

## Instructions

The Massachusetts code of regulations and Berklee require that all undergraduate and graduate students enrolled in programs at Berklee's campus in Boston provide documentation that they have been immunized against the illnesses listed below before attending class.\*\*

- 1. Measles, Mumps, and Rubella (MMR): 2 doses;** first dose must be given on or after the 1st birthday and second dose must be given  $\geq 28$  days after first dose; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 acceptable only for non-health science students. OR 2 doses Measles, 2 doses Mumps, 2 doses Rubella, or positive immune titer report (results of blood tests) for all 3 diseases.
- 2. Tetanus, Diphtheria, and Pertussis (TDAP): 1 dose;** one dose of tetanus, diphtheria and pertussis (Tdap) on or after 11th birthday. Dtap will not be accepted. A booster is recommended every 10 years.
- 3. Hepatitis B: 3 doses;** laboratory evidence of immunity acceptable; **2 doses** of Heplisav-B given on or after 18 years of age are acceptable.
- 4. Varicella (Chicken Pox): 2 doses;** first dose must be given on or after the 1st birthday and second dose must be given  $\geq 28$  days after first dose; a reliable history of chickenpox\* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students.
- 5. Meningococcal Disease: 1 dose** MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement. Students may decline the MenACWY vaccine after they have read and signed the Meningococcal Waiver Form attached below.
- 6. Tuberculosis:** Recommended, not required, for fall 2024. The TB risk assessment and screening form aims to identify persons with increased risk for TB who may require further testing and evaluation. All undergraduate and graduate students should complete the TB Risk Assessment and Screening Form within six months of the first day of classes. Submit the completed form to Magnus Health for review.

**All records must be in English.** All students **must** submit the completed immunization records required by the Commonwealth of Massachusetts to matriculate. Students cannot attend Berklee College of Music or Boston Conservatory at Berklee unless these requirements are met.

The following exceptions may apply:

**Note:** Massachusetts law does not allow for philosophical exemptions, even if signed by a medical provider.

- a. Medical Exemption:** The student must contact the Health and Wellness Department by phone or email to obtain a copy of our exemption form. The signed exemption form must be uploaded to Magnus Health along with this immunization form and a letter from a medical provider that specifies which immunization(s) cannot be given and the condition that prevents the administration of the vaccine. These documents must be received prior to the student's arrival on campus. The exemption will need to be renewed every school year.
- b. Religious Exemption:** The student must contact the Health and Wellness Department by phone or email to obtain a copy of our exemption form. The signed exemption form must be sent to [immunizations@berklee.edu](mailto:immunizations@berklee.edu) and received prior to the student's arrival on campus. The exemption will need to be renewed every school year.
- c. Meningococcal Waiver:** If submitting a meningococcal waiver, please include the signed form along with your full immunization record (page 2 of this document) when submitting your materials on the Magnus Health Portal.

**Proof of immunization is required for all undergraduate and graduate students.**

### Berklee Health and Wellness

Email: [immunizations@berklee.edu](mailto:immunizations@berklee.edu)

Phone: 617-747-6575

[berklee.edu/immunization-requirements](https://berklee.edu/immunization-requirements)

# STUDENT IMMUNIZATION FORM

To submit this completed form (signed, dated, and stamped by a physician):  
Sign in at [berkleeonelogin.com](http://berkleeonelogin.com), click the Magnus Health Icon.

*\*\*The immunization requirements apply to all students who attend any classes or activities on campus, even once. If all instruction and activities are remote and the student will never be on campus in person, the requirements would not apply. Should a student physically return to campus, they would need to comply with this requirement.*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last/Family Name: \_\_\_\_\_

Program (Circle all that apply): Undergraduate | Graduate | Other \_\_\_\_\_ Term: Fall | Spring | Summer 20 \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Student ID #: \_\_\_\_\_ Conservatory  
| College  
month day year

**This form is required for all enrolled undergraduate and graduate students.**

**Please see page 1 for instructions and exemptions.** Submit this completed form by logging into [berkleeonelogin.com](http://berkleeonelogin.com) and clicking the Magnus Health icon. Deadlines for entering students to submit this form are **August 1st** for a Fall semester start, **December 1st** for Spring semester, and **April 1st** for Summer semester. Students who submit records after the deadline will experience delays at Check-In.

