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.

<table>
<thead>
<tr>
<th>Measles, Mumps, Rubella, (MMR)</th>
<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></td>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<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></td>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Tdap</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>OR</th>
<th>Laboratory evidence of immunity to Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>History of Varicella Disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuberculosis Risk Assessment</th>
<th>Low Risk</th>
<th>High Risk</th>
<th>Date</th>
<th>Please complete Tuberculosis Risk Questionnaire</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Varicella</th>
<th>First Dose</th>
<th>Second Dose</th>
<th>OR</th>
<th>Laboratory evidence of immunity to Varicella</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</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:**
August 3, 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
Please list all medications and dosage you are currently taking:

Please list and describe any medication allergies you have:

Please list current medical problems:

Please list all hospitalizations (including medical, surgical or psychiatric admissions):

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

**Health Care Provider Information**

☐ MD  ☐ NP

Health Care Provider’s Signature: ____________________________ Date: ____________

Health Care Provider’s Name (please print): ____________________________

Address: __________________________________________________________

City: ____________________________ State: ____________ Zip Code: ____________

Phone Number: ____________________________ Fax Number: ____________________________

**Health Services shares information on the Entrance Health Report with the Counseling Center and immunization records with the College Administration 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 and Psychological Treatment, including medication:** This is to certify that permission is granted to Emmanuel College Student Health Services and Counseling Center to provide psychological treatment and medical treatment, including medication, 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, psychological, psychiatric, surgery and 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.*

**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  Solomon Islands
Bhutan  Gambia  Marshall Islands  Somalia
Bolivia  Georgia  Mauritania  South Africa
Bosnia & Herzegovina  Ghana  Mauritius  Sri Lanka
Botswana  Guinea  Micronesia  Sudan
Brazil  Guinea  Moldova, Rep.  Suriname
Brunei Darussalam  Guinea-Bissau  Mongolia  Swaziland
Burundi  Haiti  Mozambique  Tajikistan
Cambodia  Honduras  Myanmar  Tanzania, UR
Cameroon  India  Namibia  Thailand
Cape Verde  Indonesia  Nepal  Togo
Central African Rep.  Iran  New Caledonia  Tokelau
 Chad  Iraq  Nicaragua  Turkmenistan
China  Kazakhstan  Niger  Uganda
China, Hong Kong SAR  Kenya  Niue  Ukraine
China, Macao SAR  Kiribati  Northern Mariana Islands  Uzbekistan
Colombia  Korea, DPR  Pakistan  Vanuatu
Comoros  Korea, Rep.  Palau  Vietnam
Congo  Kyrgyzstan  Papua New Guinea  Yemen
Congo, DR  Lao PDR  Paraguay  Zambia
Cote d'Ivoire  Latvia  Peru  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.