NEW UNDERGRADUATE STUDENT HEALTH FORMS CHECKLIST

Dear Student, welcome to WPI!

Please complete and upload all forms to the WPI Student Health Portal.

Individual immunization dates need to be entered by all students so they can be reviewed by the WPI Student Health Services (SHS) Office to ensure compliance.

The deadline for forms submission is ***JANUARY 15, 2025.***

The WPI Student Health Portal can be accessed by scanning the QR code.

- ✓ Immunization Record
  - This form should be completed and signed by your medical provider *or* you can submit a printed copy of your immunization records from your medical providers office. You do not need to use this specific form.
  - Included in this packet is the Massachusetts School Immunizations Requirements informational page.
- ✓ Consent Form
  - If the student will be under 18 years old by the time they move into their dorm, please make sure a parent or guardian has completed and signed the WPI Student Health Services Authorization to Treat a Minor Form section of the form.
- ✓ Physical Examination Form
  - Completed and signed by the student's medical provider.
  - A printed copy of your most recent physical from your providers office is acceptable. You do not need to use this specific form.
- ✓ Tuberculosis (TB) Screening Questionnaire
  - Completed and signed by the student (up to the stop sign).
  - If the student answer yes to any of the questions in the screening section, the bottom portion of the form must be completed by their medical provider for further TB screening.
- ✓ Meningitis Vaccine Waiver
  - If you do not wish to have the meningitis vaccine, please review, and sign the meningitis waiver form.
  - The waiver form can be found on the WPI Student Health Services web page.
  - If you have had the meningitis vaccine, you do not need to complete this form.
- ✓ Student Vaccine Exemption Form
  - Please review and sign the vaccine exemption form if you have a medical or religious vaccine exemption.
  - Please provide additional documentation as needed per the instructions found on this form.

Contact the WPI Student Health Services Office at 508.831.5520 if you have any questions regarding the required health forms.

If you have questions regarding the student health insurance, please call the WPI Bursar's Office at 508.831.5203.

If you are a WPI varsity athlete, you must submit a copy of your medical forms to BOTH the Athletics Office and Health Services.

If the required health forms listed above are not submitted and complete, a "hold" will be placed on your academic record which will prevent you from registering for classes in the future.

REMINDER: Please keep a copy of all forms for your personal records.

Massachusetts School Immunization Requirements 2024–2025§

Requirements apply to all students, including individuals from other countries attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students in every grade, even if they are over 18 years of age.

College (Postsecondary Institutions)**†

Requirements apply to all full-time undergraduate and graduate students under 30 years of age and all full- and part-time health science students. Meningococcal requirements apply to the group specified in the table below.

Tdap	**1 dose;** and history of a DTaP primary series or age-appropriate catch-up vaccination; Tdap given at ≥7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule; Td or Tdap should be given if it has been ≥10 years since Tdap
Hepatitis B	**3 doses;** laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable
MMR	**2 doses;** first dose must be given on or after the 1st birthday, and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable; birth in the U.S. before 1957 acceptable only for non-health science students
Varicella	**2 doses;** first dose must be given on or after the 1st birthday and second dose must be given ≥28 days after the first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable; birth in the U.S. before 1980 acceptable only for non-health science students
Meningococcal	**1 dose;** 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger; the dose of MenACWY vaccine must have been received on or after the student's 16th birthday; doses received at younger ages do not count towards this requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

§ Address questions about enforcement with your legal counsel. School requirements are enforced at the local level.

****** The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need to comply with this requirement.

† Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year, and religious exemptions (statement from a student or parent/guardian, if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs), should be renewed annually at the start of the school year.

***** A reliable history of chickenpox includes a diagnosis of chickenpox or interpretation of parent/guardian description of chickenpox by a physician, nurse practitioner, physician assistant, or designee.

WPI Student Health Services (SHS)
100 Institute Road, Worcester, MA 01609
phone: 508-831-5520
fax: 508-831-5953

WPI Student Immunization Record

A physician, physician assistant, registered nurse, or nurse practitioner who is not the student or a relative of the student must complete all questions in English and sign this page, *or* attach a signed copy of the student's immunization record.

last name, first name _____ lived name and pronouns _____ date of birth (month/day/year) _____

Massachusetts State Law, and WPI policy, require ***all students,*** regardless of age or gender, to submit documentation of immunity to certain infectious diseases.

