

**TO:** All Full-Time Students (12 credits or more during a semester *including students in Cycle courses*);  
All Students on a Student Visa. Any full- or part-time student attending an institution of higher education while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation exchange program;  
All Full and Part-Time Health Science Students, who are in contact with patients— All Nursing (NU, NUE, NUP, PN), Certified Nurse Assistant, Medical Laboratory Technology, Dental Assistant Certificate, Dental Hygiene, Medical Assisting Degree, Medical Office Certificate, Medical Assisting Certificate, Substance Abuse Counseling Certificate, Paramedic Technology Certificate, Community Health Worker, Phlebotomy, Physical Therapist Assistant and EKG.

**FROM:** Jason Zelesky, Dean of Students

**SUBJECT:** REQUIREMENTS FOR IMMUNIZATION AND MEDICAL HISTORY

**The Laws of the Commonwealth of Massachusetts mandate that the College require certain medical documentation prior to class attendance.** Failure to comply may result in: Prevention from enrolling in subsequent semesters, and withholding of grades and diploma. Therefore, we ask your cooperation in adhering to the following policies as they pertain to you.

In order to complete your records, Health Services requires the following documentation  
**Before Classes Begin:**

- **2 doses Measles, Mumps Rubella** (2 MMRs) immunization or proof of immunity (please attach lab reports). *Exempt if born in the U.S. before 1957 except for all **Health Science** students.*
- **1 dose Tdap once, then Td booster every 10 years.**
- **3 doses Hepatitis B** vaccine or proof of immunity (please attach lab report). **Health Science** students must submit a positive Hepatitis B titer *in addition to vaccine record.*
- **2 doses Varicella** vaccine or proof of immunity (please attach lab report) required for all **Health Science students**. Non- Health Science students can provide a reliable history verified by a physician (*exempt if born in the U.S. before 1980*).
- **Meningococcal** vaccine (required for all full- time student's ages 16-21)
- **Annual Influenza vaccine** required for all **Health Science Students**

• **Annual Tuberculosis Testing**  
**Required for:**  
\* **All** Full and Part-time Health Science Students as defined above;  
\* **All** full- or part-time student *on a STUDENT VISA or Other Visa;*

**Physical Exam & Medical History Form**

Health Science and International students on a student or other VISA must complete the enclosed physical form.

**Health Records may be obtained from the following sources**

1. Your physician
2. Your high school records
3. Your baby book
4. Military records

**If the above immunizations cannot be found the following may provide re-immunization**

1. Your physician
2. Walk-in health center and pharmacy

Please take prompt action to return the enclosed signed form to:

**MWCC Health Services, 444 Green Street, Gardner, MA 01440**  
*or Fax to 978-630-9528 c/o Health Services*  
**Prior to the first day of classes**

**If you have questions or concerns, please contact the Health Services office at (978) 630-9136.**

**PHYSICAL AND IMMUNIZATION FORM**



**FAX # 978-630-9528**  
c/o Katherine Kusza, RN

Massachusetts General Law 105 CMR 220.600 requires ALL FULL-TIME STUDENTS (12 CREDITS OR MORE) to provide the following record of immunizations. Health Science/International students require additional immunizations. Completed forms are necessary to demonstrate compliance with the law.

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Student ID #</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Emergency Contact/Next of Kin Name/Phone Number</b>	

**REQUIRED IMMUNIZATIONS: (Full-time students, all Health Science Students and all International Students)**

**MMR:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ or Positive Titer (Please attach lab results)

**Varicella:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ or Positive Titer (Please attach lab results)

**Hepatitis B:** #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ or Positive Titer\* (Please attach lab results)  
 \*(Hep B Titer required of all Health Science Students)

**TDAP:** #1 \_\_\_\_\_ (within 10 years)

**Meningococcal:** #1 \_\_\_\_\_ (students ages 16-21)

**2 step PPD (Date/Result) \*\*: #1 \_\_\_\_\_ #2 \_\_\_\_\_ or TB Spot/Quantiferon Gold #1 \_\_\_\_\_**  
 \*\* (Annually for Health Science and International Students)

**Influenza\*\*\*: #1 \_\_\_\_\_**  
 \*\*\* (Annually for Health Science Students)

**REPORT OF HEALTH EVALUATION: (All Health Science and International Students)**

Are there any abnormalities of the following systems? Describe fully. Include Pertinent Medical History.

BP \_\_\_\_\_ HR \_\_\_\_\_ RR \_\_\_\_\_

	Yes	No
Head, Ears, Nose or Throat		
Respiratory		
Cardiovascular		
Gastrointestinal		
Hernia		
Eyes		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		

Is there loss or seriously impaired function of any organ? Yes  No

Have you any general comments?

Is the Student physically able to participate in all physical activities, sports and Fitness and Wellness?

Unlimited  Limited  Explain: \_\_\_\_\_ Date of most recent Physical \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

# Mount Wachusett Community College

444 Green Street • Gardner, MA 01440-1000

(978) 630-9136

FAX # 978-630-9528, Attn: Katherine Kusza, RN

## RELEASE FORM

*Required for all Health Science Students*

### INSTRUCTIONS TO STUDENT

1. Please clearly print the information needed to release your immunization and physical examination records to your clinical site.
2. Sign and date from.

### AUTHORIZATION FORM RELEASE OF MEDICAL INFORMATION

I HEREBY AUTHORIZE Mount Wachusett Community College to forward my immunization records and physical examination (when applicable) to my clinical site(s) for the duration of my enrollment in this Health Science Program: ***Please print clearly.***

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Program)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Student's ID#)

\_\_\_\_\_  
(Date)

# TB Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Because you have had a positive skin test reaction to the TB test in the past, we need to determine whether you have any symptoms of active TB. Please answer the following questions.

