

Northeastern University

UHCS Forms

University Health and Counseling Services

April 01, 2012

University Health and Counseling Services Health Report Form

University Health and Counseling Services, Northeastern University

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Health Report

Welcome!

Massachusetts law requires all university students to provide documentation of immunity to Hepatitis B, Measles, Mumps, Rubella, Meningitis, Tetanus, Diphtheria, and Varicella.

- 1. Please complete the information requested below.
- 2. Sign the consent form.
- 3. Have your primary care clinician complete the state-mandated immunization documentation form on the back.
- 4. RETURN the completed form to University Health and Counseling Services by mail or fax to 617.373.2601 by the deadlines listed.

DEADLINES

June 30, 2012, for UNDERGRADUATE STUDENTS entering the University in fall 2012.

December 1, 2012, for UNDERGRADUATE STUDENTS entering the University in spring 2013.

GRADUATE STUDENTS must return the form no later than a month before entering the University.

LAST NAME (PLEASE PRINT)		FIRST NAME	=	MIDDLE INITIAL	
HOME ADDRESS	STREET	CITY	STATE	ZIP CODE	COUNTRY
DATE OF BIRTH (MM / DD / YYYY	()			CELL PHONE N	UMBER
FEMALE MALE	UNDERGRADUATE	GRADUATE DATE	E OF ENTRY TO NORTHEASTERN	MAJOR	
PARENT/GUARDIAN NAME		PARENT/GU	IARDIAN TELEPHONE	PARENT/GUARDIAN E-MAIL	
EMERGENCY CONTACT NAME		TELEPHONE	≣	RELATIONSHIP	
CONSENT FOR TREATM I give University Health and C a student at the University.		HCS) of Northeastern Univ	versity permission to treat me for medical/psy	chiatric conditions while I a	m
STUDENT NAME (PLEASE PRINT	<u> </u>		SIGNATURE	DATE	
(Must be signed by parent if	student is under 18 yea	ars of age upon arrival at N	Northeastern University)		
PARENT/GUARDIAN NAME (PLE/	ASE PRINT)		SIGNATURE		
RELATIONSHIP			DATE		

LAST NAME	FIRST NAME	MIDDLE INITIAL
DATE OF BIRTH (MM / DD / YYYY)		

Required Record of Immunity

FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN DENIAL OF ENROLLMENT.

The following is the documentation of immunity required by Massachusetts college immunization laws and Northeastern University. Month, day, and year of administration are required for all vaccines.

I. HEPATITIS B series of three: the 2nd a	least one month after the 1s	t, the 3rd at least two months after the 2nd	and four months after the 1st.**	
1ST MM / DD / YY OR POSITIVE TITRE	AND	2ND MM / DD / YY	AND	3RDMM / DD / YY
TWO (2) MMR (MEASLES/MUMPS/RU	BELLA)*	1ST	AND	2ND
OR				
AND		OR POSITIVE TITRE	MM / DD / YY	
ONE (1) MUMPS* 1ST				
ONE (1) RUBELLA* 1STMM / E	DD / YY	MM / DD / YY		
*Since 1968, after twelve months of a	ge, thirty days apart if two do	oses are required.		
. MENINGITIS: MENACTRA _	OR	MENOMUNE	MM / DD / YY	
		ents to decline the meningitis vaccine. The		w.northeastern.edu/uhcs/forms/index.html.
. TETANUS/DIPHTHERIA/PERTUSSIS V	/ITHIN TEN YEARS PRIOR TO F	REGISTRATIONMM / DD / YY		
. VARICELLA series of two at least 28 da	ys apart**			
1ST	AND	2ND		
OR POSITIVE TITRE	OR HX DISEASI	MM / DD / YY		
* Positive Hepatitis B and Varicella titres i	equired from all Bouvé Colle	ge of Health Sciences students.		
Clinician's Signa	ture			
IAME (PLEASE PRINT)		SIGNATURE		DATE
DDRESS				TELEPHONE