



**Boston University** Student Health Services  
 881 Commonwealth Ave. West, Boston, MA 02215  
 Phone: 617-353-3575 | Website: bu.edu/shs/ihr  
 Send us a message: patientconnect.bu.edu

## IMMUNIZATION REQUIREMENTS FORM - CELOP

These vaccines are either required by the Commonwealth of Massachusetts or Boston University. You must complete this form with your licensed medical provider and then submit this form following the instructions on the bu.edu/shs/ihr page at least one month prior to the start of your first semester. If you haven't received all vaccines, you should still submit this form and receive the remaining vaccines at a later date while on campus at our clinic.

Last Name		First	Middle
Date of Birth mm/dd/yyyy	University ID Number (8 or 9 digits)		Semester Start (check one): Fall    Spring    Summer 20_____

<b>Measles-Mumps-Rubella</b>			
Two doses given at least 28 days apart and after 12 months of age. If given as single antigen vaccines, 2 Measles, 2 Mumps and 2 Rubella doses are required OR positive MMR antibody titer. Doses of Varicella and MMR must be given on the same day or 28 days apart. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.			
<b>MMR</b>	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	
<b>OR</b>			
<b>Measles</b>	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy
<b>Mumps</b>	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy
<b>Rubella</b>	Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy
<b>Tetanus-Diphtheria-Pertussis (Tdap)</b> One dose on or after your 11th birthday is required. If you received multiple doses of Tdap, include most recent dose.			
<b>Tdap</b>	mm/dd/yyyy		
<b>Meningococcal Conjugate (ACWY)</b> One dose on or after your 16th birthday is required. Do not complete this section if you will be over 21 years of age at the start of your first semester. The Meningococcal B vaccine does not fulfill the requirement. Instructions to decline the Meningitis (ACWY) vaccine requirement can be found on <a href="#">this link</a> .			
mm/dd/yyyy			
<b>COVID-19</b> COVID-19 initial vaccination series and a COVID-19 booster dose. More information on the COVID-19 vaccination requirements can be found on <a href="http://www.bu.edu/shs/covid-19/vaccination/">www.bu.edu/shs/covid-19/vaccination/</a> .			
<small>(strongly recommended)</small>	Dose 1 manufacturer	Dose 1 mm/dd/yyyy	Dose 2 manufacturer      Dose 2 mm/dd/yyyy
Booster/Dose 3 manufacturer		Booster/Dose 3 mm/dd/yyyy	
<b>Hepatitis B</b> A minimum of 4 weeks between doses 1 and 2 and a minimum of 16 weeks between doses 1 and 3 or a positive Hepatitis B antibody titer. Please attach the specific vaccine verification from a medical provider.			
Please check here if you received Heplisav-B (HepB-CpG) Two doses given at least 4 weeks apart		Please check here if you received the combination hepatitis A & B vaccine (TwinRix)	
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Dose 3 mm/dd/yyyy	Antibody Titer mm/dd/yyyy
<b>OR</b>			
<b>Varicella</b> Two doses given at least 4 weeks apart and after 12 months of age OR positive Varicella antibody titer OR a history of the disease verified by your provider. Doses administered at less than the minimum interval or earlier than the minimum age are not valid and must be repeated.			
Dose 1 mm/dd/yyyy	Dose 2 mm/dd/yyyy	Positive Titer mm/dd/yyyy	Disease Date mm/dd/yyyy
<b>OR</b>		<b>OR</b>	



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IMMUNIZATION REQUIREMENTS FORM (continued)

Table with TB Questions and Tuberculosis (TB) Test. Rows include: Have you worked or lived with someone with active TB...; Were you born in, lived in, or have you traveled for more than one month to any of the high risk countries...; Have you ever tested positive for TB or completed 6-9 months of medication...

TB Test History: If you answered no to all of the questions above, please skip to the "Authorization & Consent" section. If you answered yes to the first two questions above, a TB skin test or IGRA blood test must be completed no more than six months prior to the semester start date.

Table for TB Test History with columns: TB Skin Test, Date Given mm/dd/yyyy, Date Read mm/dd/yyyy, Result (Positive, Negative, Indeterminate), and Induration (recorded in mm).

Table for IGRA Blood Test with columns: IGRA Blood Test, Date of Test mm/dd/yyyy, and Result (Positive, Negative, Indeterminate).

Positive TB Test History: Please complete this section if you have ever had a positive TB skin test and/or have ever received treatment for TB.

Table for Positive TB Test History with rows for Chest X-Ray, Clinical Evaluation, and Treatment. Includes fields for Date Given, Date of Appointment, Date of Treatment, Result, and Describe.

Authorization & Consent: A parent/guardian must acknowledge and sign this section if the student is under the age of 18 on the first day of classes. Additional resources for parents/guardians can be found under bu.edu/shs/parents.

