

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

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

Measles-)balla	-	Two doses giv	en at least 28 days ap iired OR positive MMI	part and afte R antibody	er 12 months of a	age. If given as sin Varicella and MMF	gle antigen vac R must be giv	cines, 2 Measles, 2 Mumps a ven on the same day or 28	and 2 Rubella 3 days apart.
Mumps-R MMR		mm/dd/yyy		Dose 2 mm/do		al or earlier than ti	he minimum age are	not valid and mu	ist be repeated.	
OR	<u>I</u>			,						
Measles	Dose 1	mm/dd/yyyy		Dose 2 mm/dd	/уууу	OR	Positive Tite	r mm/dd/yy	ууу	
Mumps	Dose 1	mm/dd/yyyy		Dose 2 mm/dd/	⁄уууу	OR	Positive Tite	r mm/dd/yy	ууу	
Rubella	Dose 1	mm/dd/yyyy		Dose 2 mm/dd/	/уууу	OR	Positive Tite	r mm/dd/y	ууу	
Varicella				ks apart and after 12 less than the minimu					tory of the disease verified b must be repeated.	y your
Dose 1 mm/do	d/yyyy		Dose 2 mm	n/dd/yyyy	OR	Positive Titer	mm/dd/yyyy	OR	Disease Date mm/dd/yyy	уу
Meningoc	occal C	onjugate	(ACWY)	of age at the	start of y	our first semes	ter. The Meningo	coccal B vacc	is section if you will be over sine does not fulfill the req be found on this link.	⁻ 21 years juirement.
mm/dd/yyyy							, , , , , , , , , , , , , , , , , , ,			
COVID-19				itial vaccination series				ation on the CC	OVID-19 vaccination	
	e 1 manuf	acturer		ose 1 mm/dd/yyyy			se 2 manufactur	er	Dose 2 mm/dd	l/yyyy
Booster/Dose	3 manufac	turer				Booster/Dose	e 3 mm/dd/yyyy			
Hepatitis	B d	nminimum of 4 work of 4 wo		n doses 1 and 2 and a	a minimum	of 16 weeks bet	ween doses 1 and	3 OR a positiv	e Hepatitis B antibody titer (titer
			,	eceived a Heplisav-B /erification from a med			,		combination Hepatitis A & E	
Dose 1 mm	n/dd/yyyy	<u> </u>	Dose 2 n	nm/dd/yyyy	<u> </u>	Dose 3 mm	n/dd/yyyy	P	Antibody Titer mm/c	ld/yyyy
								OR		
Tetanus-D	iphthe	ria-Pertus	sis (Tda	p) One dose include m		•	oirthday is requir	ed. If you re	ceived multiple doses o	f Tdap,
Tdap	mm/dd/y	/ууу								



