Dear Student,

Welcome to Smith!

Please accept our warm greetings from the Schacht Center for Health and Wellness.

Enclosed is important required pre-enrollment paperwork.

All students are required to meet current Massachusetts School Immunization Requirements and complete Tuberculosis screening. As a future health care provider, these requirements exist to protect your health, the health of your patients and families, and the health of the greater global community.

As an adult graduate student, requirements may have changed since your last vaccine, and you may find it challenging to locate your previous immunization records. Many vaccines are given in a series over a period of 6 months, so it is important to determine what you need at least 3 months before your program begins. Please see the attached FAQs for tips on how to find past records.

Your primary care provider, local health department, most U.S. retail pharmacies, walk in, or urgent care clinics can provide tuberculosis screening and testing, and administer vaccines.

Important notes:

Health Holds will be placed on student accounts until all requirements are met. You must provide proof of all required information by your program deadline and prior to registration and orientation. If you are unable to complete all doses in a series of vaccine (i.e. Hepatitis B, MMR, Varicella) by this time, you must submit proof of at least one dose per series. We will adjust the dates of your health holds as needed to minimize inconvenience. Students are not able to register for classes and/or progress to field placement until complete documentation has been provided and your health file is cleared. Federal loans may be impacted if your account is on hold.

Please note that Massachusetts does not recognize philosophical exemption to vaccines. Students with questions about medical or religious vaccine exemption waivers are encouraged to review information provided on our website at https://www.smith.edu/student-life/health-wellness/medical-services/forms and contact the Schacht Center with questions. Students requesting medical or religious exemption may be impacted with regard to field placement. See the attached FAQs for more information.

Students with further questions about health requirements should contact the Schacht Center Associate Director Kerry-Beth Garvey, RN, MSN, CNL at 413-585-2250.

Please keep a duplicate copy of completed form for your records.

QUESTIONS?
We’re happy to help.
The Schacht Center Staff can be reached at healthservices@smith.edu or 413-585-2250.
Valerie Hooper-Lindros in The School for Social Work can be reached at vhooper@smith.edu or 413 585-7998
Deadlines:
MARCH 1: Early Decision/Advanced Early Decision
Five College Scholars and Deferred Students
APRIL 15: Regular Decision/Regular

SCHOOL FOR SOCIAL WORK REQUIRED HEALTH FORM PACKET

INSTRUCTIONS:
All pages must be completed and signed as indicated.
All students must comply with current Massachusetts School Immunization Requirements.
All students must submit proof of required immunizations and tuberculosis screening.

Mail or fax completed health form packet to:
Smith College, Schacht Center for Health and Wellness
21 Belmont Avenue, Northampton, MA 01063
Fax: 413-585-4639.
Emailed forms, health records, and test results are not accepted.

☐ Student Information, Medical Insurance, and Financial Responsibility
  • Information about the Student Health Insurance Plan is available through Student Financial Services.
    ○ Student Financial Services can be reached at 413-585-2530 or sfs@smith.edu.

☐ Tuberculosis Screening: Date of screening/testing must be no later than 3 months from arrival on campus.
  • Tuberculosis screening questions must be completed and signed by student AND provider.
  • Tuberculosis IGRA blood test or chest x-ray is required ONLY for “YES” answers.
  • Submit copies of IGRA blood test report and/or chest x-ray report.
  • PPD Skin tests are not accepted.
  • If travel occurs after the initial date of screening or testing, it must be repeated before arrival on campus.

☐ IMMUNIZATIONS: All students must comply with current Massachusetts School Immunization Requirements.
  • Your healthcare provider can send in your immunization records OR complete the enclosed form.
  • Submit copies of titer blood test results as proof of immunity only if titers were performed.
  • Current requirements are:
    • MMR vaccine: 2 doses OR a copy of blood test (titer) results showing immunity.
    • Hepatitis B vaccine: 3 doses OR a copy of blood test (titer) results showing immunity.
    • Varicella vaccine: 2 doses OR a copy of blood test (titer) results showing immunity.
      OR physician verified medical documentation of disease with date.
    • Tdap (Adacel or Boostrix) vaccine: 1 dose in past ten years.
    • Meningitis MenACWY/MCV4 vaccine: 1 dose since age 16 (ONLY for students under age 27).