I hereby authorize the clinical staff at Boston University (BU) Student Health Services (SHS) to examine and treat me during my enrollment at BU. I understand that there is no charge to see a provider at BU SHS. However, I understand that I am responsible for miscellaneous charges including, but not limited to, lab tests, immunizations, and some supplies.

Table for Authorization & Consent with rows for Student Name and Parent/Guardian Name, including fields for Signature.

LICENSED MEDICAL PROVIDER (MD, DO, PA, NP, RN, or MBBS) VERIFICATION (required)

Form for Licensed Medical Provider Verification including fields for First, Last, Provider Printed Name, Phone, Provider Signature/Credentials, and Date.



## Important Immunization Requirements Reminders

1. **Requirements:** You are required to complete the "Immunization Requirements Form - CELOP" in English and make sure the document is signed or stamped by a licensed medical provider before arriving at BU (not a parent/guardian). A copy of this form can be found under [bu.edu/shs/celop](http://bu.edu/shs/celop).
2. **IMPORTANT:** If you haven't received all vaccines, you should still submit your immunization documentation and follow these steps prior to arriving to BU. You can receive the remaining vaccines later while on campus by booking an appointment/reservation at SHS or attending one of our several campus wide immunization clinics held each semester. If you are enrolled in BU's Student Health Insurance Plan (SHIP), all immunizations are covered only if received at BU Student Health Services when you arrive. Please check our website for updates and events. For more information about the Immunization Requirements, visit: [bu.edu/shs/compliance](http://bu.edu/shs/compliance).
3. **DUE DATE:** Submissions are due at least one month prior to your first semester at BU. Please allow up to three weeks for your documents to be processed. You will receive an email when your documents have been processed. When your form is completed, please follow the steps below to upload your form to our secure online health portal Patient Connect.
4. **Questions/Need Help?** If you have any other questions, please visit [bu.edu/shs/CELOP](http://bu.edu/shs/CELOP) for more information or email CELOP Admissions at [celop@bu.edu](mailto:celop@bu.edu).

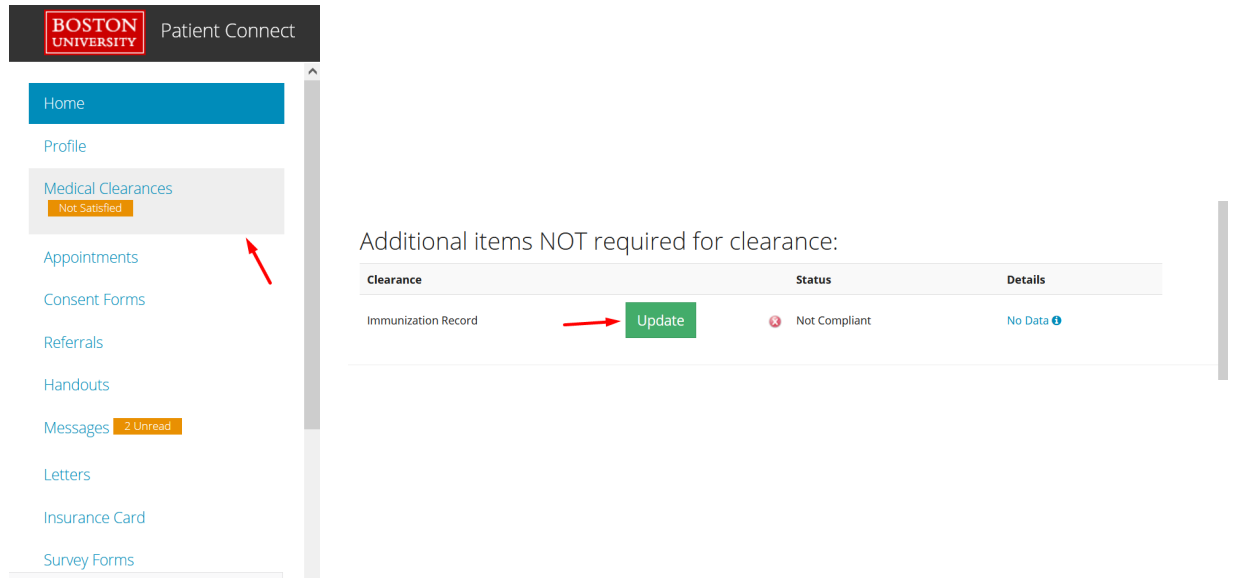
## Instructions: How to Submit Immunization Requirements

**Important:** Follow these instructions before arriving on campus. If you haven't received all vaccines or if vaccines aren't available in your location/country, you should still submit this form and receive the remaining vaccines at a later date while on campus at our clinic.

