

**RECORD OF IMMUNIZATION FORM
SMITH COLLEGE SCHOOL FOR SOCIAL WORK**

The Commonwealth of Massachusetts requires that "all full-time college students must present evidence that they are immunized against measles, mumps, rubella, tetanus/diphtheria, meningitis and hepatitis B in order to register for classes."

You are required to have **two** doses of measles and mumps, and one dose of rubella vaccine; all must have been given **on or after your first birthday**; positive immune titers are also acceptable as documentation of immunity. A tetanus/diphtheria booster within the last 10 years is required and you must have completed or be in the process of completing the series for Hepatitis B* vaccination. You will be required to receive the meningitis vaccine, or sign the waiver form. The College also requires verification of immunization against polio, and you must complete the risk assessment questionnaire for tuberculosis and related forms, as appropriate.

All immunizations must be submitted to Smith College by the deadline indicated in your admission packet and you must be cleared by Health Services before registration/first-year orientation per state law. Any exceptions to this deadline will be made by Health Services for *completion* of the Hepatitis B series *only*; you must begin the Hepatitis B series *prior to registration/first-year orientation*. If the second/third shot of Hepatitis B is due before the date of registration, you will be required to get the second/third shot before coming to campus.

*All Hepatitis B immunization series extensions must be resolved within six months of the first shot. Students with incomplete Hepatitis B immunizations after the third shot is due cannot be registered in the program and will not be able to go into or continue in field placement. As with any unregistered student, all federal loans go into repayment.

If you have questions, feel free to contact Valerie Hooper in the Office of Admission by telephone at (413) 585-7998 or by e-mail at vhooper@email.smith.edu.

PLEASE KEEP DUPLICATE COPIES OF THE COMPLETED FORM.

SMITH COLLEGE SCHOOL FOR SOCIAL WORK • LILLY HALL • NORTHAMPTON, MA 01063

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Massachusetts' law and/or Smith College require the following immunizations or tests for *all* entering students. **You will not be able to register for classes until this information has been provided. You must include the month, day and year of your immunizations, and this form must be signed and dated by a physician or nurse practitioner.** Please contact Health Services for a list of *recommended* vaccines. *All dates should be in (MM/DD/YY) format.*

_____/_____/_____
LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH

TETANUS/DIPHTHERIA:

Completed primary series of Tetanus-Diphtheria-Pertussis Immunization Yes No

Td or Tdap booster required by law within the last 10 years (circle which vaccine used); Date of last booster: ____/____/____

POLIO:

Completed primary series of polio immunization Yes No

MEASLES, MUMPS, RUBELLA:

M.M.R. (Measles, Mumps, Rubella): Trivalent- vaccine

Dose 1-Immunized at 12 mos. after birth or later: ____/____/____

Dose 2-Immunized at any time 1 mo. after Dose 1: ____/____/____

OR Serologic proof of immunity (Copy of lab results must be attached.): ____/____/____

OR

Measles (Rubeola): Monovalent

Dose 1-Immunized with live measles at 12 mos. after birth or later: ____/____/____

Dose 2-Immunized any time 1 mo. after dose 1: ____/____/____

OR Serologic proof of immunity (Copy of lab results must be attached.): ____/____/____

Mumps: Monovalent

Dose 1-Immunized with live measles at 12 mos. after birth or later: ____/____/____

Dose 2-Immunized any time 1 mo. after dose 1: ____/____/____

OR Serologic proof of immunity (Copy of lab results must be attached.): ____/____/____

Rubella (German Measles): Monovalent

Immunized with vaccine at 12 mos. after birth or later: ____/____/____

OR Serologic proof of immunity (Copy of lab results must be attached.): ____/____/____

HEPATITIS B VACCINE: Three-dose series required by Massachusetts state law

Dose 1, at elected date: ____/____/____

Dose 2, at least 4 weeks after dose 1: ____/____/____

Dose 3, at least 8 weeks after dose 2 AND 6 mos. after dose 1: ____/____/____

OR Serologic proof of immunity (Copy of lab results must be attached.): ____/____/____

VARICELLA (CHICKEN POX):

History of disease: Yes No

(Vaccine recommended if negative history of disease.)