Failure to submit all required information will result in a HOLD on student accounts.
Clearance for registration, classes, and other activities is not granted until all required information is received.

QUESTIONS? Please contact healthservices@smith.edu or call us at 413-585-2250.
Our website provides helpful information about health forms, our services, and many resources: www.smith.edu/health

MAIL or FAX all information.
We do not accept emailed information due to confidentiality concerns.
Keep a copy of all information sent.
IMMUNIZATIONS:

- ALL students must comply with Massachusetts School Immunization Requirements.
- You may complete the online immunization form using your Smith assigned login credentials.
- Include dates of administration in Month/Day/Year format.
- Your healthcare provider must submit a copy of your immunization records OR complete and sign this form.
- If titer blood test were performed as proof of immunity, copies must be submitted.

Failure to meet all requirements by deadline will result in a hold on all student accounts.

Most U.S. retail pharmacies and walk in or urgent care clinics can provide and administer vaccines.

<table>
<thead>
<tr>
<th>REQUIRED IMMUNIZATIONS</th>
<th>Date of Dose 1</th>
<th>Date of Dose 2</th>
<th>Date of Dose 3</th>
<th>Date of Dose 4</th>
<th>Titer: Date &amp; Result</th>
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<tbody>
<tr>
<td>Include dates of administration in MM/DD/YYYY format</td>
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<tr>
<td>Hepatitis B</td>
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<td>3 doses (0, 1 month, 4-6 months) OR positive titer (submit results)</td>
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<tr>
<td>MMR: Measles, Mumps, Rubella</td>
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<tr>
<td>MMRV: Measles, Mumps, Rubella, Varicella</td>
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<tr>
<td>2 doses of each or 2 doses of MMR or MMRV 1st dose after 12 months of age</td>
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<tr>
<td>2nd dose at least 28 days after dose 1 OR positive titers for each (submit results)</td>
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<tr>
<td>Quadrivalent Meningitis</td>
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<td>(Students under age 27) (MenACWY/MCV4/Menactra/Menveo)</td>
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<tr>
<td>1 dose after age 16</td>
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<tr>
<td>Tdap (Adacel/Boostrix)</td>
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<tr>
<td>1 dose within 10 years</td>
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<tr>
<td>Varicella (Chicken Pox)</td>
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<tr>
<td>2 doses 1st dose after 12 months of age 2nd dose at least 28 days after dose 1 OR positive titer (submit results) OR physician verified medical documentation of disease with date</td>
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</tbody>
</table>

Your healthcare provider must submit a copy of your immunization records OR complete AND sign this form even if you complete the online immunization form.

I HAVE REVIEWED THIS HISTORY WITH THE STUDENT AND ATTEST TO ITS ACCURACY.

Provider Name: ___________________________ MD/NP/PA/DO Signature: ___________________________ Date: ________________
Address: __________________________________________ City/Town: __________________________ State/County/Region: _______________
Country: __________________________________________ Telephone: __________________________ Fax: __________________________

Submit a copy of your immunizations. Do not send original documents. Keep a copy for yourself.

Your healthcare provider’s office can fax this form, test results, and a copy of your immunization records to: 413-585-4639.
TUBERCULOSIS (TB) RISK SCREENING: Date of screening or testing must be within past 3 months.

In what country were you born? ________________________________

Have you ever had a positive tuberculosis (TB) skin test? □ Yes □ No Date: _______

Have you ever had close contact with anyone who was sick with TB? □ Yes □ No Date: _______

Were you born in one of the countries listed below? □ Yes □ No Date: _______

Did you arrive in the U.S. within the past five years? □ Yes □ No Date: _______

Have you (or will you**) travel(ed) for more than two weeks to/in any country/ies listed below? □ Yes □ No Date: _______

**Testing must be performed after any stay exceeding 14 days in any country listed below prior to arrival on campus.

CIRCLE any of the countries you traveled in or to within the past 5 years and include dates of travel.