**A licensed medical provider must complete this form in the month/day/year format and sign, date, and stamp the form.**

Please indicate below the dates (MM/DD/YYYY) on which the following immunizations were administered:

| Immunization                                    | Dose #1 | Dose #2 | Dose #3 | Dose #4 | Or, In place of immunization:  | Instructions for immunizations   |
|---|---------|---------|---------|---------|--|--|
| MMR (combined vaccination) OR separately below: |         |         |         |         | N/A  | Two-dose series (measles, mumps, and rubella). Minimum of 4 weeks apart. First dose at least one year after birth.                                 |
| Measles   |         |         |         |         | Positive Titer Report & Date:  | Two-dose series. Minimum of 4 weeks apart. First dose at least one year after birth.   |
| Mumps   |         |         |         |         | Positive Titer Report & Date:  | Two-dose series. Minimum of 4 weeks apart. First dose at least one year after birth.   |
| Rubella   |         |         |         |         | Positive Titer Report & Date:  | Two-dose series. Minimum of 4 weeks apart. First dose at least one year after birth.   |
| Tdap (Tetanus, Diphtheria, and Pertussis)       |         |         |         |         |  | One dose of Tdap on or after 11th birthday. Dtap will not be accepted. A booster is recommended every 10 years.                                    |
| Hepatitis B                                     |         |         |         |         | Positive Titer Report & Date:  | Three-dose series on a 0-, 1-, and 6-month schedule. Two doses of Heplisav-B given on or after 18 years of age are acceptable.                     |
| Varicella                                       |         |         |         |         | Positive Titer Report or Verified History of Disease Date:   | Two-dose series. Minimum of 4 weeks apart. First dose given at least one year after birth.   |
| Meningococcal (MenACWY, formerly MCV4)          |         |         |         |         | Meningococcal waiver available on pages 3 and 4.   | One dose of MenACWY (formerly MCV4) is required for all full-time students 21 years of age or younger. Must be received on or after 16th birthday. |
| COVID-19  |         |         |         |         |  | Please indicate all doses received. Staying up to date is strongly recommended.  |
| Tuberculosis                                    |         |         |         |         | Complete the "Adult TB Self-Assessment and Screening Form". If you answer yes to any of the questions, have a licensed medical provider complete the attached "TB Risk Assessment and Screening Form". |  |

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Physician's Stamp or NPI (required):

Physician's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements, and the Waiver for Students at Colleges and Residential Schools**



**Colleges:** Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution (e.g., college) to receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16<sup>th</sup> birthday to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

**Residential Schools:** Massachusetts requires all newly enrolled full-time students attending a secondary school who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution (e.g., boarding school) to receive the quadrivalent meningococcal conjugate vaccine to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law, discussed on the reverse side of this sheet.

The law provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note, that if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

**What is meningococcal disease?**

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue that surrounds the brain and spinal cord called the "meninges" and cause meningitis, or they can infect the blood or other body organs. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, sensitivity to light, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. Less common presentations include pneumonia and arthritis. In the US, about 350-550 people get meningococcal disease yearly, and 10-15% die despite receiving antibiotic treatment. Of those who live, another 10-20% lose their arms or legs, become hard of hearing or deaf, have problems with their nervous systems, including long-term neurologic problems, or suffer seizures or strokes.

**How is meningococcal disease spread?**

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing or sneezing.

**Who is at most risk for getting meningococcal disease?**

High-risk groups include anyone with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited immune disorder), HIV infection, those traveling to countries where meningococcal disease is very common, microbiologists who work with the organism and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as first-year college students living on campus and military recruits are also at greater risk of disease from some of the serogroups.

**Which students are most at risk for meningococcal disease?**

In the 1990s, college freshmen living in residence halls were identified as being at increased risk for meningococcal disease. Meningococcal disease and outbreaks in young adults were primarily due to serogroup C. However, following many years of routine vaccination of young people with quadrivalent meningococcal conjugate vaccine (for serogroups A, C, W, and Y), serogroup B is now the primary cause of meningococcal disease and outbreaks in young adults. Among the approximately 9 million students aged 18-21 years enrolled in college, there are an average of 20 cases and 0-4 outbreaks due to serogroup B reported annually. Although the incidence of serogroup B meningococcal disease in college students is low, four-year college students are at increased risk compared to non-college students; risk is highest among first-year students living on campus. The close contact in college residence halls, combined with social mixing activities (such as going to bars, clubs,

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or parties; participating in Greek life; sharing food or beverages; and other activities involving the exchange of saliva), may put college students at increased risk.

### Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. The meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. Quadrivalent meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. Students receiving their first dose on or after their 16<sup>th</sup> birthday do not need a booster. Individuals in certain high-risk groups may need to receive 1 or more of these vaccines based on their doctor's recommendations. Adolescents and young adults (16-23 years of age) who are not in high-risk groups may be vaccinated with meningococcal B vaccine, preferably at 16-18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Talk with your doctor about which vaccines you should receive.

### Is the meningococcal vaccine safe?

Yes. Getting the meningococcal vaccine is much safer than getting the disease. Some people who get the meningococcal vaccine have mild side effects, such as redness or pain where the shot was given. These symptoms usually last for 1-2 days. A small percentage of people who receive the vaccine develop a fever. The vaccine can be given to pregnant women. A vaccine, like any medicine, is capable of causing serious problems such as severe allergic reactions, but these are rare.

### Is meningococcal vaccine mandatory for entry into secondary schools (that provide housing) and colleges?

Massachusetts law (MGL Ch. 76, s.15D) and regulations (105 CMR 220.000) require both newly enrolled full-time students attending a secondary school (with grades 9-12) who will be living in a dormitory or other congregate housing licensed or approved by the secondary school or institution and newly enrolled full-time students 21 years of age and younger attending a postsecondary institution (e.g., college) to receive a dose of quadrivalent meningococcal conjugate vaccine.

At affected secondary schools, the requirements apply to all new full-time residential students, regardless of grade (including grades pre-K through 8) and year of study. Secondary school students must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past unless they qualify for one of the exemptions allowed by the law. College students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16<sup>th</sup> birthday regardless of housing status unless they qualify for one of the exemptions allowed by the law. Meningococcal B vaccines are not required and do not fulfill the requirement for meningococcal vaccine. Whenever possible, immunizations should be obtained prior to enrollment or registration. However, students may be enrolled or registered provided that the required immunizations are obtained within 30 days of registration.

Exemptions: Students may begin classes without a certificate of immunization against meningococcal disease if: 1) the student has a letter from a physician stating that there is a medical reason why they can't receive the vaccine; 2) the student (or the student's legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against their sincere religious belief; or 3) the student (or the student's legal guardian, if the student is a minor) signs the waiver below stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.

### Shouldn't a meningococcal B vaccine be required?

CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At this time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges may institute a requirement). Those aged 16-23 years may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16-18 years of age, to provide short-term protection against most strains of serogroup B meningococcal disease. This is decided by the patient and healthcare provider. These policies may change as new information becomes available.

### Where can a student get vaccinated?

Students and their legal guardians should contact their healthcare providers to make an appointment to discuss meningococcal disease, the benefits and risks of vaccination, and the availability of these vaccines. Schools and college health services are not required to provide this vaccine.

### Where can I get more information?

Your healthcare provider; your local Board of Health (listed in the phone book under government); or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <https://www.mass.gov/info-details/school-immunizations>.

### Waiver for Meningococcal Vaccination Requirement

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I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of quadrivalent meningococcal conjugate vaccine. I understand that Massachusetts law requires newly enrolled full-time students at secondary schools who are living in a dormitory or congregate living arrangement licensed or approved by the secondary school, and newly enrolled full-time students at colleges and universities who are 21 years of age or younger to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

☐ After reviewing the materials above on the dangers of meningococcal disease, I choose to waive receipt of the meningococcal vaccine.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student or parent/legal guardian if the student is under 18 years of age)

MDPH Meningococcal Information and Waiver Form  
Updated September 2023  
Massachusetts Department of Public Health, Divisions of Epidemiology, and Immunization

## Adult TB Self-Assessment and Screening Form

*Must be completed by all undergraduate and graduate students within 6 months of the first day of classes.  
Submit the completed form to Magnus Health for review.*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

| TB Risk Assessment  | Yes | No |
|---|-----|----|
| 1) Were you born in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean, or the Middle East?<br>In what country were you born? _____  |     |    |
| 2) In the past 5 years, have you lived or traveled in Africa, Asia, Central America, South America, Mexico, Eastern Europe, Caribbean, or the Middle East for <b>more than one month</b> ?  |     |    |
| 3) In the last 2 years, have you lived with or spent time with someone who has been sick with TB?   |     |    |
| 4) Do you have (or have you had) any of these medical conditions?<br>Diabetes                      Kidney disease<br>HIV infection                Colitis<br>Cancer                        Stomach or intestine surgery<br>Rheumatoid arthritis |     |    |
| 5) Are you taking any medications that your doctor said could weaken your immune system or increase your risk for infections?   |     |    |
| 6) In the past 1 year, have you injected drugs that your doctor did not prescribe?  |     |    |
| 7) Have you ever lived or worked in a prison, jail, homeless shelter or long-term care facility? (example: nursing home, substance abuse treatment, rehabilitation facility)  |     |    |

