



AMHERST COLLEGE
 Keefe Health Center
 95 College Street
 Amherst, MA 01002
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2016

**NEW STUDENT
 REQUIRED HEALTH FORMS**

**This form 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. Attach immunization documentation from your healthcare provider's office, school or military records.
 OR: 2.) Complete the purple (shaded) sections. Have your healthcare provider complete the remaining sections and sign where indicated on page 3.**

STUDENT INFORMATION:

First name: _____ Last name: _____
 Preferred Name: _____ Today's Date: _____ Class Year: _____
 Date of Birth: _____ Home phone #: _____ Cell phone #: _____
 Home Address: _____ E-mail: _____

MEDICATIONS List any medications (including dosage) that you are currently taking. Include prescriptions, over-the-counter medication, supplements/vitamins (include medications such as inhalers that you may only use as needed.): _____

ALLERGIES:

Allergy or severe reaction to medication: Yes No (Specify medication and reaction below)

Allergy or severe reaction to insects, bees, food etc.: Yes No (Specify allergen and reaction below)

MEDICAL HISTORY: (Please check box if not applicable)

Hospitalizations, Surgeries & Serious illness. (include year): _____

Check if you have personal history of any of the following: (Please check box if not applicable)

<input type="checkbox"/>	Abnormal Pap smear	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Phlebitis/ Blood clots
<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Depression	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	Alcohol/drug problem	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Sickle cell anemia
<input type="checkbox"/>	Anemia	<input type="checkbox"/>	Ear problems	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	Stomach problems
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	Learning differences	<input type="checkbox"/>	Thyroid conditions
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Emotional problems	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	Urinary infections
<input type="checkbox"/>	Bipolar disorder	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	Orthopedic problems	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Bowel disease	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	Pelvic infections	<input type="checkbox"/>	

FAMILY HISTORY (check if family members have had any of the following conditions):

(Please check box if not applicable)

<input type="checkbox"/>	Cancer	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Sudden death before age 50
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	History of heart problems	<input type="checkbox"/>	Other family illness (Specify)

Name: _____ Date of Birth: _____

REQUIRED IMMUNIZATIONS:

TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS (Must be within 10 years) **1**

Tdap _____ (Required)
MM/DD/YY

Primary series (DPT/DTaP/DT or Td) Yes No

MEASLES, MUMPS, RUBELLA (MMR) (Two doses required) **2**

MMR #1 _____ (First dose must be after age one year) MMR #2 _____ (Must be at least one month after dose #1)
MM/DD/YY MM/DDYY

OR:

Measles Vaccine #1 _____ Measles Vaccine #2 _____ Mumps Vaccine #1 _____ Mumps Vaccine #2 _____
MM/DDYY MM/DDYY MM/DDYY MM/DDYY

Rubella Vaccine #1 _____ Rubella Vaccine #2 _____
MM/DDYY MM/DDYY

OR: Positive blood test titer:

Rubella: _____ Mumps: _____ Measles: _____ (Attach copy of lab results)
MM/DDYY MM/DDYY MM/DDYY

MENINGITIS **3**

<input type="checkbox"/> Menomune	#1 _____	#2 _____	within five years
	MM/DDYY	MM/DDYY	
<input type="checkbox"/> Menactra	#1 _____	#2 _____	within five years
	MM/DDYY	MM/DDYY	
<input type="checkbox"/> Menveo	#1 _____	#2 _____	within five years
	MM/DDYY	MM/DDYY	
<input type="checkbox"/> Other:	#1 _____	#2 _____	within five years
	MM/DDYY	MM/DDYY	

OR: Signed waiver (on page 3)

VARICELLA **4**

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

OR: Had disease _____ **OR:** Positive blood test titer: _____ (Attach copy of lab results)
MM/DD/YY MM/DD/YY

HEPATITIS B OR A/B (Dates must be filled in) **5**

#1 _____
MM/DDYY

#2 _____ (Must be at least one month after #1)
MM/DDYY

#3 _____ (Must be at least two months after #2 and four months after #1)
MM/DD/YY

OR: Merck Recombivax 10 mcg. (ages 11-15)

#1 _____ #2 _____ (Must be four months between doses)
MM/DD/YY MM/DD/YY

OR: Positive blood test titer _____ (Attach copy of lab results)
MM/DD/YY

Name: _____ Date of Birth: _____

Read meningococcal disease information on pages 6 and 7 before signing.

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.

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

Student name: _____

Date of Birth: _____
MM/DD/YY

Signature: _____
(Student or parental/Legal guardian, if student is under 18 years of age)

Today's Date: _____
MM/DD/YY

RECOMMENDED: 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: List other vaccinations received:

HPV #1: _____ MM/DD/YY	Hep A #1: _____ MM/DD/YY	Vaccine: _____ MM/DD/YY
HPV #2: _____ MM/DD/YY	Hep A #2: _____ MM/DD/YY	Vaccine: _____ MM/DD/YY
HPV #3: _____ MM/DD/YY	Typhoid: _____ MM/DD/YY	Vaccine: _____ MM/DD/YY
Influenza: _____ MM/DD/YY	Yellow Fever: _____ MM/DD/YY	Vaccine: _____ MM/DD/YY

**** HEALTH CARE PROVIDER SIGNATURE ****

Unless documentation of immunizations is attached,
your healthcare provider's (M.D./N.P./P.A.) signature or stamp is **required** below.