<table>
<thead>
<tr>
<th>Afghanistan</th>
<th>Central African Republic</th>
<th>Guinea-Bissau</th>
<th>Mali</th>
<th>South Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>Chad</td>
<td>Indonesia</td>
<td>Republic of Moldova</td>
<td>Sudan</td>
</tr>
<tr>
<td>Armenia</td>
<td>China</td>
<td>Kazakhstan</td>
<td>Mozambique</td>
<td>Swaziland</td>
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<tr>
<td>Azerbaijan</td>
<td>Cote d’Ivoire</td>
<td>Kyrgyzstan</td>
<td>Namibia</td>
<td>Tajikistan</td>
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<tr>
<td>Bangladesh</td>
<td>Djibouti</td>
<td>Latvia</td>
<td>Nigeria</td>
<td>United Republic of Tanzania</td>
</tr>
<tr>
<td>Belarus</td>
<td>Haiti</td>
<td>Lesotho</td>
<td>Pakistan</td>
<td>Thailand</td>
</tr>
<tr>
<td>Botswana</td>
<td>Hong Kong</td>
<td>Liberia</td>
<td>Peru</td>
<td>Uganda</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Republic of the Congo</td>
<td>Lithuania</td>
<td>Philippines</td>
<td>Ukraine</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Democratic Republic of the Congo</td>
<td>Malawi</td>
<td>Republic of Moldova</td>
<td>Uzbekistan</td>
</tr>
<tr>
<td>Burundi</td>
<td>Estonia</td>
<td>Mali</td>
<td>Mozambique</td>
<td>Vietnam</td>
</tr>
<tr>
<td>Brazil</td>
<td>Ethiopia</td>
<td>Malawi</td>
<td>Namibia</td>
<td>Zambia</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Ghana</td>
<td>Malawi</td>
<td>Namibia</td>
<td>Zimbabwe</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Georgia</td>
<td>Malawi</td>
<td>Namibia</td>
<td>Zimbabwe</td>
</tr>
</tbody>
</table>

If the answer to ALL questions above is NO, sign below. No further action is required.

If the answer to ANY question above is YES:

Does the student have a past or current diagnosis of, or any symptoms of active tuberculosis? □ Yes □ No
If YES: Provide documentation of treatment dates, medications taken, sputum results, and chest x-ray reports.

Blood Test Required: Interferon Gamma Release Assay (IGRA): TSPOT or Quantiferon Gold

Date of blood test: ___________ Result: Negative  Positive Intermedi ate □ Submit copy of test results
If blood test is not available, a PPD skin test and/or chest x-ray can be performed as a temporary screening measure.
If IGRA is negative, no further action is required.

Chest x-ray required if blood test is positive OR indeterminate OR not available.

Provide full narrative copies of blood test reports AND chest x-ray reports, preferably in English.

Chest x-ray: Date of chest x-ray: ___________ Result: Normal  Abnormal □ Submit copy of test results

ABNORMAL RESULTS require immediate medical evaluation. Contact our office promptly.

**If student travels to any country listed after date of initial screening—testing MUST be performed before arrival on campus.

- Students who mark YES to any question above and/or who have travelled or resided for more than 2 weeks in one of the countries listed must have TB TSPOT testing before arrival at Smith College.
- Failure to provide complete documentation AND copies of test reports will result in the inability to reside on campus, register for classes, or participate in college-related events.
- Any person with abnormal results, symptoms of TB, OR being treated for TB must CONTACT OUR OFFICE BEFORE ARRIVAL and meet with campus physician immediately upon arrival at Smith College.

I HAVE REVIEWED THIS FORM AND ATTEST THAT THE STUDENT IS AT LOW TO NO RISK FOR TUBERCULOSIS EXCEPT AS INDICATED ABOVE.

Provider Name: ___________________________________ MD/NP/PA/DO  Signature: ___________________________ Date: ___________

Address: __________________________________________ City/Town: __________________ State/County/Region: ______

Country: __________________________________________ Telephone: __________________ Fax: __________________

Your healthcare provider’s office can fax this form, test results, and a copy of your immunization records to: 413-585-4639.
FAQs: Frequently Asked Questions regarding health forms

Does anyone need to sign my forms?

