

Dear Northeastern University Student:

Welcome to the Sentry MD document tracking service, a convenient and confidential health record compliance solution. Northeastern University has partnered with Sentry MD to provide you with a streamlined process for managing your health requirements. All incoming students are required to upload their vaccination documentation to Sentry MD, demonstrating compliance with Massachusetts and California law. This packet includes a complete list of all required and recommended immunizations, along with instructions for fulfilling these requirements.

To access your Sentry MD account and upload your immunization requirements, click the “Sentry MD Required Immunizations” link in the Student Hub under Health & Wellness or visit <https://mysentrymd.com/SAML/SP/Login/NU>.

Visit <https://uhcs.northeastern.edu/forms/documentation-of-immunity/h> for more information about required and recommended vaccines.

Step 1: Gather Required Health Documents

- Start by carefully reviewing each immunization, titer, and additional document requirement listed in this Health Requirement Packet. It is important that you review this material carefully. Upload all documents to your Sentry MD account.
- Deadlines to Upload immunization requirements:
 - **July 31, 2024**, for UNDERGRADUATE STUDENTS entering the University in Fall 2024.
 - **December 1, 2024**, for all UNDERGRADUATE STUDENTS entering the University in Spring 2024.
 - **GRADUATE STUDENTS** must return the form no later than one month before entering the University.

Step 2: Log in to your Sentry MD account to upload your documents and view your compliance status.

- Log in to your Sentry MD account via the Sentry MD Icon <https://mysentrymd.com/SAML/SP/Login/NU>. The Sentry MD portal is smartphone-friendly, and documents can be uploaded from the comfort of your phone.
- Details on how to log-in and navigate your account are in Part I on the following page.

If you have any questions about the immunization requirements or the contents of this packet, please contact us at northeastern.immunizations@SentryMD.com.



PART I Navigating the Sentry MD System |

You will need to review and sign the Electronic Release form that appears. Once authorized, you will have access to your account tabs.

- **Profile**- The Profile Tab displays all requirements and their compliance status. A blue checkmark next to each requirement means you are compliant. Requirements with the red exclamation mark indicate you are missing documentation, and these items need your attention.
 - You can download the compliance summary by clicking the Download PDF link.
 - To view Northeastern's requirements, click the Health Requirements link.
- **Documents**- The Document Tab displays all documents you have submitted to the system. You can view, print, or download them by clicking the grey icons. Click the Download Combined Document link to download all documents in your file at once.
 - To upload documents to your account, click the grey button titled "Choose File" and select the document from your phone or computer. Check the box for the requirements your document contains, then click Upload file. You will see the document at the top of the list as pending. You will receive a confirmation notice once the document has completed processing. Please note processing can take 48 to 72 business hours.
- **Activity**- The Activity Tab displays all the recent activity on your account, including any electronic notices you were sent, login dates, and compliance status changes.

We hope these tools help you stay on top of your status and keep you compliant.

REQUIREMENT

Massachusetts law requires all University students to provide documentation of vaccination against Hepatitis B, Measles, Mumps, Rubella, Meningitis, Tetanus, Diphtheria, Pertussis, and Varicella and Tuberculosis Screening.

RECOMMENDATION

UHCS recommends the following immunizations: HPV, Influenza, Covid-19, Meningitis B, and Hepatitis A.

Keep a copy of the completed form for your records.

1. Please complete the information requested below.
2. Sign the consent form.
3. Have your primary care clinician complete the state-mandated immunization form. If preferred, you can submit an official electronic print out of the immunization record from your provider that is signed by the provider.
4. Upload the completed form to Sentry MD <https://mysentrymd.com/SAML/SP/Login/NU> by the deadlines listed.

DEADLINES

July 31, 2024, for UNDERGRADUATE STUDENTS entering the University in Fall 2024.

December 1, 2024, for all UNDERGRADUATE STUDENTS entering the University in Spring 2025.

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

The University Health Report is required for all in-person students in Massachusetts and California.

Please read the following directions carefully. Any student failing to provide the required immunization documentation will be prohibited from both registering and attending all classes.

ACADEMIC DEGREE: ☐ Undergraduate ☐ Graduate

DEMOGRAPHIC INFORMATION (Please print)

| | | | | | |
|----------------------------|--|-----------------------------|-----------|---------------|----------------|
| LAST NAME | | FIRST NAME | | | MIDDLE INITIAL |
| HOME ADDRESS | STREET | CITY | STATE | ZIP CODE | COUNTRY |
| DATE OF BIRTH (MM/DD/YYYY) | | LOCAL CELL PHONE NUMBER | | | |
| PARENT/GUARDIAN NAME | | PARENT/GUARDIAN TELEPHONE | | | EMAIL |
| EMERGENCY CONTACT NAME | | EMERGENCY CONTACT TELEPHONE | | | RELATIONSHIP |
| SEX ASSIGNED AT BIRTH* | <input type="checkbox"/> Female <input type="checkbox"/> Male | GENDER IDENTITY | NAME USED | PRONOUNS USED | |