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	I	WIWUNIZA	4 1 1	ON REQUI	KEI	MENI	2 L		ontinued)		
TB Questions Tuberculosi						is (TB) Test					
	worked or lived with someone with active you prior to your arrival in the United States)?					s No	If Yes	, explain:			
Were you born in, lived in, or have you traveled for more than one month to any of the high risk countries found here: bu.edu/shs/tb					Ye	s No	If Yes	, explain:			
Have you ever tested positive for TB or completed 6-9 months of medication to prevent active TB? (i.e. isoniazid)					Yes No			explain:			
TB Test His	story que	stions above, a TB ski	n test c	uestions above, please ski or IGRA blood test must be d ave ever had a positive TI	complete	ed no more th	nan six mo	onths prior to the	e semester start date. If y	you answered yes	
TB Skin Test	Date Given	mm/dd/yyyy	Dat	e Read mm/dd/yyyy	,	Result Posi	tive	Negative	Indeterminate	Induration (recorded in mm)	
OR					-			-			
IGRA Blood Test	Date of Te	Date of Test mm/dd/yyyy					Result Positive Negative Indeterminate				
Positive TE	3 Test Hist	orv Pleas	e com	olete this section if you have	e ever ha	ad a positive	TB skin te	st and/or have e	ever received treatment	for TB.	
Chest X-Ray		ı mm/dd/yyyy	·		Result Describe: Normal Abnormal						
Clinical	Date of Appointment mm/dd/yyyy					Result Describe:					
Evaluation						Norn	nal	Abnormal			
Treatment	Date of Tre	eatment mm/dd/yy	If Yes, dru	ug, dose, & frequency: If No, reason why treatment					nent not done		
Authorization & Consont A parent/guardian must acknowledge					and sign this section if the student is under the age of 18 on the first day of classes. dians can be found under bu.edu/shs/parents.					of classes.	
understand that limited to, lab te covered by my l alcohol and othe and care manaç community is ne	there is no char sts, immunization health insurance er drug services gement. While we decessary. The in	rge to see a provider ons, and some suppl e). I understand that . I understand that the we may endeavor to	r at BUies. I u SHS is ne pros serves m is fo	ersity (BU) Student Hea J SHS. However, I under understand that I am res is a unit inclusive of med viders within this organiz all students eligible for c or the use of SHS and w tted by law.	rstand for sponsible ical, mediation in the call is the call in the call is th	that I am realle for all healle ental health nay discuss ere may be	sponsible alth care , nutrition s my care circumst	e for miscellar charges outsi n, sports medi e within the un tances when r	neous charges includ ide of SHS (except th icine, athletic training hit to allow for effective referral to outside pro	ing, but not nat which is services, and e care delivery viders in the	
Student Nam	nt Name							Student Signature			
Parent/Guardian Name (required if student under the age of 18)							Parent Signature				
LICENSI	ED MEDIC	AL PROVID	ER	(MD, DO, PA, N	IP, R	RN, or N	/IBBS) VERIFI	CATION (req	uired)	
Provider Pri		irst		Last			i	Phone			
Provider Signature/Credentials					Date						

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Personal Checklist-Immunization Requirements

□ Go to the Health Requirements page at <u>bu.edu/shs/ihr</u> and select the option that best describes you using our guide: Which Immunization Requirement document are you required to complete? □ Immunization Requirement – Freshmen
☐ Immunization Requirement – Graduate or Transfer Student
 Step 1: Obtain your immunization documentation from your licensed medical provider. Documentation must be in English and only these types of documentation are accepted. The BU Immunization Requirement form (preferred) – available within the Health Requirements Guide on the bu.edu/shs/ihr page. An immunization history form printed off by your provider's office, high school, local health department, a previous university/college, or the U.S. military in English.
 Step 2: Enter (type in) the dates of your immunizations into Patient Connect. Go to <u>patientconnect.bu.edu</u> and enter your university username and password. Click "Medical Clearances" on the left menu. Enter (type in) your vaccine dates and/or blood test (titer) dates into the individual immunization options by clicking the "Update" button and select "Done" once completed.
 □ Step 3: Upload the immunization documentation into your online health portal Patient Connect (preferred). Documentation must be in English. 1. Go to patientconnect.bu.edu and enter your university username and password. 2. Click "Medical Clearances" on the left menu. 3. Select the "Update" button to the right of "Immunization Record" 4. Click "Upload" and locate your document(s) on your device. 5. Click the "Looks Good" button then "Save" button to submit your document(s) for review. You will receive an email to your BU account when the document(s) have been processed within 15 business days.
☐ IMPORTANT: If you haven't received all vaccines, you should still submit your immunization documentation and follow these steps. You can receive the remaining vaccines later while on campus by booking an appointment at SHS or attending one of our several campus wide immunization clinics held each semester. Please check our website for updates and events. For more information about the Immunization Requirements, visit: bu.edu/shs/compliance.
☐ IMPORTANT: Immunization requirements are only part of the incoming health requirements process. Please be sure review all requirements, complete, and follow all of the steps within the Health Requirements Guide on the bu.edu/shs/ihr page.
□ DUE DATE: Submissions are due at least one month prior to your first semester at Boston University. Please allow up to three weeks for your documents to be processed. You will receive an email when your documents have been processed.

Still have questions? Our Patient Services team is here to help! Please contact us at:

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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.