



Amherst College
Keefe Health Center
95 College Street
Amherst, MA 01002

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2020 New Student Required Health Forms

These forms must be completed and returned to the Health Center before you arrive on campus. All responses must be in English. *All purple (shaded) sections are required.* You may:

(1) Complete the purple (shaded) sections and attach immunization documentation from your healthcare providers office, school, or military records

OR

(2) Complete the purple (shaded) sections and have your healthcare provider complete the remaining sections and sign where indicated on page 4.

Please note, there may be more health information required prior to the start of the fall semester regarding COVID-19. We will keep you informed of any changes.

Today's Date: ___/___/___

STUDENT INFORMATION

Legal First & Last Name:	
Name you would like us to use:	Date of birth (MM/DD/YY): ___/___/___
Sex assigned at birth: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Choose not to disclose	What are your pronouns? (ex: she/her, he/him, they/them): What is your current gender identity?: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female/Trans Woman/Male-to-Female/MTF <input type="checkbox"/> Transgender Male/Trans Man/Female-to-Male/FTM <input type="checkbox"/> Genderqueer, neither exclusively male nor female <input type="checkbox"/> Additional gender category (specify): _____ <input type="checkbox"/> Choose not to disclose
Home Address: (Street Address, City/State, Zip Code, Country)	
Student Phone Number:	Student Email Address:

MEDICAL INFORMATION

Medications (List any medications including dosage that you are currently taking. Include prescription medications, over the counter medications, supplements/vitamins):							
Allergies (List any allergies to medication, insects or food below. Please include both allergen and reaction):							
Surgical History/Significant Illness (List any serious illnesses, hospitalizations, and surgeries. Include year):							
Personal Medical History (Check if you have a history of any of the following, add additional information in other if needed):							
<input type="checkbox"/>	Abnormal pap smear	<input type="checkbox"/>	Bipolar Disorder	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	Liver disease
<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Blood clots/clotting disorder	<input type="checkbox"/>	Epilepsy/seizures	<input type="checkbox"/>	Mononucleosis (Mono)
<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Bowel disease	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Substance abuse
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Thyroid disease
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Depression	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Autism/ASD	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	Other
Family Medical History (Check if any biological family members have had any of the following conditions. Add additional information in other if needed):							
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Blood clots/clotting disorder	<input type="checkbox"/>	Heart attack	<input type="checkbox"/>	Thyroid disease
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Depression	<input type="checkbox"/>	High cholesterol	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Bipolar disorder	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Other:

Student Name: _____ Date of Birth: ___/___/___

Consent for Medical Care if **Under 18** Years of Age

(Signature of parent/guardian is required if student is under 18 years of age and is valid until student turns age 18.)

I hereby grant permission to the Director of Amherst College Health Services or Authorized Representative to provide such medical care as my child _____ may require while they are a student at Amherst College, including: examinations, treatments, immunizations, etc. This also includes referral to outside providers, a local hospital and/or hospitalization, anesthesia or surgery should it be necessary in the event of an emergency.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: ____/____/____

REQUIRED IMMUNIZATIONS

Tetanus/Diphtheria/Acellular Pertussis

Tdap ___/___/___ (after age 7)
MM/DD/YY

Primary series DPT/DTaP/DT or Td

Yes

No

Measles/Mumps/Rubella (MMR) *Two doses required*

MMR #1 ___/___/___ (First dose after age 1 year)
MM/DD/YY

MMR #2 ___/___/___ (At least one month after dose #1)
MM/DD/YY

OR

Measles Vaccine #1 ___/___/___
MM/DD/YY

Measles Vaccine #2 ___/___/___
MM/DD/YY

Mumps Vaccine #1 ___/___/___
MM/DD/YY

Mumps Vaccine #2 ___/___/___
MM/DD/YY

Rubella Vaccine #1 ___/___/___
MM/DD/YY

Rubella Vaccine #2 ___/___/___
MM/DD/YY

OR

Positive blood titer test (*Attach lab results*) Measles: ___/___/___ Mumps: ___/___/___ Rubella: ___/___/___
MM/DD/YY MM/DD/YY MM/DD/YY