For these infectious diseases, dates of immunization *or* serologic proof of immunity are required:

Required immunizations	**Immunization dates** (month/day/year) *Doses must be at least 30 days apart.*			**Serologic proof** *If providing serologic proof of immunity, you must **attach laboratory test results** when submitting this form.*		
				Positive IgG serologic test	**Date of test** (month/day/year)	**Test results attached**
Measles, mumps, and rubella (combined MMR vaccine **or** separate measles, mumps, and rubella vaccines) 2 doses required; first dose must be after age 1.	**MMR vaccine**	date of first dose	date of second dose			
	Measles vaccine	date of first dose	date of second dose	**Measles**		☐
	Mumps vaccine	date of first dose	date of second dose	**Mumps**		☐
	Rubella vaccine	date of first dose	date of second dose	**Rubella**		☐
Hepatitis B 3 doses required	date of first dose	date of second dose	date of third dose	**Hepatitis B** surface antibody		☐
Varicella — 2 doses **or** history of disease required	date of first dose	date of second dose	*History of disease:*	**Varicella**		☐

TDAP (tetanus, diphtheria, and pertussis)	date of most recent dose within the past 10 years

Meningococcal (serogroups A, C, W, Y)	date of immunization *(must be on or after student's 16th birthday)*	*If providing a signed waiver, include it when submitting this form*

Recommended immunizations:

	Immunization dates (month/day/year)		
Bexsero or Trumenba (Meningococcal serogroup B) (2-dose series)	date of first dose	date of second dose	date of third dose (Trumenba only)
Covid-19	date of most recent dose		
Hepatitis A (2-dose series)	date of first dose	date of second dose	
HPV (3-dose series)	date of first dose	date of second dose	date of third dose
Influenza (annual dose)	date of most recent dose		

Certification by health care provider (required):

signature of health care provider _____ printed name _____ date (month/day/year) _____

health care provider address _____ phone _____

WPI STUDENT HEALTH SERVICES
AUTHORIZATION TO TREAT A MINOR

[Parent/Guardian should complete and sign this form for any child/dependent under 18, unless thechild/dependent: (i) is or has been married; (ii) is a parent; (iii) is in the armed forces; or (iv) lives independently and apart from his or her parent/guardian and manages his or her own finances.]

Massachusetts law generally requires a parent's or guardian's consent for medical treatment of a minor. If your child/dependent is a student, or attending a program, at Worcester Polytechnic Institute ("WPI"), the following form must be completed and returned prior to your child's/dependent's arrival on campus.

I, _____, am the parent/guardian of
(please print)

_____, date of birth _____
(please print)

who is currently a minor (under the age of 18).

I authorize the WPI Student Health Services (SHS) to provide routine medical and/or mental health care to my child/dependent, including but not limited to diagnostic examinations (including radiological and laboratory testing), medical treatment and mental health counseling.

If an injury/illness is determined to be life-threatening, I authorize WPI SHS to make arrangements for my child/dependent to be taken to a hospital, and I understand that a health care provider will make efforts to notify me. I hereby consent to the sharing by WPI SHS of my health information with such hospital, emergency facility or other outside health care provider to support my continuity of care.

I further understand that, once my child/dependent reaches the age of 18, my consent for treatment is no longer required.

I understand that, under Massachusetts law, there are certain conditions, such as pregnancy/suspected pregnancy, exposure/suspected exposure to sexually transmitted diseases and drug/alcohol addiction, forwhich my minor child/dependent may consent to treatment for themselves and without my knowledge. I also understand that there may be other circumstances in which WPI SHS may determine, consistent with law, that my child/dependent may consent to treatment for themselves and without my knowledge.

If at any time the parent/guardian has decided to revoke their consent for treatment of their child/dependent, we will require a written statement emailed to the WPI SHS at shs@wpi.edu.

By my signature, I acknowledge that I have read and understand this authorization, and that any questions I have prior to signing can be answered by calling the WPI SHS at 508-831-5520 or emailing shs@wpi.edu.

(Parent/Guardian signature) _____ *Date* _____

* * *

PARENT/GUARDIAN EMERGENCY CONTACTS:

Name: _____ Phone: _____

Name: _____ Phone: _____

WPI PHYSICAL EXAMINATION

Physical exam must have been completed within the past 2 years from the start of the academic year.

