



Dear Student,

Congratulations on your acceptance into Fitchburg State University! We look forward to having you join the Fitchburg State University community.

As part of your acceptance, you are **required** by Fitchburg State University to complete and return the Immunizations Documentation Packet prior to arriving on campus. The Immunizations Documentation Packet must be returned to Maribel Pacheco, Administrative Assistant for Immunizations and Records via email at: **mpachec7@fitchburgstate.edu** or via fax: **978-665-4715** by **August 15** (Fall semester) and **December 28** (Spring semester).

*****Please be advised that failure to complete this process will prevent you from starting your classes*****

Should you have any questions, please don't hesitate to contact Maribel via email at mpachec7@fitchburgstate.edu or by phone at 978-665-3889.

Sincerely,

William Cummings, Ed.D.

William H. Cummings, Ed.D.

Dean of Undergraduate Students

Immunizations Documentation Packet****ALL FULL TIME UNDERGRADUATE, AND GRADUATE STUDENTS ARE REQUIRED TO COMPLETE THIS FORM******STUDENT INFORMATION**

Legal Name: First: _____ Last: _____ Middle: _____
Preferred Name: _____ Student ID#: @ _____
Date of Birth: Month: _____ Day: _____ Year: _____ Telephone: (____) _____ Cell: (____) _____
Gender: Male Female Transgender Marital Status: Single Married Separated Divorced
Student email address: _____ @student.fitchburgstate.edu
Home Address: (street and P.O.Box): _____ Apt./Fl/Suite: _____
City: _____ State: _____ Zip: _____ Country: _____

PARENT / GUARDIAN/ PARTNER INFORMATION

Parent(s) / Guardian / Partner Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Cell: (____) _____ Email: _____
Parent(s) are: Married Living with domestic partner Widowed Divorced Separated N/A

****Alternate responsible person(s) residing at different addresses from above to contacted in case of emergency if parent/guardian/spouse/partner is unavailable.****

Name: _____ Relationship to student: _____

Phone: (____) _____ Email: _____

Name: _____ Relationship to student: _____

Phone: (____) _____ Email: _____

Massachusetts college immunization law requires each college to have on file a complete record of immunizations for all full-time undergraduate and graduate students. As such, students in these programs must provide complete documentation to the Office of Student Affairs. Incoming students must submit the Immunization Record Form, completed and signed by a physician, no later than June 30 (December 15 for the Spring semester). Incomplete forms will not be accepted. Students who have not submitted this completed form will not be allowed on campus. They will not be allowed to move into on campus housing, swipe into on-campus buildings, or attend classes.

First Name: _____ Last Name: _____ Middle Initial: _____ D.O.B.: __/__/__

****Required for all full time undergraduate and graduate students****

Hepatitis B <input type="checkbox"/> 3 doses required <input type="checkbox"/> or Hepatitis B serology proving immunity (please attach)	Dose 1: ____/____/____ Dose 2: ____/____/____ Dose 3: ____/____/____
Measles, Mumps, Rubella (MMR) <input type="checkbox"/> 2 doses required <input type="checkbox"/> or measles, mumps, rubella serology proving immunity (please attach)	Dose 1: ____/____/____ Dose 2: ____/____/____
TDap <input type="checkbox"/> 1 dose required within the last 10 years	Dose: ____/____/____
Varicella <input type="checkbox"/> 2 doses required <input type="checkbox"/> or varicella serology proving immunity (please attach) <input type="checkbox"/> or documented history of varicella (Date: ____/____/____) <input type="checkbox"/> or birth before 1980 in the United States **Required for all students, 21 years and younger, administered on or after their 16th birthday, regardless of housing status**	Dose 1: ____/____/____ Dose 2: ____/____/____
Meningococcal <input type="checkbox"/> dose of MenACWY (formerly MCV4) required within the last 5 years (2 doses if dose 1 was given before age of 16) **Required for all students, 21 years and younger, regardless of housing status**	Dose 1: ____/____/____ Dose 2: ____/____/____
Tuberculosis <input type="checkbox"/> PPD (Mantoux) test given within the last year Chest x-ray if TB test is positive (please attach) **Required for international students**	Test Date: ____/____/____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Influenza -OPTIONAL Influenza 1 dose; seasonal influenza vaccine for the current flu season	Test Date: ____/____/____

****I attest that the above information is accurate and complete****

Signature of Physician: _____ Name of Physician (print): _____

Phone Number of Physician: (____) _____ Address of Physician: _____

City: _____ State: _____ Zip Code: _____



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

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 United States, about 2,600 people each year get meningococcal disease 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 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.

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 and: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

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 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.

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, but wish to receive vaccine.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

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