



MIT Health
Massachusetts Institute Of Technology
77 Massachusetts Ave, E23 Cambridge,
MA 02139

Questions?
See health.mit.edu/reportfaq
Call **617-253-1777**
Email medrpt@med.mit.edu

Term Deadlines
Summer May 3, 2024
Fall July 19, 2024
Spring January 17, 2025

MIT Student Medical Report Form 2024–2025

Instructions

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

- **ALL NEW UNDERGRADUATE AND GRADUATE STUDENTS** must complete **pages 2–6**.
- **NEW HEALTH SCIENCE & TECHNOLOGY (HST) STUDENTS** must complete **pages 2–6**. 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.
- **VARSITY STUDENT-ATHLETES** in addition to submitting vaccines and tuberculin (TB) screening information must also complete the Varsity Student Athlete Physical Examination form at health.mit.edu/varsityathleteexam. Athletes must have a physical within 6 months of their sports start date (fall season date for spring sports) and must have a clinician complete the included Sickle Cell Trait status form at health.mit.edu/varsityathleteexam.
- 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.
- 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 Medical Report Form by the deadline indicated on the form.
- **Keep a copy of the completed form** for your records.
- **Mail, fax, or email the completed form** before the applicable deadline listed below to avoid a registration hold:

Mail: MIT Health
77 Massachusetts Ave. E23
Cambridge, MA 02139

Fax: 617-253-4121

Email: We recommend that you email your documents securely via Zix, our preferred secure email service. Create an account at web1.zixmail.net/s/e?b=medical.mit, and send your documents to medrpt@med.mit.edu.

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 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 | | Measles _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Rubella _____ <input type="checkbox"/> | date of first dose _____ date of second dose _____ | |
| | Measles vaccine | | | date of first dose _____ date of second dose _____ | |
| | Mumps vaccine | | | date of first dose _____ date of second dose _____ | |
| | Rubella vaccine | | | date of first dose _____ date of second dose _____ | |
| Hepatitis B 3 doses required | _____ | _____ | Hepatitis B surface antibody _____ <input type="checkbox"/> | date of first dose _____ date of second dose _____ date of third dose _____ | |
| Hepatitis B (Hepelisav B) 2 doses required | _____ | _____ | Hepatitis B (Hepelisav B) _____ <input type="checkbox"/> | date of first dose _____ date of second dose _____ | |
| Varicella – 2 doses or history of disease | _____ | _____ | Varicella _____ <input type="checkbox"/> | date of first dose _____ date of second dose _____ <i>History of disease:</i> _____ | |

Immunization since 9/1/2014 required:

TDAP (tetanus, diphtheria, and pertussis) _____
date of most recent dose _____

Immunization since student's 16th birthday or signed waiver form required:

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 (see pages 5–6).

Recommended immunizations:

| | Immunization dates (month/day/year) | | |
|---|-------------------------------------|-------|-------|
| Hepatitis A (2-dose series) | _____ | _____ | _____ |
| Polio (latest booster dose) | _____ | | |
| HPV | _____ | _____ | _____ |
| Bexsero (Meningococcal serogroup B) (2-dose series) | _____ | _____ | _____ |
| Trumenba (Meningococcal serogroup B) (2-dose series) | _____ | _____ | _____ |
| Influenza | _____ | | |
| COVID-19 | _____ | | |

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 5T | |
| 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 | | |

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 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)