Students Legal Name: _____ **Date of Birth:** _____ **Date of Exam:** _____

Students Lived Name: _____ **Assigned Sex at Birth:** _____

Height:	Weight:	Blood Pressure:	Heart Rate:

SYSTEM	NORMAL	PLEASE DESCRIBE ANY ABNORMALITIES
Skin		
HEENT		
Lymph nodes		
Thyroid		
Respiratory		
Cardiovascular (murmurs)		
Gastrointestinal		
Musculoskeletal		
Neurological		
Psychological		

CURRENT AND CHRONIC PROBLEMS:

_____ _____

_____ _____

_____ _____

If the student is under care of a medical provider for a chronic condition or serious illness, please provide additional clinical reports to assist us in providing continuity of care.

CURRENT MEDICATIONS (include vitamins, OTC medications, supplements, contraceptives, inhalers, epi-pen, etc.):

_____

Allergies: _____ **Type of Reaction:** _____

_____ _____

_____ _____

T**uberculosis Risk** (please circle): Low Risk or High Risk (complete the tuberculosis screening form for high risk patients)

Physical Activity Clearance: Cleared Not Cleared Cleared with restrictions (please specify): _____

Health Care Provider Signature _____ **Date** _____

Health Care Provider (please print): _____

Address: _____

Phone: _____ Fax: _____

Name (print):_____ DOB_____

WPI STUDENT HEALTH SERVICES TUBERCULOSIS SCREENING

Required for all undergraduate and graduate students.

1. Were you born in one of the countries listed below? □Yes □No
2. Have you traveled or lived for more than one month in one of the countries listed below? □Yes □No
3. Have you been in close contact with someone with tuberculosis? □Yes □No
4. Have you resided or worked in a prison, homeless shelter, nursing home or hospital? □Yes □No
5. Have you ever had a positive tuberculosis skin or blood test? □Yes □No

If you answer "NO" to all questions 1-5, Sign, date and submit form to WPI Student Health Services

Student Signature: _____ **Date**: _____

If you answered "YES" to any questions 1 - 5 above, documentation of one of the following is required:

1. **PPD skin test dated within the past 2 years from the start of courses at WPI**
2. **Chest x-ray dated within the past 2 years from the start of courses at WPI**
3. **IGRA (Quantiferon Gold) blood test within the past 5 years from the start of course at WPI**

***A history of BCG vaccination does not preclude testing*.**

Documentation of the above should be uploaded to the student health portal, or a healthcare provider can complete the bottom portion of this form.

PPD: Date Planted_____ Date Read (*within 48-72 hours*)_____ Result_____ mm of induration

If you have a positive tuberculin skin test (PPD), documentation of a chest x-ray or IGRA (Quantiferon Gold) blood test is required.

Date of positive PPD _____ Date of X-Ray_____ **Result:** ☐ Normal ☐ Abnormal (**attach report**)

IGRA: Date _____ Results:_____

INH prophylaxis_____ □ Initiated □ Completed (**attach report**)

SIGNATURE OF HEALTHCARE PROVIDER: _____

Name (print): _____ Phone: _____

Address: _____

Countries with High Rates of TB

Angola, Azerbaijan, Bangladesh, Belarus, Botswana, Brazil, Cameroon, Central African Republic, China, Congo, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Guinea, Guinea-Bissau, India, Indonesia, Kazakhstan, Kenya, Kyrgyzstan, Lesotho, Liberia, Malawi, Mongolia, Mozambique, Myanmar, Namibia, Nepal, Nigeria, Pakistan, Papua New Guinea, Peru, Philippines, Republic of Moldova, Russia Federation, Sierra Leone, Somalia, South Africa, Tajikistan, Thailand, Uganda, Ukraine, United Republic of Tanzania, Uzbekistan, Viet Nam, Zambia, Zimbabwe

Source: WHO Global Tuberculosis Report 2023: https://www.who.int/publications/i/item/9789240083851

Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements, and the Waiver for Students at Colleges and Residential Schools

Colleges: Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., college) to receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

Residential Schools: Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding school) to receive the quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law, 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, that 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. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, sensitivity to light, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. Less common presentations include pneumonia and arthritis. In the US, about 350-550 people get meningococcal disease yearly, and 10-15% die despite receiving antibiotic treatment. Of those who live, another 10-20% 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 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 who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as first-year college students living on campus and military recruits are also at greater risk of disease from some of the serogroups.