MENINGITIS VACCINE or waiver required (attached):

Menactra: ____/____/____ OR Menomune (within the last 5 years) ____/____/____

MD/NP/PA SIGNATURE

AND DATE (required): _____ ____/____/____

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TUBERCULOSIS SCREENING

_____/_____/_____
 LAST NAME FIRST NAME MIDDLE NAME DATE OF BIRTH

RISK ASSESSMENT QUESTIONNAIRE

(If the answer to all of the questions below are NO, no further testing or further action is required):

Have you ever had a positive TB skin test? Yes No

Have you ever had close contact with anyone who was sick with TB? Yes No

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? *
 (If yes, please CIRCLE the country) Yes No

Have you ever traveled** to/in one or more of the countries listed below?
 (If yes, please CHECK the country/ies) Yes No

Have you ever been vaccinated with BCG? Yes No

**future CDC updates may eliminate the 5 year time frame*

*** The significance of the travel exposure should be discussed with a health care provider and evaluated.*

Afghanistan	Congo DR	Kenya	New Caledonia	Sri Lanka
Algeria	Cote d'Ivoire	Kiribati	Nicaragua	Sudan
Angola	Croatia	Korea-DPR	Niger	Suriname
Anguilla	Djibouti	Korea-Republic	Nigeria	Syrian Arab Republic
Argentina	Dominican Republic	Kuwait	Niue	Swaziland
Armenia	Ecuador	Kyrgyzstan	N. Mariana Islands	Tajikistan
Azerbaijan	Egypt	Lao PDR	Pakistan	Tanzania-UR
Bahamas	El Salvador	Latvia	Palau	Thailand
Bahrain	Equatorial Guinea	Lesotho	Panama	Timor-Leste
Bangladesh	Eritrea	Liberia	Papua New Guinea	Togo
Belarus	Estonia	Lithuania	Paraguay	Tokelau
Belize	Ethiopia	Macedonia-TFYR	Peru	Tonga
Benin	Fiji	Madagascar	Philippines	Tunisia
Bhutan	French Polynesia	Malawi	Poland	Turkey
Bolivia	Gabon	Malaysia	Portugal	Turkmenistan
Bosnia & Herzegovina	Gambia	Maldives	Qatar	Tuvalu
Botswana	Georgia	Mali	Romania	Uganda
Brazil	Ghana	Marshall Islands	Russian Federation	Ukraine
Brunei Darussalam	Guam	Mauritania	Rwanda	Uruguay
Bulgaria	Guatemala	Mauritius	St. Vincent &	Uzbekistan
Burkina Faso	Guinea	Mexico	The Grenadines	Vanuatu
Burundi	Guinea-Bissau	Micronesia	Sao Tome & Principe	Venezuela
Cambodia	Guyana	Moldova-Rep.	Saudi Arabia	Viet Nam
Cameroon	Haiti	Mongolia	Senegal	Wallis & Futuna Islands
Cape Verde	Honduras	Montenegro	Seychelles	W. Bank & Gaza Strip
Central African Rep.	India	Morocco	Sierra Leone	Yemen
Chad	Indonesia	Mozambique	Singapore	Zambia
China	Iran	Myanmar	Solomon Islands	Zimbabwe
Colombia	Iraq	Namibia	Somalia	
Comoros	Japan	Nauru	South Africa	
Congo	Kazakhstan	Nepal	Spain	

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of ≥20 cases per 100,000 population. For future updates, refer to www.who.int/globalatlas/dataQuery/default.asp

If the answer is YES to any of the above questions, the Medical Evaluation Form for Tuberculosis (see next page) must be completed. You are required to have a Tuberculin Skin Test/PPD (TST) or Interferon Gamma Release Assay (IGRA) within 3 months prior to enrollment in classes, unless a previous positive test has been documented.

MD/NP/PA SIGNATURE

STUDENT SIGNATURE

AND DATE (required): _____ / ____ / ____ **AND DATE (required):** _____ / ____ / ____

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TUBERCULOSIS (TB) MEDICAL EVALUATION

(If the answer to any of the questions on the Screening Form was "yes", you are required to complete this page.)