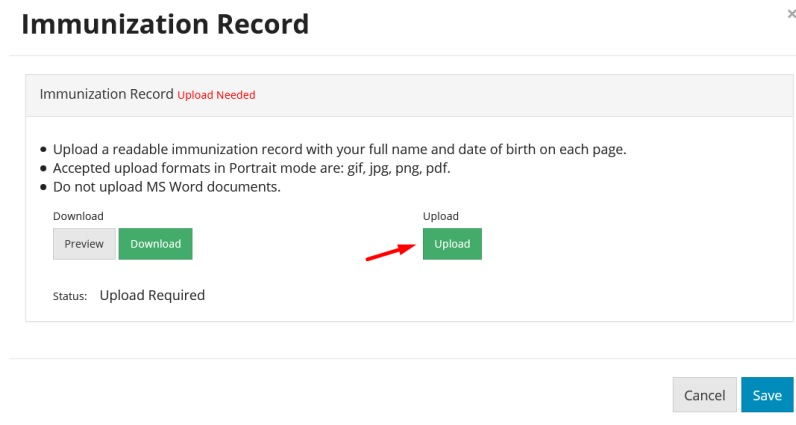
1. Take a picture or scan your completed and signed "Immunization Requirement Form." If you have questions, please contact CELOP Admissions ([celop@bu.edu](mailto:celop@bu.edu)).
2. Go to [patientconnect.bu.edu](http://patientconnect.bu.edu) in your web browser and log in with your university username and password.

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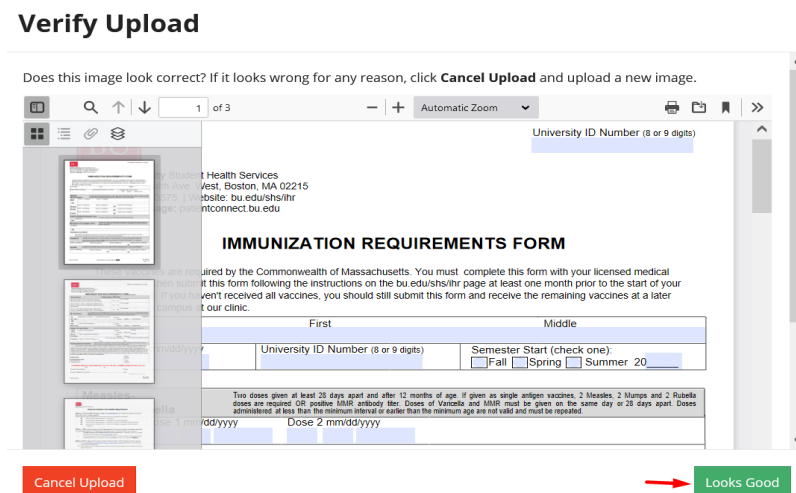
- Once logged in, click on the word "Medical Clearances" from the menu bar and click on the "Update" button to the right of "Immunization Record".



- Click "Upload" and locate your document(s) on your device.



- Click the "Looks Good" button then "Save" button to submit your document for review.



- You will receive an email to your BU account when the form has been processed within 15 business days. If you have any other questions, please visit [bu.edu/shs/CELOP](http://bu.edu/shs/CELOP) for more information or email CELOP Admissions at [celop@bu.edu](mailto:celop@bu.edu).



## **MIIS FAQs: Sharing Your Immunization Information**

### **What is the Massachusetts Immunization Information System?**

The Massachusetts Immunization Information System (MIIS), also called an immunization registry, is a confidential, web-based system that collects and stores vaccination (shot) records for people of all ages vaccinated in Massachusetts. The MIIS is operated by the Immunization Division at the Massachusetts Department of Public Health and helps you, along with your healthcare providers, keep track of the shots that you have received.

### **Why is the MIIS important?**

The schedule of vaccines that you need to stay healthy and that are required for you becomes more complicated with every new vaccine introduced. Keeping all your shot records in one place helps to make sure that you receive the complete schedule of immunizations.

### **What information about me will be entered into the MIIS?**

Boston University Student Health Services is mandated to report any immunizations we administer to the MIIS. Other information, including address, date of birth, sex, and the provider office location will also be included in the registry to be sure that your records are accurate and cannot be confused with another patient's record. All the information in the MIIS is secure and confidential.

### **What if I do not want to share my immunization information?**

The law requires that immunizations are reported to the Massachusetts Department of Public Health through the MIIS. There is no option to “opt-out” of the MIIS. Your records will only be available to those involved in your care, who have a reason to know about them. The MIIS enables Student Health Services to verify what shots you have received in the past from other providers. If you prefer that your immunization history not be viewed by new providers, you may object to sharing your immunization information.

If you object to data sharing, your immunization information will still be in the MIIS, but only the provider(s) who administered your vaccines and the Department of Public Health will be able to see it. To object to data sharing, you must complete the [MIIS Objection \(or Withdrawal of Objection\) Form](#). If you change your mind, you can fill out the same form to have your immunization information shared in the MIIS.

*Please note: you will need to keep track of your records in the event that you receive immunizations from other health care providers.*