Hepatitis B *Three doses required*

Hepatitis B #1 ___/___/___
MM/DD/YY

Hepatitis B #2 ___/___/___ (Must be at least one month after dose #1)
MM/DD/YY

Hepatitis B #3 ___/___/___ (Must be at least two months after dose #2 and four months after dose #1)
MM/DD/YY

OR

Hepatitis A/B *Two doses required*

Merck Recombivax 10 mcg (ages 11-15) #1 ___/___/___ #2 ___/___/___ (Must be four months between doses)
MM/DD/YY MM/DD/YY

OR

Positive blood titer test (*Attach lab results*) Hepatitis B: ___/___/___
MM/DD/YY

Varicella *Two doses required*

Varicella Vaccine #1 ___/___/___ Varicella Vaccine #2 ___/___/___ (Must be four weeks between doses)
MM/DD/YY MM/DD/YY

OR

Positive Varicella blood titer test (*Attach lab results*) ___/___/___ **OR** Had disease ___/___/___
MM/DD/YY MM/DD/YY

Health Care Provider Signature

Attach immunization documentation **OR** have your Healthcare Provider (MD, DO, NP/PA) sign or stamp below

Healthcare Provider Signature: _____ OR Stamp:

Address: _____

Phone: _____ Date: ___/___/___

Student Name: _____ Date of Birth: ___/___/___

HIGHLY RECOMMENDED IMMUNIZATIONS

Meningitis ACWY

Menactra/Menomune/Menveo ___/___/___ (within five years)
MM/DD/YY

OR

Other (Specify) _____ ___/___/___
Vaccine Name MM/DD/YY

OR

Signed Waiver (below)

WAIVER FOR MENINGITIS ACWY VACCINATION REQUIREMENT

Read meningococcal disease information on pages 8 & 9 before signing.

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.

After reviewing the information on the dangers of meningococcal disease, I choose to waive the meningococcal vaccine.

Student Name: _____ **Date of Birth:** ___/___/___

Signature: _____ **Today's Date:** ___/___/___
(Student or Parent/Legal Guardian signature if student is under 18 years old)

Meningitis B *The 5 College area experienced a Meningitis B outbreak during the 2017/2018 academic year. Although there were no cases at Amherst College last year, we STRONGLY recommend that you receive the Meningitis B vaccine series prior to your arrival on campus.*

Bexsero #1 ___/___/___ Bexsero #2 ___/___/___
MM/DD/YY MM/DD/YY

OR

Trumemba #1 ___/___/___ Trumemba #2 ___/___/___ Trumemba #3 ___/___/___
MM/DD/YY MM/DD/YY MM/DD/YY

Pneumococcal Vaccination *The CDC recommends vaccination for adults who have health conditions including asthma, diabetes, and other chronic problems, those with weakened immune systems and smokers.*

PPSV23 ___/___/___
MM/DD/YY

Other Vaccinations

HPV #1 ___/___/___ HPV #2 ___/___/___ HPV #3 ___/___/___
MM/DD/YY MM/DD/YY MM/DD/YY

Typhoid ___/___/___ Influenza ___/___/___ Yellow Fever ___/___/___
MM/DD/YY MM/DD/YY MM/DD/YY

Hepatitis A #1 ___/___/___ Hepatitis A #2 ___/___/___
MM/DD/YY MM/DD/YY

REQUIRED TUBERCULOSIS (TB) SCREENING

*Tuberculosis (TB) Risk Questionnaire

1. Have you ever been treated for active TB? _____ Yes No

If yes, give dates of treatment: from ___/___/___ to ___/___/___
MM/DD/YY MM/DD/YY

2. Have you ever had a positive TB skin test or blood test? _____ Yes No

If yes, give date: ___/___/___
MM/DD/YY

3. Have you ever been treated for latent TB? _____ Yes No

If yes, give dates of treatment: from ___/___/___ to ___/___/___
MM/DD/YY MM/DD/YY

4. Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? [Source: WHO 2016-2020] _____ Yes No

If yes, please CIRCLE the country below:

Angola	DPR Korea	Malawi	Somalia
Azerbaijan	DR Congo	Mozambique	South Africa
Bangladesh	Ethiopia	Myanmar	Swaziland
Belarus	Ghana	Namibia	Tajikistan
Botswana	Guinea-Bissau	Nigeria	Thailand
Brazil	India	Pakistan	Uganda
Cambodia	Indonesia	Papua New Guinea	Ukraine
Cameroon	Kazakhstan	Peru	UR Tanzania
Central African Republic	Kenya	Philippines	Uzbekistan
Chad	Kyrgyzstan	Republic of Moldova	Vietnam
China	Lesotho	Russian Federation	Zambia
Congo	Liberia	Sierra Leone	Zimbabwe

5. In the past five years have you traveled in one of the countries or territories listed above that have a high incidence of active TB disease? _____ Yes No

If yes, in what country did you travel? _____

6. In the last two years, have you lived or spent time with someone who has been sick with TB? _____ Yes No

7. Have you ever been vaccinated with BCG? _____ Yes No

*If you answered **yes** to questions 4, 5 or 6 above, we require a TB test (Mantoux or PPD) to be done within three months prior to arrival at Amherst College. Please fill out the form on the following page*

INFORMATION ABOUT MENINGOCOCCAL DISEASE AND VACCINATION FOR STUDENTS AT RESIDENTIAL SCHOOLS AND COLLEGES

Full time residential students: Read and retain pages 7-8 (do not return these pages to Amherst College Health Services).

Waiver is on page 5.

Massachusetts 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 quadrivalent meningococcal polysaccharide of conjugate vaccine to protect against serotypes A, C, W, Y **OR** (2) Fall within one of the exemptions in the law, which are discussed on the following page.

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 US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long term neurologic problems, 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?

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college freshmen living in dormitories and military recruits are also at greater risk of disease from some of the serogroups.

ARE STUDENTS IN COLLEGE AND SECONDARY SCHOOLS AT HIGHER RISK FOR MENINGOCOCCAL DISEASE?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease caused by some of the serotypes contained in the quadrivalent vaccine, 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, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

Student Name: _____ Date of Birth: ___/___/___

IS THERE A VACCINE AGAINST MENINGOCOCCAL DISEASE?

Yes, quadrivalent meningococcal polysaccharide vaccine (Menomune) and meningococcal conjugate vaccine (Menactra and Menveo) protect against 4 serotypes (subgroups), A, C, W, and Y of meningococcal disease. Meningococcal serogroup B vaccines (Bexsero and Trumenba) protect against serogroup B meningococcal disease. Currently, students are required to have a dose of quadrivalent polysaccharide vaccine within the last 5 years or a dose of quadrivalent conjugate vaccine at any time in the past (or fall within one of the exemptions allowed by law). Meningococcal serogroup B vaccines are not required for students in college or secondary schools and do not fulfill the requirement for receipt of meningococcal vaccine.

Please be aware that in October 2010 the Advisory Committee on Immunization Practices (ACIP) recommended booster doses of quadrivalent meningococcal conjugate vaccine for healthy adolescents 16-18 years of age. Persons up to 21 years of age entering college are recommended to have documentation of a dose of quadrivalent meningococcal conjugate vaccine no more than 5 years before enrollment, particularly if they are new residential students. Talk with your doctor about which meningococcal vaccines you should receive.

IS THE MENINGITIS VACCINE SAFE?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. 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 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 quadrivalent 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 quadrivalent meningococcal polysaccharide vaccine within the last 5 years (or a dose of quadrivalent 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 elected to decline the vaccine.

WHERE CAN I 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 these vaccines. Schools and college health services are not required to provide you with this vaccine.

WHERE CAN I GET MORE INFORMATION?

- (1) Your Healthcare provider
- (2) The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi