



Immunization Requirements

In order to enroll in your Practical Nursing program courses, you will need to meet the following requirements:

Attend the Zoom virtual orientation session on June 28th 2021 from 10:00am - 3:30pm.

Student must arrange for an appointment so that your health care provider can thoroughly complete your health forms. All required forms will be in your acceptance packet and need to be submitted to CastleBranch (student will learn how to access your CastleBranch account after orientation.)

Student must obtain appropriate documentation that meet the requirements for the **MANDATORY IMMUNIZATIONS AND TESTS FOR ALL** of the following (except seasonal influenza):

- Two (2) doses of live MMR [Measles (Rubeola), Mumps, German Measles (Rubella) or positive blood titers.
- One (1) dose of Adult Tdap after 2005. Must update Tdap/TD (tetanus) if Tdap is \geq to 10 yrs. old.
- Hepatitis B positive immune titer OR two (2) or three (3) dose series and positive immune titer report.
- Hepatitis B titer is negative (not immune), must seek 'booster' Hep B vaccine and re-titer one month later.
- Two (2) doses of Chicken Pox (Varicella) or positive blood titer report (Hx: chicken pox disease unacceptable).
- One (1) dose meningococcal vaccine (MenACWY) on/after 16th birthday or waiver (ONLY students 21 years or younger).
- IGRA-serology (Quantiferon Gold or T-SPOT (preferred) or 2-step TST (Tuberculin Skin Test) documentation due between 7/01/2021 and 7/31/2021.
- 2021-2022 Seasonal Influenza documentation recommended prior to 9/30.
- Review and sign all program policies (included in this packet).

The information contained in these forms will remain confidential and will only be released to authorized individuals involved with your clinical affiliation(s), field placement(s) and program accreditations. Your signature below serves as informed consent.

Please remember that completion of immunization requirements is a condition of your continued enrollment and participation in all activities associated with the Practical Nursing Program.

North Shore Community College
HEALTH PROFESSIONS IMMUNIZATION FORM

LAST NAME: _____ FIRST: _____ MI: _____ MAIDEN/OTHER NAME: _____

PHONE: _____ DATE OF BIRTH: ____/____/____ PROGRAM OF STUDY: _____

SIGNATURE: _____ DATE: _____

The health care provider must complete this immunization record OR attach a copy of the student's immunization record on office stationery.

In accordance with the Massachusetts College Immunization Law, North Shore Community College requires verification of immunity against certain illnesses. Exact dates are required for all immunizations and/or serologic test results, as well as any documented illnesses. If serology titers indicate lack of immunity, vaccines must be administered.

Required Immunizations																	
<p>Hepatitis B</p> <ul style="list-style-type: none"> ▪ Hepatitis B Immune Serology (HBsAB titer) REQUIRED ▪ Lab documentation is required and attached <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ 2 doses of Heplisav-B formulation on a 0 and 1 month schedule <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ 3 doses of Engerix-B or Recombivax HB formation required for series Dose 1 and 2 at least 4 weeks apart; Dose 2 and 3 at least 8 weeks apart; at least 16 weeks between Doses 1 and 3. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> ▪ Hepatitis B Immune Serology (HBsAB titer) REQUIRED ▪ Lab documentation is required and attached 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">2-dose series</td> <td style="text-align: right;">Month / Day / Year</td> </tr> <tr> <td>Dose 1</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td>Dose 2</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td colspan="2" style="text-align: center;">OR</td> </tr> <tr> <td>3-dose series</td> <td></td> </tr> <tr> <td>Dose 1</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td>Dose 2</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td>Dose 3</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> </table>	2-dose series	Month / Day / Year	Dose 1	____ / ____ / ____	Dose 2	____ / ____ / ____	OR		3-dose series		Dose 1	____ / ____ / ____	Dose 2	____ / ____ / ____	Dose 3	____ / ____ / ____
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<p>Adult Tetanus-Diphtheria and Pertussis (Tdap)</p> <ul style="list-style-type: none"> ▪ 1 dose of Tdap after 2005 ▪ Tetanus-Diphtheria (TD) or Tdap TD should be given if it has been \geq 10 years since Tdap 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Month / Day / Year</td> </tr> <tr> <td>Tdap</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td>TD/Tdap update</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> </table>		Month / Day / Year	Tdap	____ / ____ / ____	TD/Tdap update	____ / ____ / ____										
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<p>Measles, Mumps, Rubella (MMR)</p> <ul style="list-style-type: none"> ▪ 2 doses MMR ▪ Dose 1 after 1st birthday; Dose 2 at least one month after Dose 1 <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ MMR Immune Serology (titer) accepted ▪ Lab documentation is required and attached 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Month / Day / Year</td> </tr> <tr> <td>MMR Dose 1</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td>MMR Dose 2</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> </table>		Month / Day / Year	MMR Dose 1	____ / ____ / ____	MMR Dose 2	____ / ____ / ____										
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MMR Dose 2	____ / ____ / ____																
<p>Meningococcal Vaccine (required for full-time students 21 years of age or younger)</p> <ul style="list-style-type: none"> ▪ MenACWY conjugate vaccine (Menactra or Menveo) Dose received on or after 16th birthday <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ Signed waiver is required and attached 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Month / Day / Year</td> </tr> <tr> <td>MenACWY</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td colspan="2" style="text-align: center;">OR</td> </tr> <tr> <td>▪ Waiver is attached</td> <td></td> </tr> </table>		Month / Day / Year	MenACWY	____ / ____ / ____	OR		▪ Waiver is attached									
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OR																	
▪ Waiver is attached																	
<p>Varicella (Chicken Pox)</p> <ul style="list-style-type: none"> ▪ 2 doses of Varicella required ▪ Doses 1 and 2 at least 4 weeks apart <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ▪ Varicella Immune Serology (titer) accepted ▪ Lab documentation is required and attached 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">Month / Day / Year</td> </tr> <tr> <td>Dose 1</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> <tr> <td>Dose 2</td> <td style="text-align: right;">____ / ____ / ____</td> </tr> </table>		Month / Day / Year	Dose 1	____ / ____ / ____	Dose 2	____ / ____ / ____										
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Dose 2	____ / ____ / ____																