**If you answer “yes” to any of the questions above, you may be at increased risk for TB infection. Please give this form to your medical provider.**

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## TB Risk Assessment and Screening Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### TB History and Triage (to be completed by a medical provider)

| TB History   | Yes | No |
|--|-----|----|
| 1) Has the person had a TB test (skin test or blood test)?<br>TB test result: Positive Negative Unknown<br>TB test date: _____ (MM/YY)<br>Where _____ (facility) |     |    |
| 2) Did the person get a chest x-ray after the TB test?<br>X-ray result _____<br>X-ray date: _____ (MM/YY)  |     |    |
| 3) Did the person take medication for TB infection?  |     |    |
| 4) Does the person remember being sick with TB?<br>If yes, when _____ (MM/YY)<br>Where: Country _____ State: _____   |     |    |

| Triage Plan |  |
|-------------|--|
|             | <b>Person has TB risk and has one or more TB symptoms:</b><br>Refer the person for <b>prompt clinical evaluation</b> including a chest x-ray to rule out active TB |
|             | <b>Person has TB risk, no symptoms and has no history of previous positive TB test:</b><br>Test for TB infection or refer for testing and evaluation               |
|             | <b>Person has a history of previous positive TB test, but has no evidence of treatment:</b><br>Refer for TB evaluation and treatment                               |

| TB Test Documentation  |
|--|
| Tuberculin Skin Test (TST) plant date: _____ (MM/DD/YY) / TST read date: _____ (MM/DD/YY)  |
| TST Result: _____ (Millimeters of Induration) / TST Interpretation: Positive* Negative Unknown   |
| Interferon-Gamma Release Assay (IGRA) performed: ____ / ____ / ____ (MM/DD/YY)   |
| IGRA Interpretation: Positive* Negative Indeterminate/Borderline (requires repeat test)  |
| <p><b>* Report all persons with positive TB test to the Massachusetts Department of Public Health (DPH)</b></p> <p><a href="http://www.mass.gov/eohhs/gov/departments/dph/programs/id/isis/case-report-forms.html">http://www.mass.gov/eohhs/gov/departments/dph/programs/id/isis/case-report-forms.html</a></p> |

Additional comments:

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Medical Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Instructions to Medical Providers

The TB risk assessment and screening form aims to identify persons with **increased risk for TB** who may require further testing and evaluation. Persons born in countries where TB is common are at increased risk for TB (especially, but not limited to those who arrived in the last 5 years).

The **TB Self-Assessment of TB Risk section** can be completed by the patient/client/guardian alone or with the provider's assistance. The provider should review the information and discuss TB risks, symptoms, previous TB testing, and treatment with the patient/client.

**If the person with TB risk describes or exhibits symptoms suggestive of possible active TB:**

- Isolate the patient/client immediately (if possible) and have the patient/client wear a mask.
- Refer the patient/client for prompt clinical evaluation including a chest x-ray. Ensure that the patient/client wears a mask during transport to the provider.
- Consult the Massachusetts Department of Public Health/Bureau of Infectious Disease/ Division of Global Populations and Infectious Disease Prevention at 617-983-6970.

**If the person has a history of TB or TB risk, but has no symptoms suggestive of TB:**

- Educate the patient/client about signs and symptoms of TB and should such symptoms develop, instruct them to seek medical follow-up.
- Consider testing the patient/client for TB infection or refer to a primary care provider.
- Consult the Massachusetts Department of Public Health/Bureau of Infectious Disease, Division of Global Populations and Infectious Disease Prevention at 617-983-6970, if needed.

### **Resources**

Information about TB evaluation, testing and treatment can be found at <http://www.cdc.gov/tb/> and <http://www.mass.gov/dph/cdc/tb>

Guideline on the use of Interferon-Gamma Release Assay can be found at

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/testing-screening/>

Cases of suspect active or confirmed cases of active TB and TB infection are reportable to the Massachusetts Department of Public Health per Chapter 105, Code of Massachusetts Regulations (CMR), Section 300.000: Reportable Diseases, Surveillance, and Isolation & Quarantine Requirements.)

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/rdiq/reporting-diseases-and-surveillance-information.html>

DPH-supported TB clinics <http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf>

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