



Date Entering	
____/____	____
Month	Year

FORM MUST BE COMPLETED IN ENGLISH

HEALTH HISTORY AND PHYSICAL EXAMINATION REPORT

*The information requested on this form is for the use of Student Health Services and will not be released to anyone without your knowledge and consent, except as necessary to fulfill the responsibilities of Student Health Services, or as required by law.

Student Information <i>(to be completed by student)</i>			
Student Name			
_____			_____
Last	First	Middle	
School: _____			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____	
	Month	Day	Year
Boston University Identification# (BU ID#) or SS# _____			
Permanent Address			
Number and street _____			
City _____		State _____	Zip code _____
Country _____			
Telephone _____		E-mail _____	
Permanent Emergency Contact		Alternate Emergency Contact	
Name and relationship of person to be notified _____		Name and relationship of person to be notified _____	
Number and street _____		Number and street _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
Best Contact Telephone Number _____		Best Contact Telephone Number _____	
Do you plan to purchase medical insurance available through Boston University?			
<input type="checkbox"/> Yes [<input type="checkbox"/> (If No, attach a copy of your insurance card, both front and back sides and complete the waiver online.)			
Consent for Treatment			
I hereby authorize the clinical staff at Boston University Student Health Services to examine and treat me during my enrollment at Boston University. _____ Initial			
I understand that there is no charge to see a provider at Boston University Student Health Services. However, I understand that I am responsible for miscellaneous charges including but not limited to lab tests, allergy injections, immunizations, some medications and splinting materials. I understand that I am responsible for all charges outside of Student Health Services except that which is covered by my health insurance. _____ Initial			
I understand that some costs outside of Student Health Services may not be covered by my medical insurance. _____ Initial			
I have received a copy of Student Health Services Notice of Privacy Practices (enclosed with this form). _____ Initial			
Student Signature _____		Date _____	
<i>(Must be signed by a parent or guardian if student is under 18 years of age.)</i>			
Parent/Guardian name (please print) _____		Signature _____	
		Date _____	
		Relationship _____	



Last Name _____ First Name _____ M.I. _____

Date of Birth (MM/DD/YYYY) _____

B.U. ID OR SS# _____

HEALTH STATEMENT (To be completed by MD/NP/PA)

1. List any significant past or current medical, surgical, or mental health conditions, including hospitalizations (use additional pages if necessary). None

2. List all ongoing treatments/medications with dosages/directions. None

3. List all medical or environmental allergies. None

4. Note any pertinent family history. None

5. List all pertinent physical exam findings. | PE Within Normal Limits Abnormal Findings as follows

6. Date of Physical Exam (must be within One Year of Matriculation): _____

Height _____ Weight _____ BMI _____

Clinician's Signature

MD/NP/PA Name (Please Print) _____ Signature _____ State License _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Telephone _____

BOSTON UNIVERSITY IMMUNIZATION REQUIREMENTS

Massachusetts state law requires all full-time undergraduate and graduate students, full and part time students in health science and full and part time International students to provide proof of the following:

1. At least two doses of measles given after 12 months of age, one of mumps and one of rubella or two MMR (measles, mumps and rubella) shots after 12 months of age.
2. One dose of meningitis vaccine in the last 5 years for incoming students living on campus. *(See waiver at the end of this form).*
3. A booster dose of tetanus diphtheria (Td) or tetanus, diphtheria, acellular pertussis (Tdap) within the last 10 years.
4. Three doses of hepatitis B vaccine.

The only circumstances under which a student may be exempted from submitting proof of immunizations are as follows:

- a. Certification in writing by an examining physician who is of the opinion that the physical condition is such that health would be endangered by one or more of the immunizations.
- b. The student states in writing that the required immunizations would conflict with his/her religious beliefs.
- c. In the case of measles, mumps, rubella, and hepatitis B, the student presents laboratory evidence of immunity.

In the event of an exposure to an infectious disease for which the student has been exempted from proof of immunization or immunity, the student may be required to leave campus during the period of time in which the student may be contagious.

Month and year of immunization must be provided. If the vaccine was given at 12 months, the month, day, and year are required.

Such statements as "received as a child," "records were lost," or "up to date" are not acceptable.

All immunization records must be signed by a physician or designee. **Records signed by parents are not acceptable.**



Last Name First Name M.I.

Date of Birth (MM/DD/YYYY)

B.U. ID or Social Security#

BOSTON UNIVERSITY IMMUNIZATION FORM

The record of immunizations and screening procedures must be up to date and received at the address on the following page in order for you to matriculate at Boston University.

Immunization	Vaccine/Date		Titer/Date
Measles 1 or MMR no. 1	_____	or	_____
Measles 2 or MMR no. 2	_____		
Mumps (if no MMR)	_____	or	_____
Rubella (if no MMR)	_____	or	_____
Tetanus Vaccine (Td or Tdap)	_____		
Hepatitis B no. 1	_____	and	_____
Hepatitis B no. 2	_____		
Hepatitis B no. 3	_____		
Meningococcal Vaccine	_____		
<input type="checkbox"/> Menactra (MCV4)*	_____		
or			
<input type="checkbox"/> Menomune (MPSVA4)	_____		
or			
<input type="checkbox"/> Waiver (Page 8 of this form)			

MD/NP/PA Signature Date



Last Name	First Name	M.I.
Date of Birth (MM/DD/YYYY)		
B.U. ID or Social Security#		

We at Student Health Services recognize that for some of you, this is your first experience away from home, and that can be both exciting and stressful. We want to be sure you know that Behavioral Medicine offers free evaluations, short term counseling and medication to help you if you find that you are feeling anxious, depressed, or overwhelmed with the new experiences college has to offer. Our services are confidential, with exceptions only when there is concern for your safety.

