety) Please circle those administered in school; a separate medication order form is required for each medication administered in school.

Physical Examination: Date of examination \_\_\_\_\_

Height \_\_\_\_\_ (\_\_\_\_%) Weight \_\_\_\_\_ (\_\_\_\_%) BMI \_\_\_\_\_ (\_\_\_\_%) BP \_\_\_\_\_
(Check = Normal/If abnormal, please describe)

- General \_\_\_\_\_  Lungs \_\_\_\_\_  Extremities \_\_\_\_\_
 Skin \_\_\_\_\_  Heart \_\_\_\_\_  Neurologic \_\_\_\_\_
 HEENT \_\_\_\_\_  Abdomen \_\_\_\_\_  Other \_\_\_\_\_
 Dental/Oral \_\_\_\_\_  Genitalia \_\_\_\_\_

Screening Vision: Right Eye  Pass  Fail Left Eye  Pass  Fail Stereopsis  Pass  Fail
Hearing: Right Ear  Pass  Fail Left Ear  Pass  Fail
Postural Screening:  Pass  Fail (Scoliosis/Kyphosis/Lordosis)

Laboratory Results  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

The entire examination was normal

Targeted TB Skin Testing  Med-to-high risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):
Date of PPD \_\_\_\_\_; Results \_\_\_\_\_mm
Referred for evaluation to \_\_\_\_\_  Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

- Vision  Hearing  Speech/Language  Fine/Gross Motor Deficit
 Emotional/Social  Behavior  Other

Comments/Recommendations \_\_\_\_\_

Form with two rows:
Row 1:  Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:
Row 2:  Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of examiner \_\_\_\_\_ Print name of examiner \_\_\_\_\_
Group practice \_\_\_\_\_ Telephone \_\_\_\_\_
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Due to guidelines set forth by the Massachusetts Department of Public Health, **no over-the-counter medicines can be dispensed in school without parental consent.** Please complete this form and return it to the Health Office.

Entering grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

last first middle

Please check all medicine the school nurse may dispense:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)               | <input type="checkbox"/> Antacids (Tums/Mylanta)       | <input type="checkbox"/> Cough Lozenges/ drops          |
| <input type="checkbox"/> Loratidine (Claritin/ Zyrtec)         | <input type="checkbox"/> Miralax/ Imodium/ PeptoBismol | <input type="checkbox"/> Calamine lotion                |
| <input type="checkbox"/> Topical antifungal (Lotrimin/Lamisil) | <input type="checkbox"/> Ibuprofen (Advil/Motrin)      | <input type="checkbox"/> Polysporin/ Neosporin ointment |
| <input type="checkbox"/> Cough/Cold Medicine                   | <input type="checkbox"/> 1% Hydrocortisone cream       | <input type="checkbox"/> Multi Vitamins/ Minerals       |
| <input type="checkbox"/> Bacitracin ointment                   | <input type="checkbox"/> Dipenhydramine (Benadryl)     | <input type="checkbox"/> Eye drops/Wash                 |

Allergies to medication \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If submitting electronically, please type your full name above and check here to indicate that this qualifies as your electronic signature:

**OR:**

I do NOT want \_\_\_\_\_ to receive any over-the-counter medication.  
Student name (please print)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If submitting electronically, please type your full name above and check here to indicate that this qualifies as your electronic signature:

**FOR BOARDING STUDENTS ONLY:**  
 Would you like your child to receive the flu vaccine?  yes  no



Health Office 2015-16

MEDICATION ORDER

508.490.8228 • healthforms@fayschool.org

All medications must be checked into the Fay School Health Office. Fay School does not allow students to keep any medicine, including vitamins or supplements, in the dormitory. A parent, guardian or responsible adult shall deliver all prescription medication and over the counter medication to the school nurse. **The prescription medication must be in a pharmacy or manufacturer labeled container (105. CMR 210.008) and must be in English.**

Additionally, the following documents must be on file in the Health Office before we can administer any medication to your child (105.CMR: Massachusetts Department of Public Health):

- **Medication Order** (This form is for any student taking prescription medication)
- **Permission to Dispense Over the Counter Medicines/Supplements** (Must be returned by ALL students)

**This form is to be completed if your child is taking any prescription medication(s) and MUST be completed by a Licensed Prescriber, Nurse Practitioner, or others authorized by Massachusetts General Laws, Chapter 94C.**

Student's Name \_\_\_\_\_ Entering grade \_\_\_\_\_  
last first middle Birth date \_\_\_\_\_

Name of Licensed Prescriber \_\_\_\_\_

Address of Prescriber \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

**Medication** \_\_\_\_\_ **Date of Order** \_\_\_\_\_

Dosage \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_ Route \_\_\_\_\_

**Medication** \_\_\_\_\_ **Date of Order** \_\_\_\_\_

Dosage \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_ Route \_\_\_\_\_

**Medication** \_\_\_\_\_ **Date of Order** \_\_\_\_\_

Dosage \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_ Route \_\_\_\_\_

**Medication** \_\_\_\_\_ **Date of Order** \_\_\_\_\_

Dosage \_\_\_\_\_ Strength \_\_\_\_\_ Frequency \_\_\_\_\_ Route \_\_\_\_\_

**\*\*PLEASE INCLUDE EPI-PEN ORDER\*\***

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Revised legislation in Massachusetts now 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 meningococcal vaccine; or
2. fall within one of the exemptions in the law, which are 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. In the US, about 1,000-3,000 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 deaf, have problems with their nervous systems, become mentally retarded, 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?**

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called "terminal complement component deficiency" are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

#### **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 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, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

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

Yes, there are currently 2 vaccines available that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older and meningococcal conjugate vaccine is approved for use in those 2-55 years of age. Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in either vaccine. Protection with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

