Immunization Requirements

Failure to provide a record of your immunization will result in registration restrictions and withholding of grades.

Massachusetts State Law requires that all students attending college in the Commonwealth be immunized against the Measles, Mumps, Rubella (MMR), Tetanus, Diphtheria & Acellular Pertussis (Tdap), and Meningitis. Three doses of Hepatitis B are MANDATORY for First-Year Students.

Measles, Mumps, Rubella (MMR): All students must have a signed statement from a health official who administered vaccines for: doses of measles, mumps, rubella (MMR) OR copies of laboratory evidence of immunity to all of the above.

Tetanus, Diphtheria & Acellular Pertussis (Tdap): Students are required to have a Tetanus Booster within the last 10 years.

Proof of the following must be on file in Student Health Services: If you do not have access to these records, you must be re-immunized.

### Measles, Mumps, Rubella (MMR)

<table>
<thead>
<tr>
<th>First dose</th>
<th>Second Dose</th>
<th>OR</th>
<th>Laboratory evidence of immunity to measles, mumps and rubella attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hepatitis B

<table>
<thead>
<tr>
<th>First Dose</th>
<th>Second Dose</th>
<th>Third Dose</th>
<th>OR</th>
<th>Laboratory evidence of immunity attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Meningitis

<table>
<thead>
<tr>
<th>Date</th>
<th>OR</th>
<th>Waiver signed and attached on website</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tdap

<table>
<thead>
<tr>
<th>Tetanus, Diphtheria &amp; Acellular Pertussis (Tdap)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tuberculosis Risk Assessment

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>OR</th>
<th>High Risk</th>
<th>Please complete Tuberculosis Risk Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Varicella

<table>
<thead>
<tr>
<th>First Dose</th>
<th>Second Dose</th>
<th>OR</th>
<th>Laboratory evidence of immunity to Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>History of Varicella Disease</td>
</tr>
</tbody>
</table>
Please list all medications and dosage you are currently taking:

Please list and describe any medication allergies you have:

Please list current medical problems:

Is the student able to fully participate in sports?  ○ Yes  ○ No
If no, please explain:

Health Care Provider Information

Health Care Provider's Signature  Date  ○ NP
Health Care Provider's Name (please print)  ○ MD
Address
City       State    Zip Code
Phone Number      Fax Number

Health Services shares information on the Entrance Health Report with the Counseling Center on a need-to-know basis.

Permission for Medical & Emergency Treatment

This information must be completed and signed by a parent or legal guardian for students under 18 years of age.

Medical Treatment: This is to certify that permission is granted to Emmanuel College Student Health Services to provide medical treatment for illness, injury or required immunizations for the above named student.

Signature of parent or legal guardian

Emergency Treatment: Permission is granted for emergency treatment (including surgery & anesthesia) for above named student, when parent or guardian is unable to be contacted.

Signature of parent or legal guardian

Health Insurance Information

Company Name:  Subscriber Name:  Policy #:

If possible, please attach a copy of the front and back of the Health Insurance card.
**STUDENT NAME:**

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**Tuberculosis Risk Questionnaire for College and University Student**

To the best of your knowledge, have you ever had close contact with anyone who was sick with tuberculosis (TB)?

- ☐ Yes  ☐ No

Were you born in one of the countries listed below?

- ☐ Yes  ☐ No

Have you ever traveled or lived for more than one month in one or more of the countries listed below?

- ☐ Yes  ☐ No

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**COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)***

Afghanistan  Djibouti  Lesotho  Philippines
Angola  Dominican Rep.  Liberia  Portugal
Arenia  Ecuador  Lithuania  Romania
Azerbaijan  El Salvador  Macedonia, TFYR  Russian Federation
Bahamas  Equatorial Guinea  Madagascar  Rwanda
Bahrain  Eritrea  Malawi  Sao Tome & Principe
Bangladesh  Estonia  Malaysia  Senegal
Benin  Ethiopia  Maldives  Sierra Leone
Bhutan  Gabon  Mali  Somalia
Bolivia  Gambia  Marshall Islands  South Africa
Bosnia & Herzegovina  Georgia  Mauritania  Sri Lanka
Botswana  Ghana  Mauritius  Sudan
Bulgaria  Guatemala  Micronesia  Suriname
Burkina Faso  Guinea  Moldova, Rep.  Swaziland
Cambodia  Guyana  Morocco  Tajikistan
Cameroon  Haiti  Mozambique  Tanzania, UR
Cape Verde  Honduras  Myanmar  Thailand
Central African Rep.  India  Namibia  Togo
Chad  Indonesia  Nepal  Tokelau
China  Iran  New Caledonia  Turkmenistan
China, Hong Kong SAR  Iraq  Nicaragua  Uganda
China, Macao SAR  Kazakhstan  Niger  Ukraine
Colombia  Kenya  Niue  Uzbekistan
Colonia  Kiribati  Northern Mariana Islands  Vanuatu
Comoros  Korea, DPR  Pakistan  Vietnam
Congo  Korea, Rep.  Palau  Yemen
Congo, DR  Kyrgyzstan  Panama  Zimbabwe
Cote d’Ivoire  Lao PDR  Papua New Guinea
Croatia  Latvia  Paraguay

*World Health Organization, Global Tuberculosis Control, WHO Report 2002

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.

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When finished, please return to:
Student Health Services
Emmanuel College
400 The Fenway
Boston, MA 02115

E-mail: healthservices@emmanuel.edu
Fax: 617-975-9329

**DEADLINE:**
July 1, 2015

**NOTE:**
The Entrance Health Report is a separate requirement from documentation of student health insurance coverage.

To enroll or waive the College’s health insurance coverage, please visit universityhealthplans.com