YES. The tuberculosis screening form MUST be signed by an MD, DO, NP, or PA. You must be seen by a health care provider in order to complete this form. Review your immunizations and get any missing vaccines at the same time. If you travel after this screening, you must repeat it.

How do I send in proof of immunizations?

You may complete the online immunization form using your Smith assigned login credentials. This is a new feature, available Spring 2019. See instructions on our website at www.smith.edu/health.

Even if you submit the online form successfully, you must ALSO send in physician verification of your immunizations one of 2 ways: your doctor’s office can complete AND sign the enclosed form, or send us a copy of your immunization records.

Immunization records can be sent directly from your health care providers office, or from a clinic or pharmacy by fax to 413-585-4639.

I am a non-traditionally aged student returning to school after several years. I don’t have copies of my childhood immunization form. Where do I begin?

First, check with your current health care provider to see what records they may have on file. Make an appointment to review the requirements and discuss your options. For certain immunizations, a blood test (titer) can be completed to show immunity. In these cases, original dates of immunization are not required, but you must attach the lab results to your Record of Immunization form.

You may need to consult several sources in order to complete your record.

- Check with any living family members or guardians to see if they have copies of your record.
- Contact the Board of Health in the town or city where you were born.
- Contact any past health care providers who have administered immunizations.
- Contact any past employers, undergraduate colleges, graduate programs and travel clinics who may have required testing or administered care.

I don’t have health insurance and cannot afford to see a health care provider for tuberculosis screening or to receive immunizations. What should I do?

If you do not have insurance, you can still request records from past health care providers. Contact your local board of health - they can often provide screening and vaccines at low cost.

To find a low-cost health center near you, visit: http://findahealthcenter.hrsa.gov/Search_HCC.aspx.

I have to begin the Hepatitis B, MMR or Varicella series and won’t be done before classes start. Will I be allowed on campus and/or into field placement?

You must provide evidence that you began the vaccine series by the deadline date your immunization form is due. Send proof of at least one dose in the series. You will then be cleared until the date your next dose is due. If you fail to complete the series by the established due date, you will be unable to progress in the program.
I did not receive standard childhood immunizations and choose not to receive them as an adult. What should I do?

Massachusetts allows exemption from vaccines for only two reasons: medical or religious exemption. **Students with valid exemptions must complete a Smith College vaccine exemption waiver by deadline date and prior to registration and orientation.** Contact Kerry-Beth Garvey at the Schacht Center for questions and waiver instructions at 413-585-2250 or healthservices@smith.edu.

For further information about vaccine and exemption requirements please refer to our website: [https://www.smith.edu/sites/default/files/media/Documents/Health-Wellness/guidelines-ma-school-requirements.pdf](https://www.smith.edu/sites/default/files/media/Documents/Health-Wellness/guidelines-ma-school-requirements.pdf).

Can I come to campus and have my immunizations done there? Can I get my 2nd/3rd Hepatitis B shot while I’m there this summer?

NO. The Schacht Center is unable to provide immunizations for entering students. You can get vaccines at a retail pharmacy such as CVS Minute Clinic or a Walk-In Clinic.

Can I just send vaccine records from my last school or my last doctor’s appointment to you?

Yes. However, do not assume you have received all required vaccines as requirements may change and vary from state to state. Carefully review your records against the requirements to be certain there are no missing vaccines.

Can I email you my forms?

NO. Email is not secure method of healthcare correspondence. **We do not accept emailed records.**

**WHERE DO I SEND MY FORMS AND RECORDS?**

Fax or mail to:

Smith College
Schacht Center for Health and Wellness
21 Belmont Avenue
Northampton, MA 01063
Fax: 413-585-4639

**IMPORTANT:** *Failure to meet requirements by established due dates will result in a hold on student accounts, inability to progress into field placement, and federal loans may be affected and go into repayment status.*

Please keep a duplicate copy of completed form for your records. Do not send originals.

**QUESTIONS?**

Our website provides helpful information about health forms, our services, and many resources: [www.smith.edu/health](http://www.smith.edu/health)

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