



MIT Health  
Massachusetts Institute Of Technology  
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**Questions?**  
See [health.mit.edu/reportfaq](https://health.mit.edu/reportfaq)  
Email [contact@patientfirstai.com](mailto:contact@patientfirstai.com)

## Student Immunization and Tuberculin Screening Form 2024–2025

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### Instructions

Please read the following directions carefully. Incomplete forms will result in a registration hold.

- **ALL NEW UNDERGRADUATE AND GRADUATE STUDENTS** must complete **pages 2–4**.
- **NEW HEALTH SCIENCE & TECHNOLOGY (HST) STUDENTS** must complete **pages 2–4**. All HST students must provide positive titer results for the following: measles, mumps, rubella, hepatitis B and varicella. A tuberculosis screening test is required for all HST students regardless of your answers to the questions on page 3.
- Massachusetts law requires documentation of immunity to certain infectious diseases. The form to request an exemption for religious or medical reasons can be found at [health.mit.edu/forms](https://health.mit.edu/forms).
- You can find documentation of immunization dates at schools you've previously attended, your doctors' offices, or your state immunization registry.
- All new students, including those in the military and those returning after an absence of one academic year or longer, must submit the completed Student Immunization and Tuberculin Screening Form by the deadline indicated on the form.
- **Keep a copy of the completed form** for your records.
- **Download the Patient First.AI app from Google Play or the App Store to submit the completed form** before the applicable deadline to avoid a registration hold. You can email questions to: [contact@patientfirstai.com](mailto:contact@patientfirstai.com)

### Documentation of Immunizations

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 an official copy of the student's immunization record.

student's surname (family name) \_\_\_\_\_ first name (given name) \_\_\_\_\_ date of birth (month/day/year) \_\_\_\_\_ MIT ID# if known \_\_\_\_\_

Massachusetts state law, and MIT policy, require **all students**, regardless of age or gender, to submit documentation of immunity to certain infectious diseases. **HST students must provide serologic proof** of immunity for measles (rubeola), mumps, rubella, hepatitis B, and varicella.

**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 <b>attach laboratory test results</b> when submitting this form.		
			Positive IgG serologic test	Date of test (month/day/year)	Test results attached
<b>Measles, mumps, and rubella</b> (combined MMR vaccine or separate measles, mumps, and rubella vaccines) 2 doses required; first dose must be after age 1.	<b>MMR vaccine</b>	_____ date of first dose _____ date of second dose	<b>Measles</b> _____	_____	<b>attached</b>
	<b>Measles vaccine</b>	_____ date of first dose _____ date of second dose			
	<b>Mumps vaccine</b>	_____ date of first dose _____ date of second dose			
	<b>Rubella vaccine</b>	_____ date of first dose _____ date of second dose			
<b>Hepatitis B</b> 3 doses required	_____ date of first dose _____ date of second dose _____ date of third dose		<b>Hepatitis B Surface Antibody</b>	_____	
<b>Hepatitis B (HepLisav B)</b> 2 doses required	_____ date of first dose _____ date of second dose				
<b>Varicella – 2 doses or history of disease</b>	_____ date of first dose _____ date of second dose	<i>History of disease:</i>	<b>Varicella</b>	_____	

**Immunization since 9/1/2014 required:**

<b>TDAP</b> (tetanus, diphtheria, and pertussis)	_____ date of most recent dose
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**Immunization since student's 16th birthday or signed waiver form required:**

<b>Meningococcal</b> (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.
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**Recommended immunizations:**

	Immunization dates (month/day/year)		
<b>Hepatitis A</b> (2-dose series)	_____ date of first dose	_____ date of second dose	
<b>Polio</b> (latest booster dose)	_____ date of latest dose		
<b>HPV</b>	_____ date of first dose	_____ date of second dose	_____ date of third dose
<b>Bexsero</b> (Meningococcal serogroup B) (2-dose series)	_____ date of first dose	_____ date of second dose	
<b>Trumenba</b> (Meningococcal serogroup B) (2-dose series)	_____ date of first dose	_____ date of second dose	
<b>Influenza</b>	_____ date of most recent dose		
<b>COVID-19</b>	_____ date of most recent dose		

**Certification by health care provider** (required):

signature of physician/PA/NP/RN \_\_\_\_\_ printed name \_\_\_\_\_ date (month/day/year) \_\_\_\_\_

## Tuberculin Requirement

All students must complete section A. If any of the answers to the questions in section A are “yes,” then a health care provider must complete Section B. If all answers to the questions are “no,” skip Sections B and C.

student's surname (family name)

first name (given name)

date of birth (month/day/year)

**Section A** — to be completed by student

**Country of birth:** \_\_\_\_\_

**Have you ever had tuberculosis or had a positive tuberculosis test?**  yes  no

To the best of your knowledge, **have you had close contact with anyone who was sick with tuberculosis?**  yes  no

**Were you born in one of the countries or territories listed on page 3, or have you traveled or lived for more than one month in any of these countries or territories?**  yes  no

**Are you a Health Science and Technology (HST) student** in the Medical Engineering & Medical Physics (MEMPH) program?  yes  no

If you answered yes to any of the above questions, you are required to submit a Mantoux 5TU PPD skin test and result or a copy of an Interferon gamma release assay (IGRA), e.g. T-spot or Quantiferon-Gold test result. The test must have been performed within six months prior to your MIT registration date. Have your health care provider fill out Section B.

If you have previously had tuberculosis or a positive tuberculosis test, have your health care provider fill out Section C.

**Section B** — to be completed by health care provider

- Multiple-puncture TB tests are not acceptable (tine, HEAF, etc.).
- History of BCG is not a contraindication to TB testing.

**Mantoux 5T1**

**Test date:** \_\_\_\_\_ **Result:** \_\_\_\_\_  
date (month/day/year) result (mm)

**Interferon gamma release assay (IGRA)**

**Test date:** \_\_\_\_\_ **Include a copy of test results.**  
date (month/day/year)

**Section C** — to be completed by health care provider in the event of positive tuberculosis test or history of tuberculosis

1. Attach a copy of a report for a chest X-ray that was taken upon or after the positive result. The chest X-ray report must be written in English and dated within 12 months prior to entrance to MIT.

2. Did the student receive tuberculosis therapy?  yes  no

• If yes, provide information about therapy: Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

3. Provide a clinical evaluation. Does the patient exhibit cough, hemoptysis, fever, chills, night sweats, or weight loss?

yes  no

• If yes, please describe: \_\_\_\_\_

**Certification by health care provider** (required)

signature of physician/PA/NP/RN

printed name

date (month/day/year)

## Tuberculin List of Countries

If you were **born in any of the countries or territories listed below**, or **traveled/lived in any of these countries or territories for more than one month**, you are required to submit a Mantoux 5TU PPD skin test and result **or** a copy of an Interferon gamma release assay (IGRA), e.g. T-spot or Quantiferon-Gold, test result (see page 3). The test must have been performed within six months prior to your MIT registration date.

Afghanistan	Dominican Republic	Malawi	Rwanda
Algeria	Ecuador	Malaysia	São Tomé & Príncipe Senegal
Angola	El Salvador	Maldives	Sierra Leone
Anguilla	Equatorial Guinea	Mali	Singapore
Argentina	Eritrea	Marshall Islands	Solomon Islands
Armenia	Eswatini	Mauritania	Somalia
Azerbaijan	Ethiopia	Mexico	South Africa
Bangladesh	Fiji	Micronesia (Federated States of)	South Sudan
Belarus	French Polynesia	Mongolia	South Korea (Republic of Korea)
Belize	Gabon	Morocco	Sri Lanka
Benin	Gambia	Mozambique	Sudan
Bhutan	Georgia	Myanmar (Burma)	Suriname
Bolivia	Ghana	Namibia	Taiwan
Bosnia and Herzegovina	Greenland	Nauru	Tajikistan
Botswana	Guam	Nepal	Thailand
Brazil	Guatemala Guinea	Nicaragua	Timor-Leste (East Timor)
Brunei Darussalam	Guinea-Bissau	Niger	Togo
Burkina Faso	Guyana	Nigeria	Tokelau
Burundi	Haiti	Niue	Tunisia
Cabo Verde (Cape Verde)	Honduras	Northern Mariana Islands	Turkmenistan
Cambodia	India	North Korea (Democratic People's Republic of Korea)	Tuvalu
Cameroon	Indonesia	Pakistan	United Republic of Tanzania
Central African Republic	Iraq	Palau	Uganda
Chad	Kazakhstan	Panama	Ukraine
China	Kenya	Papua New Guinea	Uruguay
China, Hong Kong SAR	Kiribati	Paraguay	Uzbekistan
China, Macao SAR	Kyrgyzstan	Peru	Vanuatu
Colombia	Lao People's Democratic Republic	Philippines	Venezuela
Comoros	Lesotho	Qatar	Vietnam
Congo	Liberia	Republic of Moldova	Yemen
Côte d'Ivoire (Ivory Coast)	Libya	Romania	Zambia
Democratic Republic of the Congo	Lithuania	Russian Federation	Zimbabwe
Djibouti	Madagascar		