SIGNATURE – Health Care Provider ONLY or their authorized representative

PRINT – Health Care Provider Name

Date

Address

Phone Number

HEPATITIS B IMMUNITY*

OPTION #1

Positive Immunity
by blood titer
(Positive HBsAB)

Complete

*Goal is to have a
positive titer.

OPTION #2

Required Hepatitis B Vaccination
(Both vaccines acceptable - **choose only one**)

Hepelisav-B vaccine
(initial dose)

Dose 2:
1 month later

1 month after dose 2
Draw Hepatitis B titer

Positive HBsAB

Complete

Enerix-B or
Recombivax-HB vaccine
(initial dose)

Dose 2:
in one month

Dose 3:
in five months

1 month after dose 3
Draw Hepatitis B titer

Positive HBsAB

Complete

OPTION #3

History of Hepatitis B Vaccination

Draw Hepatitis B titer

Negative blood titer

Booster dose vaccine

Wait 1 month
repeat blood titer

If negative titer
repeat Dose 2 or Dose 3

Wait 1 month
repeat titer

Positive Titer

Complete

Negative titer
Non-responder
No further
vaccination



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., colleges) to: receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th 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 schools) to receive a dose of 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, 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 meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 1,000-1,200 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who live, another 11-19% 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 in order 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 college freshmen living in dormitories and military recruits are also at greater risk of disease from some of the serogroups.

Are some students in college and secondary schools at risk for meningococcal disease?

College freshmen living in residence halls or dormitories are at an increased risk for meningococcal disease caused by some of the serotypes contained in the quadrivalent vaccine, as compared to individuals of the same age not attending college. The setting, combined with risk behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and activities involving the exchange of saliva), may be what puts college students at a greater risk for infection. There is insufficient information about whether new students in other congregate living situations (e.g., residential schools) may also be at increased risk for meningococcal disease. But, the similarity in their environments and some behaviors may increase their risk.

The risk of meningococcal disease for other college students, in particular older students and students who do not live in congregate housing, is not increased. However, quadrivalent meningococcal vaccine is a safe and effective way to reduce their risk of contracting this disease. In general, the risk of invasive meningococcal B disease is not increased among college students relative to others of the same age not attending college. However, outbreaks of meningococcal B disease do occur, though rarely, at colleges and universities. Vaccination of students with meningococcal B vaccine may be recommended during outbreaks.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. 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 16th 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 meningococcal vaccine is much safer than getting the disease. Some people who get 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) requires both newly enrolled full-time students attending a secondary school (those schools 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., colleges) to receive a dose of quadrivalent meningococcal 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 16th birthday, 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 receipt of 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 he/she can't receive the vaccine; 2) the student (or the student's parent or legal guardian, if the student is a minor) presents a statement in writing that such vaccination is against his/her sincere religious belief; or 3) the student (or the student's parent or 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.

Where can a student get vaccinated?

Students and their parents should contact their healthcare provider and 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 you with this vaccine.

Where can I get more information?

- Your healthcare provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or www.mass.gov/dph/imm and www.mass.gov/dph/epi
- Your local health department (listed in the phone book under government)

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of quadrivalent meningococcal 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 meningococcal vaccine.

Student Name: _____ Date of Birth: _____ Student ID: _____

Signature: _____ Date: _____

(Student or parent/legal guardian, if student is under 18 years of age)