1. Do you have a productive cough? \_\_\_\_\_
2. Have you had an unexplained weight loss? \_\_\_\_\_
3. Do you have night sweats? \_\_\_\_\_
4. Do you have symptoms of exhaustion? \_\_\_\_\_
5. Do you have any unexplained fever? \_\_\_\_\_
6. Have you been exposed to anyone with TB in the past? \_\_\_\_\_
7. Have you ever lived in another country? \_\_\_ If so, where? \_\_\_\_\_
8. What was the year of your last chest x-ray? \_\_\_\_\_
9. Have you ever received the BCG vaccine for tuberculosis? \_\_\_\_\_
10. Have you ever had a positive reaction (a lump 2-3 days after placed) to a TB test in the past? \_\_\_\_\_
11. If so, what was the size of the induration (lump) in millimeters? \_\_\_\_\_
12. Did you have a chest x-ray after the positive test? \_\_\_\_\_
13. If so, what were the results of the x-ray? \_\_\_\_\_
14. Were you evaluated in a Chest Clinic for the positive TB test? If yes, when \_\_\_\_\_
15. If so, were medications prescribed for you? \_\_\_\_\_
16. Did you complete the entire course of the medication? \_\_\_\_\_

\_\_\_\_\_

Signature of Student

\_\_\_\_\_

Date/Time

\_\_\_\_\_

Signature of Provider

\_\_\_\_\_

Date/Time

# PUBLIC HEALTH FACT SHEET

## Meningococcal Disease

Massachusetts Department of Public Health, 305 South Street, Jamaica Plain, MA 02130

### What is meningococcal disease?

Meningococcal disease occurs with infections due to the bacterium, *Neisseria meningitidis*. There are two major types of meningococcal disease: Meningococcal meningitis and meningococemia. Meningococcal meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord. Meningococemia is an infection of the blood and may also involve other parts of the body.

### What are *Neisseria meningitidis*?

*Neisseria meningitidis* are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be called “carriers.” Carriers only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness.

### How are the bacteria spread?

The bacteria are spread 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.

### How is meningococcal disease diagnosed?

Persons showing signs and symptoms of illness are diagnosed by growing the bacteria from their spinal fluid (meningitis) or blood (meningococemia) in the laboratory. It may take up to 72 hours to have test results. Sometimes an earlier diagnosis can be made by looking at a person’s spinal fluid under a microscope. Often a preliminary diagnosis is made on the basis of signs and symptoms before laboratory results are available.

### What are the signs and symptoms of illness?

#### Meningococcal meningitis:

Signs and symptoms of meningitis include sudden onset of high fever, stiff neck, headache, nausea, vomiting, and/or mental confusion. Changes in behavior such as confusion, sleepiness, and being hard to wake up are important symptoms of this illness. A rash may be present, often involving the hands and feet. In babies, the only signs of this illness may be acting more tired than usual, acting more irritable than usual, and eating less than usual. Babies with meningitis will usually have a fever, but this is not a reliable sign of illness. Anyone who has these symptoms should be seen by a health care provider right away.

#### Meningococemia:

Signs and symptoms of meningococemia include a sudden onset of fever, chills, and feeling unusually weak and tired. A rash may be present, often on the hands and feet. Anyone who has these symptoms should be seen by a health care provider right away.

### How are these illnesses treated?

Antibiotics are used to treat people with both meningococcal meningitis and meningococemia. People who have had close contact with the sick person any time during the two weeks before she/he became ill may also need to take antibiotics. Preventive treatment of all close contacts should be started as soon as possible but ideally within 24 hours of identifying the case.

## **Why do close contacts of a sick person need to be treated?**

Close contacts of a person who has meningococcal disease are treated with antibiotics because the disease-causing bacteria may be spread from the infected person to other people through contact with the saliva (spit) of the infected person. The antibiotics will kill the bacteria and prevent illness.

## **Is there a vaccine to protect me from getting sick?**

Yes, there are currently 2 types of 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. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is proved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Meningococcal vaccine is recommended for children 11-12 years of age. Now, students 16-18 years of age should receive a booster dose or their first dose if they have not yet been vaccinated. College freshman and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal vaccine. Meningococcal vaccine and booster doses are recommended for high-risk groups including 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.

Massachusetts law requires newly enrolled full-time students attending colleges and schools with grades 9-12, who will be living in a dormitory or other congregate housing, licensed or approved by the school or college, to receive meningococcal vaccine or sign a waiver declining vaccination. More information about this requirement may be found in the MDPH document entitled "*Information about Meningococcal Disease and Vaccination and Waiver for Students at Residential Schools and Colleges.*"

## **What should I do if I have had contact with a person who has meningococcal disease?**

If you have had close contact with a person who has been diagnosed with meningococcal disease you should call your health care provider and get an antibiotic. If you have had contact with an ill person, but have not had close contact, you should be aware of the symptoms of illness and contact your health care provider right away if you have any of these symptoms.

## **Are there times when I would not have to take antibiotics after close contact with a sick person with meningitis?**

Yes. Meningitis can be caused by many different types of germs, including other bacteria and viruses. Only certain types of meningitis require treatment of the infected person's close contacts. If you have questions about meningitis or your exposure to a sick person, contact your health care provider.

## **Where can I get more information?**

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or toll free at (888) 658-2850 or on the MDPH website at <http://www.mass.gov/dph>
- Your local health department (listed in the phone book under government)

**Updated: August 2011**