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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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617.373.2772 (voice)
617.373.2601 (fax)
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Northeastern

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 NUMBER

FEMALE ❑ MALE ❑ UNDERGRADUATE ❑ GRADUATE ❑ DATE OF ENTRY TO NORTHEASTERN_____ MAJOR_____

PARENT/GUARDIAN NAME PARENT/GUARDIAN TELEPHONE PARENT/GUARDIAN E-MAIL

EMERGENCY CONTACT NAME TELEPHONE RELATIONSHIP

CONSENT FOR TREATMENT

I give University Health and Counseling Services (UHCS) of Northeastern University permission to treat me for medical/psychiatric conditions while I am a student at the University.

STUDENT NAME (PLEASE PRINT) SIGNATURE DATE

(Must be signed by parent if student is under 18 years of age upon arrival at Northeastern University)

PARENT/GUARDIAN NAME (PLEASE PRINT) SIGNATURE

RELATIONSHIP DATE

Please retain a copy of this form for your records. Please print carefully and legibly.

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.

1. HEPATITIS B series of three: the 2nd at least one month after the 1st, the 3rd at least two months after the 2nd and four months after the 1st.**

1ST _____ (MM / DD / YY) AND 2ND _____ (MM / DD / YY) AND 3RD _____ (MM / DD / YY)

OR POSITIVE TITRE _____ (MM / DD / YY)

2. TWO (2) MMR (MEASLES/MUMPS/RUBELLA)* 1ST _____ (MM / DD / YY) AND 2ND _____ (MM / DD / YY)

OR

TWO (2) MEASLES* 1ST _____ (MM / DD / YY) AND 2ND _____ (MM / DD / YY) OR POSITIVE TITRE _____ (MM / DD / YY)
AND
ONE (1) MUMPS* 1ST _____ (MM / DD / YY) OR POSITIVE TITRE _____ (MM / DD / YY)
AND
ONE (1) RUBELLA* 1ST _____ (MM / DD / YY) OR POSITIVE TITRE _____ (MM / DD / YY)

*Since 1968, after twelve months of age, thirty days apart if two doses are required.

3. MENINGITIS: MENACTRA _____ (MM / DD / YY) OR MENOMUNE _____ (MM / DD / YY)

PLEASE NOTE: The Commonwealth of Massachusetts permits students to decline the meningitis vaccine. The declination form is online at www.northeastern.edu/uhcs/forms/index.html.

4. TETANUS/DIPHTHERIA/PERTUSSIS WITHIN TEN YEARS PRIOR TO REGISTRATION _____ (MM / DD / YY)

5. VARICELLA series of two at least 28 days apart**

1ST _____ (MM / DD / YY) AND 2ND _____ (MM / DD / YY)

OR POSITIVE TITRE _____ (MM / DD / YY) OR HX DISEASE _____ (MM / DD / YY)

** Positive Hepatitis B and Varicella titres required from all Bouvé College of Health Sciences students.

Clinician's Signature

NAME (PLEASE PRINT) SIGNATURE DATE

ADDRESS TELEPHONE