#### **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. A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.



**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 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 meningococcal polysaccharide vaccine within the last 5 years (or a dose of 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 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 this vaccine. 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](http://www.mass.gov/dph/imm) and <http://www.mass.gov/epi>
- Your local health department (listed in the phone book under government)

**WAIVER FOR MENINGOCOCCAL VACCINATION REQUIREMENT: BOARDING STUDENTS ONLY**

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of 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's Name \_\_\_\_\_ Entering grade \_\_\_\_\_

Birth date \_\_\_\_\_ Student ID or SSN \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship to Patient/Student \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Massachusetts School Immunization Requirements for School Year 2015-2016\*

	Child Care/Preschool <sup>1</sup>	Kindergarten	Grades 1-6	Grades 7-12	College <sup>2</sup>
Hepatitis B <sup>3</sup>	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and full-time undergraduate and graduate students
DTaP/DTP/DT/Td/Tdap <sup>4</sup>	≥4 doses DTaP/DTP	5 doses DTaP/DTP	≥4 doses DTaP/DTP or ≥ 3 doses Td	4 doses DTaP/DTP or ≥3 doses Td; plus 1 dose Tdap (See Phase-In Schedule)	All health science students and full-time undergraduate and graduate students: 1 dose Tdap
Polio <sup>5</sup>	≥3 doses	4 doses	≥3 doses	≥3 doses	NA
Hib <sup>6</sup>	1 to 4 doses <sup>6</sup>	NA	NA	NA	NA
MMR <sup>7</sup>	1 dose	2 doses	Grades 1-4: 2 doses Grades 5-6: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	Grades 7-11: 2 doses Grade 12: 2 doses measles, 1 mumps, 1 rubella (See Phase-In Schedule)	All health science students and full-time undergraduate and graduate students: 2 doses
Varicella <sup>8</sup>	1 dose	2 doses	Grades 1-4: 2 doses Grades 5-6: 1 dose (See Phase-In Schedule)	Grades 7-11: 2 doses Grade 12: 1 dose (See Phase-In Schedule)	All health science students and full-time undergraduate and graduate students: 2 doses
Meningococcal <sup>9,10</sup>	NA	NA	NA <sup>10</sup>	1 dose for new full-time residential students <sup>9</sup>	1 dose for full-time residential students <sup>9</sup>

\*These requirements also apply to all new “enterers.” NA = no vaccine requirement for the grades indicated.

<sup>1</sup>**Child Care/Preschool:** Minimum requirements by 24 months; immunize younger children according to their age.

<sup>2</sup>**College:** Requirements apply to: 1) all full-time undergraduate and graduate students; 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

<sup>3</sup>**Hepatitis B:** 3 doses required for child care attendance and preschool entry, kindergarten-12<sup>th</sup> grade, and college (see footnote 2 above). Laboratory proof of immunity is acceptable.

<sup>4</sup>**DTaP/DTP/DT/Td/Tdap:** ≥4 doses required for child care attendance and preschool entry; 5 doses of DTaP/DTP required for school entry unless the 4th dose is given ≥ the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DTP. **One dose of Tdap is required for all students entering grade 7-11, full-time college freshmen-graduates and all health science students.** If it has been <5 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine. See Phase-In Schedule below.

<sup>5</sup>**Polio:** ≥3 doses required for child care attendance and entry into preschool; 4 doses required for school entry, unless the 3rd dose is given on or after the 4th birthday, and ≥ 6 months following the previous dose, in which case only 3 doses are needed. Administer the final dose in the series on or after the 4th birthday and ≥ 6 months following the previous dose. If 4 doses are administered before age 4 years, a 5th dose is recommended at age 4 - 6 years.

<sup>6</sup>**Hib:** Required for child care attendance and preschool entry. The number of doses is determined by vaccine product and age the series begins.

### Phase-In Schedule for MMR, Varicella, and Tdap Vaccines 2015 - 2017

	2015	2016	2017
<b>2 MMR and 2 Varicella</b>	K-4 and 7-11 College: full-time freshmen-graduates; all health science	K-5 and 7-12 College: full-time freshmen-graduates; all health science	K-12 College: full-time freshmen-graduates; all health science
<b>Tdap</b>	Grades 7-11 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science	Grades 7-12 College: full-time freshmen-graduates; all health science

<sup>7</sup>**MMR:** 1 dose of MMR is required for child care attendance and preschool entry; **2 doses are required for kindergarten-grade 4, grade 7-11, full-time undergraduate and graduate students and all health science students.** Laboratory proof of immunity is acceptable. **For college students, except health science students, birth before 1957 in the U.S. is also acceptable.** See Phase-In Schedule below.

<sup>8</sup>**Varicella:** 1 dose required for child care attendance and preschool entry; **2 doses required for kindergarten-grade 4, grade 7-11, full-time undergraduate and graduate students and all health science students, unless they have a reliable history of chickenpox.** A reliable history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee; or 2) laboratory proof of immunity. **Birth before 1980 in U.S. is acceptable for college students, except health science students.** See Phase-In Schedule below.

<sup>9</sup>**Meningococcal:** 1 dose MCV4, or a dose of MPSV 4 in the last 5 years, is required for 1) newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students ≥ 13 years) who will live in a dormitory or comparable congregate living arrangement approved by the secondary school; and 2) newly enrolled full-time undergraduate and graduate students in a degree program at a postsecondary institution (e.g., college) who will live in a dormitory or comparable congregate living arrangement approved by the institution.

Students may decline the vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. These requirements apply to newly-enrolled full-time residential students, regardless of grade and year of study.

<sup>10</sup>**A residential schools with lower grades:** The requirements apply to residential students in grades pre-K through 8 only; if the school combines these grades in the same school with students in grades 9-12