



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 required by the Commonwealth of Massachusetts. 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-Mumps-Rubella				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 1 Rubella dose 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.			
MMR	Dose 1 mm/dd/yyyy		Dose 2 mm/dd/yyyy				
OR							
Measles	Dose 1 mm/dd/yyyy		Dose 2 mm/dd/yyyy		Positive Titer mm/dd/yyyy		
					OR		
Mumps	Dose 1 mm/dd/yyyy		Dose 2 mm/dd/yyyy		Positive Titer mm/dd/yyyy		
					OR		
Rubella	Dose 1 mm/dd/yyyy				Positive Titer mm/dd/yyyy		
					OR		
Tetanus-Diphtheria-Pertussis (Tdap)							
One dose on or after your 11th birthday and within the last ten years.							
Tdap	mm/dd/yyyy						
Meningococcal Conjugate (ACWY)							
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.							
mm/dd/yyyy							
OR							
Meningococcal Waiver							
After reviewing the web page bu.edu/shs/immunizations on the dangers of meningococcal disease and risks of not being vaccinated, I waive receipt of the meningococcal vaccine by checking this box and understand the dangers.							
Hepatitis 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 check here if you have received a combination vaccine such as Hepatitis A & B, HepLisav, TwinRix, HepB-CpG, etc. and attach the specific vaccine verification from a medical provider.							
Dose 1 mm/dd/yyyy		Dose 2 mm/dd/yyyy		Dose 3 mm/dd/yyyy		Antibody Titer mm/dd/yyyy	
OR							
Varicella							
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	
				OR			
						OR	



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IMMUNIZATION REQUIREMENTS FORM *(continued)*

TB Questions		Tuberculosis (TB) Test	
Have you worked or lived with someone with active TB (or will you prior to your arrival in the United States)?	Yes	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	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	Yes	No	If Yes, explain:
TB Test History If you answered yes to any of the questions above, a TB skin test or IGRA blood test must be completed no more than six months prior to the semester start date. If you have ever had a positive TB test in the past, do not repeat a TB test and fill out the Positive TB Test History section.			
TB Skin Test	Date Given mm/dd/yyyy	Date Read mm/dd/yyyy	Result Induration <small>(recorded in mm)</small> Positive Negative Indeterminate
OR			
IGRA Blood Test	Date of Test mm/dd/yyyy	Result Induration <small>(recorded in mm)</small> 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.			
Chest X-Ray	Date Given mm/dd/yyyy	Result Describe: Normal Abnormal	
Clinical Evaluation	Date of Appointment mm/dd/yyyy	Result Describe: Normal Abnormal	
Treatment	Date of Treatment mm/dd/yyyy	If Yes, drug, dose, & frequency: Yes	If No, reason why treatment not done: No
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. I understand that I am responsible for all health care charges outside of SHS (except that which is covered by my health insurance). I understand that SHS is a unit inclusive of medical, mental health, nutrition, sports medicine, athletic training services, and alcohol and other drug services. I understand that the providers within this organization may discuss my care within the unit to allow for effective care delivery and care management. While we may endeavor to serve all students eligible for care, there may be circumstances when referral to outside providers in the community is necessary. The information on this form is for the use of SHS and will not be released to a third party without your consent, except as necessary to fulfill the responsibilities of SHS or as required or permitted by law.			
Student Name			Student Signature
Parent/Guardian Name <i>(required if student under the age of 18)</i>			Parent Signature

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

First
Last

Provider Printed Name Phone
 Provider Signature/Credentials _____ Date m m / d d / y y y y



Personal Checklist- Immunization Requirements

Go to the Health Requirements page at bu.edu/shs/ihr 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
- Immunization Requirement – Medical, Dental, or Clinical Medical Sciences
- Immunization Requirement – Center for English Language and Orientation Programs

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 the immunization portal.

1. Go to http://www.bu.edu/link/bin/uiscgi_immunization_stud.pl and enter your university username and password.
2. Enter (type in) your vaccine dates and/or blood test (titer) dates into the online form and select "Submit."

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 "Forms" on the left menu.
3. Select "Immunization Requirements Upload."
4. Click "Add Immunization record..." and locate your document(s) on your device.
5. Click the "Save" button to submit and 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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