Healthcare provider signature or stamp: _____

Date: _____ Address: : _____ Phone: _____
MM/DD/YY

CONSENT FOR MEDICAL CARE IF UNDER 18 YEARS OF AGE: (if applicable)

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

I hereby grant permission to the Director of Amherst College Health Services or authorized representative to provide such medical care as my daughter/son _____ may require while she/he is a student at Amherst College, including

(Please Print)

examinations, treatments, immunizations etc.. This also includes referral to outside providers, a local hospital and/or hospitalization, anesthesia and/or surgery should be it be necessary in the event of an emergency.

Name of Parent/Guardian: _____ Signature : _____
(Please Print)

Name: _____ Date of Birth: _____

REQUIRED: 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 or blood test? Yes No

If yes, when? _____
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 Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East? Yes No

If yes, in what country were you born? _____

5. In the past five years, have you traveled in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean or the Middle East for more than one month? Yes No

If yes, to what country did you travel? _____

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

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

REQUIRED: TB TEST FOR HIGH-RISK STUDENTS

If you answered 'yes' to questions 4, 5 or 6 above, we require a TB test (Mantoux or PPD) be done within three months of enrollment at Amherst College. If you have already had one of these tests, record results below.

Mantoux or PPD (Tine or Monovac not acceptable) _____
MM/DD/YY

Test results: Record **exact measurement** of induration (*swelling*), not erythema (*redness*).

Negative ____ mm Positive ____ mm (If **positive**, record chest X-ray results. **Include a copy of the report.**)

Results: _____
MM/DD/YY

OR:

T-Spot or Quantiferon Gold (IGRA): _____ Pos. Neg. _____
MM/DD/YY

Healthcare Provider Signature: (**required**) _____ (***Include a copy of results.***)

COUNTRIES WITH HIGH TUBERCULOSIS (TB) RATES

Afghanistan	Gambia	Palau
Algeria	Georgia	Panama
Angola	Ghana	Papua New Guinea
Anguilla	Guam	Paraguay
Armenia	Guatemala	Peru
Azerbaijan	Guinea	Philippines
Bahrain	Guinea-Bissau	Poland *
Bangladesh	Guyana	Portugal *
Belarus	Haiti	Qatar
Belize	Honduras	Rep. Korea
Benin	India	Republic of Moldova
Bhutan	Indonesia	Romania
Bolivia	Iraq	Russian Federation
Bosnia & Herzegovina	Kazakhstan	Rwanda
Botswana	Kenya	Sao Tome & Principe
Brazil	Kiribati	Senegal
British Virgin Islands	Kyrgyzstan	Seychelles
Brunei Darussalam	Lao PDR	Sierra Leone
Bulgaria	Lesotho	Solomon Islands
Burkina Faso	Liberia	Somalia
Burundi	Libyan Arab Jamahiriya	South Africa
Cambodia	Lithuania	Sri Lanka
Cameroon	Madagascar	Sudan
Cape Verde	Malawi	Suriname
Central African Republic	Malaysia	Swaziland
Chad	Mali	Taiwan
China	Marshall Islands	Tajikistan
China, Hong Kong SAR	Mauritania	Thailand
China, Macao SAR	Mauritius	Timor-Leste
Colombia *	Mexico *	Togo
Comoros	Micronesia	Turkmenistan
Congo	Mongolia	Tuvalu
Cook Islands	Montserrat	Uganda
Côte d'Ivoire	Morocco	Ukraine
Djibouti	Mozambique	UR Tanzania
Dominican Republic	Myanmar	Uzbekistan
DPR Korea	Namibia	Vanuatu
DR Congo	Nauru	Vietnam
Ecuador	Nepal	Yemen
El Salvador *	Nicaragua	Zambia
Equatorial Guinea	Niger	Zimbabwe
Eritrea	Nigeria	
Ethiopia	Northern Mariana Island	
Gabon	Pakistan	

Sources:

- *World Health Organization, Global Tuberculosis Control: estimated burden of TB, 2009.*
- *Mass. Dept. of Public Health: Birth in TB endemic country (defined as TB case rate of > 50 per 100,000 people) is a major risk factor for exposure to TB.*

* *Countries with TB case rate <50 per 100,000 but where TB cases in Massachusetts are from May 2009.*

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

Full-time residential students: Waiver is on page 3. Read and retain pages 6-7; do not return these pages to Amherst College Health Services.

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 or conjugate vaccine to protect against serotypes A, C, W and Y; 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 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 MOST AT 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 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 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.

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 MENINGOCOCCAL 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 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 these vaccines. 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/imm and www.mass.gov/dph/epi
- Your local health department (listed in the phone book under government)