1. Does the student have signs or symptoms of active tuberculosis disease? Yes No

If No, proceed to #2a **or** #2b.

If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2a. Tuberculin Skin Test/PPD (TST) - The TST interpretation is based on mm of induration as well as risk factors.**

Date Given: ___ / ___ / ___

Date Read: ___ / ___ / ___

Result: ___ mm of induration, transverse diameter (If no induration, mark "0")

**Interpretation: positive negative

**Interpretation of Tuberculin Skin Test guidelines

Risk Factor	Positive Result
Close contact with an individual with Infectious TB	5 mm or more
Born in a country that has a high rate of tuberculosis	10 mm or more
Traveled or lived for one month or more in a country that has a high rate of tuberculosis	10 mm or more
None (test not recommended)	15 mm or more

OR:

2b. Interferon Gamma Release Assay (IGRA)

Date Obtained: ___ / ___ / ___ (specify method) QFT-G QFT-GIT other ___

Result: positive negative Intermediate

3. Chest x-ray: (Required within the last 3 months prior to enrollment in classes, if TST or IGRA is positive)

Date of chest x-ray: ___ / ___ / ___

Result: normal abnormal

Treatment (required for active tuberculosis, recommended for latent tuberculosis infection): Yes No

DRUG, DOSE, FREQUENCY AND DATES _____

MD/NP/PA SIGNATURE

AND DATE (required): _____ / ___ / ___

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

Revised legislation in Massachusetts now 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 meningococcal vaccine; 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 United States, about 2,600 people each year get meningococcal disease and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, 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 at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common are at risk, as are military recruits who live in close quarters. Children and adults with damaged or removed spleens or an inherited disorder called “terminal complement component deficiency” are at higher risk. People who live in settings such as college dormitories are also at greater risk of infection.

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 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, meningococcal vaccine is a safe and efficacious way to reduce their risk of contracting this disease.

Is there a vaccine against meningococcal disease?

Yes, there are currently 2 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 and meningococcal conjugate vaccine is approved for use in those 11-55 years of age. Both types of meningococcal vaccines are acceptable for college students and residential school students 11 years of age and older. For those younger than 11 years of age, meningococcal polysaccharide vaccine is the only licensed vaccine. Both of the vaccines provide protection against four serogroups of the bacteria, called groups A, C, Y and W-135. These four serogroups account for approximately two-thirds of the cases that occur in the U.S. each year. Most of the remaining one-third of the cases are caused by serogroup B, which is not contained in the vaccine. Protection from immunization with the meningococcal polysaccharide vaccine is not lifelong; it lasts about 3 to 5 years in healthy adults (some people may be protected longer.) The meningococcal conjugate vaccine is expected to help decrease disease transmission and provide more long-term protection.

Is the meningococcal vaccine safe?

A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions. The risks associated with receiving the vaccine are much less significant than the risks that would arise in a case of meningococcal disease. 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.

(See reverse side)

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Is the meningococcal vaccine safe? (cont'd)

A few cases of Guillain-Barré syndrome (GBS), a rare but serious nervous system disorder, have been reported among people who received meningococcal conjugate vaccine. This information is still being evaluated by health officials. An ongoing risk of serious meningococcal disease exists. At this time, experts continue to recommend vaccination for those at increased risk of acquiring meningococcal disease. However, persons who have had GBS should generally not receive meningococcal conjugate vaccine, and should talk to their doctor about their other options for vaccination.

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 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 meningococcal polysaccharide vaccine within the last 5 years (or a dose of 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: a) elected to decline the vaccine; or b) could not obtain meningococcal vaccine due to a shortage, but wishes to receive vaccine (as indicated below).

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 this vaccine. 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
- Your local health department (listed in the phone book under government)

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. Please check the appropriate box below.

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

-OR-

Due to the shortage of meningococcal vaccine, I was unable to be vaccinated, but wish to receive vaccine.

Student Name: _____ Date of Birth: _____

Student ID or SSN: _____

Signature: _____ Date: _____

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800

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