# 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)

- First dose
- Second dose

OR

- Laboratory evidence of immunity to measles, mumps and rubella attached

### Hepatitis B

- First dose
- Second dose
- Third dose

OR

- Laboratory evidence of immunity attached

### Meningitis

- Date

OR

- Waiver signed and attached on website

### Tdap

Tetanus, Diphtheria & Acellular Pertussis (Tdap)

- Date

### Tuberculosis Risk Assessment

- Low Risk
- High Risk

Please complete Tuberculosis Risk Questionnaire

## Varicella

- First Dose
- Second Dose

OR

- Laboratory evidence of immunity to Varicella
- History of Varicella Disease

---

**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](http://universityhealthplans.com)

---

**Student Information**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>O MALE</th>
<th>O FEMALE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
</tr>
</thead>
</table>

**Parent Information**

<table>
<thead>
<tr>
<th>Father's Last Name</th>
<th>First Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Work Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother's Last Name</th>
<th>First Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Work Phone Number</th>
</tr>
</thead>
</table>

---

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:**
January 5, 2014

---

**Entrance Health Report**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
</tr>
</thead>
</table>

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:**
January 5, 2014

---

**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](http://universityhealthplans.com)
STUDENT NAME:

Please list all medications and dosages 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
 Health Care Provider's Name (please print)  ○ NP
 ○ 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.

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:
January 5, 2014

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

PLEASE FEEL FREE TO CONTACT STUDENT HEALTH SERVICES BY PHONE AT 617-264-7678 WITH ANY QUESTIONS OR CONCERNS.
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

COUNTRIES WITH HIGH RATES OF TUBERCULOSIS (TB)*

Afghanistan  Djibouti  Lesotho  Philippines
Angola  Dominican Rep.  Liberia  Portugal
Armenia  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
Belarus  Ethiopia  Maldives  Sierra Leone
Benin  Gabon  Mali  Somalia
Bhutan  Gambia  Marshall Islands  Solomon Islands
Bolivia  Georgia  Mauritania  South Africa
Bosnia & Herzegovina  Ghana  Mauritius  Sri Lanka
Botswana  Guinea  Micronesia  Sudan
Brunei Darussalam  Guinea-Bissau  Molokai, Rep.  Suriname
Burkina Faso  Guyana  Mongolia  Swaziland
Cambodia  Honduras  Mozambique  Tajikistan
Cameroon  India  Myanmar  Tanzania, UR
Cape Verde  Indonesia  Namibia  Thailand
Central African Rep.  Iran  Nepal  Togo
Chad  Iraq  New Caledonia  Tokelau
China  knees  Nicaragua  Turkmenistan
China, Hong Kong SAR  Kazakhstan  Niger  Uganda
China, Macao SAR  Kenya  Niue  Ukraine
Colombia  Kiribati  Northern Mariana Islands  Uzbekistan
Comoros  Korea, DPR  Pakistan  Vanuatu
Congo  Korea, Rep.  Palau  Vietnam
Congo, DR  Kyrgyzstan  Panama  Yemen
Cote d’Ivoire  Lao PDR  Papua New Guinea  Zambia
Croatia  Latvia  Paraguay  Zimbabwe

*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.