The following are some questions about your emotional and mental health. The responses are completely confidential and are solely for the purpose of providing excellent service to students. You may opt not to answer the question.

1. Have you ever been cared for by a mental health clinician?

2. Have you ever been hospitalized for a mental health problem?

3. Have you been on medication at any time for an emotionally-related problem such as depression, anxiety, mania (mind racing)?

Mental Health Resources

- | | |
|---|--------------------|
| Boston University Student Health Services
Behavioral Medicine Department | (617) 353-3569 |
|
The Danielsen Institute |
(617) 353-3047 |
|
The Center for Anxiety and Related Disorders |
(617) 353-9610 |



Last Name First Name M.I.

Date of Birth (MM/DD/YYYY)

B.U. ID

TUBERCULOSIS RISK QUESTIONNAIRE FOR COLLEGE AND UNIVERSITY STUDENTS

- 1. To the best of your knowledge have you had close contact with anyone who was sick with tuberculosis?
2. Were you born in one of the countries listed below?
3. Have you traveled or lived for more than one month in one or more of the countries listed below?

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

Table listing 60 countries with high rates of tuberculosis, including Afghanistan, Angola, Armenia, Azerbaijan, Bahamas, Bahrain, Bangladesh, Belarus, Benin, Bhutan, Bolivia, Bosnia, Botswana, Brazil, Brunei Dar., Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Cent. Afr. Rep., Chad, China, Colombia, Comoros, Congo, Congo, DR, Cote d'Ivoire, Croatia, Djibouti, Domin. Rep., Ecuador, El Salvador, Equ. Guinea, Eritrea, Estonia, Ethiopia, Gabon, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Biss, Guyana, Haiti, Herzegovina, Honduras, Hong Kong SAR, India, Indonesia, Iran, Kazakhstan, Kenya, Kiribati, Korea, DPR, Korea Rep., Kyrgyzstan, Lao PDR, Latvia, Lesotho, Liberia, Lithuania, Macao SAR, Macedonia, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Is., Mauritania, Mauritius, Micronesia, Moldova Rep., Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, N. Caledonia, Nicaragua, Niger, Nigeria, Niue, N. Mariana Is., Pakistan, Palau, Panama, Papua N. G., Paraguay, Peru, Philippines, Principe, Romania, Russian Fed., Rwanda, Sao Tome, Senegal, Sierra Leone, Solomon Is., Somalia, So. Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian A. R., Tajikistan, Tanzania UR, Thailand, Togo, Tokelau, Turkmenistan, Uganda, Ukraine, Uzbekistan, Vanuatu, Vietnam, Yemen, Zambia, Zimbabwe.

If the answer to any of the above questions is YES, the Massachusetts Department of Public Health strongly recommends that you have a tuberculin skin test to check for latent tuberculosis infection. If the answer to all of the above questions is NO, a tuberculin skin test should not be done. Please note: If you have had a positive tuberculin skin test in the past, you do not need another test.

TUBERCULIN SKIN TEST

Date: _____

Result (48-72 hours) _____ mm of induration. (Note: Use 5 TU Mantoux test (intermediate PPD) only; result of multiple puncture tests, such as Tine or Mono-vac, not accepted.)

IF THE TUBERCULIN SKIN TEST IS POSITIVE:

Chest X-Ray

Date: _____ [] Normal [] Abnormal _____ (Describe)

Clinical Evaluation

Date: _____ [] Normal [] Abnormal _____ (Describe)

Treatment [] Yes [] No _____ (Drug, dose, frequency, and dates)

Clinician's Signature

MD/NP/PA Name (Please Print) Signature State License Date



Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges

Legislation has been enacted in Massachusetts requiring all new students at residential schools (e.g., boarding schools) with grades 9-12 and postsecondary institutions (e.g., colleges) that provide or license housing to:

1. receive meningococcal vaccine prior to the beginning of classes; or
2. fall within one of the exemptions in the law, which are discussed below.

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 United States, about 2,600 people each year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10% may lose limbs, become deaf, have seizures or strokes, or have other problems with their nervous system.

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, sneezing, coughing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected.

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. In January 2005, a new type of meningococcal vaccine was licensed, called meningococcal conjugate vaccine, and is currently only approved for use in those 11- 55 years of age. Both types of meningococcal vaccines are acceptable for college students and residential school students 11 years of age and older. For those younger than 11 years of age, meningococcal polysaccharide vaccine is the only licensed vaccine.

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 the vaccine. Protection from immunization 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.

(See reverse side)

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. 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 prior to entering secondary schools or colleges that provide or license housing?

Massachusetts law (MGL Ch. 76, s.15D)) requires new students at residential schools (e.g., boarding schools) with grades 9-12 and new full- and part-time, undergraduate and graduate students in degree-granting programs at postsecondary institutions (e.g., colleges) that provide or license housing to receive meningococcal vaccine. At affected institutions, the new requirements apply to all new students, regardless of grade (including grades pre-K through 8), year of study, and whether or not they reside in school- or campus-related housing. Beginning in August 2005, all new students at these institutions must provide documentation of having received meningococcal vaccine (within the last 5 years) at least 2 weeks prior to the beginning of classes, unless they qualify for one of the exemptions allowed by the law.

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.

Consideration is being given to amending the law regarding the students to be covered by the requirement. When and if the law is amended, regulations regarding meningococcal vaccination may change.

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
- 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 meningococcal vaccine. I understand that Massachusetts' law requires students enrolled at secondary schools, colleges and universities that provide or license housing 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.

Please check the appropriate box below.

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

-OR-

- Due to the shortage of meningococcal vaccine, I was unable to be vaccinated.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____

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

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800