Which students are most at risk for meningococcal disease?
In the 1990s, college freshmen living in residence halls were identified as being at increased risk for meningococcal disease. Meningococcal disease and outbreaks in young adults were primarily due to serogroup C. However, following many years of routine vaccination of young people with quadrivalent meningococcal conjugate vaccine (for serogroups A, C, W, and Y), serogroup B is now the primary cause of meningococcal disease and outbreaks in young adults. Among the approximately 9 million students aged 18-21 years enrolled in college, there are an average of 20 cases and 0-4 outbreaks due to serogroup B reported annually. Although the incidence of serogroup B meningococcal disease in college students is low, four-year college students are at increased risk compared to non-college students; risk is highest among first-year students living on campus. The close contact in college residence halls, combined with social mixing activities (such as going to bars, clubs, or parties; participating in Greek life; sharing food or beverages; and other activities involving the exchange of saliva), may put college students at increased risk.

Is there a vaccine against meningococcal disease?
Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. The meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Quadrivalent meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16th birthday do not need a booster. Individuals in certain high-risk groups may need to receive 1 or more of these vaccines based on their doctor's recommendations. Adolescents and young adults (16-23 years of age) who are not in high-risk groups may be vaccinated with meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

Is the meningococcal vaccine safe?
Yes. Getting the meningococcal vaccine is much safer than getting the disease. Some people who get the 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 vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.

Is meningococcal vaccine mandatory for entry into secondary schools (that provide housing) and colleges?
Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) require both newly enrolled full-time students attending a secondary school (with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary

(see reverse side)

school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., college) to receive a dose of quadrivalent meningococcal conjugate 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. Secondary school students must provide documentation of having received 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. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday regardless of housing status unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for meningococcal vaccine. 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.

Exemptions: 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 they can't receive the vaccine; 2) the student (or the student's legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against their sincere religious belief; or 3) the student (or the student's 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.

Shouldn't meningococcal B vaccine be required?
CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At this time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges may institute a requirement). Those aged 16-23 years may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16-18 years of age, to provide short-term protection against most strains of serogroup B meningococcal disease. This is decided by the patient and healthcare provider. These policies may change as new information becomes available.

Where can a student get vaccinated?
Students and their legal guardians should contact their healthcare providers to 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 this vaccine.

Where can I get more information?
Your healthcare provider; your local Board of Health (listed in the phone book under government); or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at https://www.mass.gov/info-details/school-immunizations.

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 quadrivalent meningococcal conjugate vaccine. I understand that Massachusetts law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger 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 materials above on the dangers of meningococcal disease, I choose to waive receipt of the meningococcal vaccine.

Student Name: _____ Date of Birth: _____ Student ID: _____

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

Student Vaccine Exemption

WPI Student Health Services
100 Institute Road
Worcester, MA 01609

Questions? shs@wpi.edu or 508-831-5520

I,_____am a student at Worcester Polytechnic Institute and request that I be exempt from the requirement to receive the following vaccinations (Massachusetts Department of Public Health, 105 CMR 220.600 - 700):

[ ] All **[ ]** MMR **[ ]** Hepatitis B **[ ]** Tdap **[ ]** Varicella **[ ]** Other: _____

I request that I be exempt from the requirement to receive the above vaccinations and immunizations based on:

❑ Medical grounds. *Please explain*:

* All medical exemptions **must be verified with a letter from the student's medical provider**, in addition to completing this form. It must specify which immunization(s) cannot be given and certify that the provider has personally examined the student and is of the opinion that the student's health would be endangered by the immunization.

❑ Religious grounds. I certify that the receipt of a vaccine or immunization would conflict with or violate my sincere religious beliefs.

- **I understand and agree that in the event of an outbreak of a communicable disease**, I will (at my own expense) either leave campus or receive an immunization for the communicable disease and will follow WPI's policies and protocols as well as the recommendations of the local board of public health related to the communicable disease.
- I further understand and agree that when one or more cases of a vaccine-preventable disease or any other communicable disease are present on campus or in WPI's geographical area, I may be subject to testing, isolation, or quarantine in accordance with the Massachusetts Reportable Diseases, Surveillance, and Isolation and Quarantine Requirements (105 CMR 300.000) and/or WPI's policies and protocols.

_____ _____
Student Name (please print) Date of Birth (month/day/year)

_____ _____
Student Signature Date (month/day/year)*

_____ _____
Local/ Campus Address ID

_____
City, State, Zip Code

Upload completed Exemption Form and letter from your medical provider, if required, to the secure health portal.

Note: The Massachusetts Department of Public Health **requires this waiver to be renewed annually at the start of each academic year.**