**UHCS recognizes members of the Northeastern University community authentically identify. Some insurance companies and legal entities unfortunately do not. It is because of this that the name and sex you have listed on your insurance must be used on documents pertaining to insurance, billing, and correspondence.*

CONSENT FOR TREATMENT AT UHCS

CONSENT FOR STUDENTS 18 YEARS OF AGE AND OLDER

I give University Health and Counseling Services (UHCS) of Northeastern University permission to provide such medical or mental health care while I am student at the University, including examinations, treatments, immunizations, etc. This also includes referral to outside providers, a local hospital and/or hospitalization, anesthesia or surgery should it be necessary in the event of an emergency.

There is no cost for medical or mental health visits at UHCS. I understand that I may be charged for lab tests, imaging, prescriptions, specialist visits, and acute care visits. It is my responsibility to refer for my health insurance plan information for coverage of medical and mental health services.

| | | |
|--------------|-----------|------|
| STUDENT NAME | SIGNATURE | DATE |
|--------------|-----------|------|

CONSENT FOR STUDENTS UNDER 18 YEARS OF AGE

Signature of parent/guardian is required if student is under 18 years of age and is valid until student turns age 18.

I hereby grant permission for University Health and Counseling Services (UHCS) or Authorized Representative to provide such medical or mental health care as my child _____ (STUDENT NAME) may require while they are a student at Northeastern University, including examinations, treatments, immunizations, etc. This also includes referral to outside providers, a local hospital and/or hospitalization, anesthesia or surgery should it be necessary in the event of an emergency.

| | | |
|--------------|-----------|------|
| STUDENT NAME | SIGNATURE | DATE |
|--------------|-----------|------|

| | | |
|-----------------|-----------|------|
| PARENT/GUARDIAN | SIGNATURE | DATE |
|-----------------|-----------|------|

| | | |
|--------------|--|--|
| RELATIONSHIP | | |
|--------------|--|--|

REQUIRED IMMUNIZATIONS

| VACCINE | GUIDELINES | DATE ADMINISTERED MM/DD/YYYY | |
|--|--|---------------------------------|--|
| Measles, Mumps, Rubella (MMR) COMBINED* | | | |
| Measles, Mumps, Rubella (MMR) Combined | Two doses required, or positive measles, mumps and rubella antibody titers. Doses must be given ≥ 28 days apart beginning at or after the first birthday. The MMR vaccines may be substituted with two doses of Measles, two doses of Mumps and two doses of Rubella vaccines (or positive titers). | Dose 1: | |
| | | Dose 2: | |
| | | Or positive titer: | |
| *OR Measles, Mumps, Rubella (MMR) SEPARATE | | | |
| Rubeola (Measles) | Two doses required, or positive antibody titers. First dose must be given on or after the 1st birthday and second dose must be given ≥ 28 days after the first dose. | Dose 1: | |
| | | Dose 2: | |
| | | Or positive titer: | |
| Mumps | Two doses required, or positive antibody titers. First dose must be given on or after the 1st birthday and second dose must be given ≥ 28 days after the first dose. | Dose 1: | |
| | | Dose 2: | |
| | | Or positive titer: | |
| Rubella (German Measles) OR | Two doses required, or positive antibody titers. First dose must be given on or after the 1st birthday and second dose must be given ≥ 28 days after the first dose. | Dose 1: | |
| | | Dose 2: | |
| | | Or positive titer: | |

REQUIRED IMMUNIZATIONS

| VACCINE | GUIDELINES | DATE ADMINISTERED MM/DD/YYYY | |
|---|---|--|--|
| Meningococcal Conjugate Vaccine (ACWY)* | One dose of MenACWY vaccine is required for all full-time students 21 years old and younger . Doses received before 16th birthday do not count for this requirement. The Meningitis B vaccine does not meet the requirement. | Date administered on or after 16th birthday (for students 21 years old and younger): | |
| *OR WAIVER (please check if applicable): <input type="checkbox"/> I have reviewed the Massachusetts Meningococcal Fact Sheet. I understand the risks of not being vaccinated and have signed the form and attached it to this health report. | | | |
| Hepatitis B | Three doses required, or positive antibody titers. Two doses of Heplisav-B given on or after 18 years of age are acceptable. | Dose 1: | |
| | | Dose 2: | |
| | | Dose 3: | |
| | | Or positive titer: | |
| Tetanus/Diphtheria/Pertussis (Tdap) | Vaccine within the last 10 years is required. Td or Tdap must be given if greater than 10 years since Tdap. Tdap is required if no history of previous Tdap. | Most recent Tdap: | |
| | | or | |
| | | Most recent Td: | |
| Varicella (Chicken Pox) | Two doses required, or positive antibody titer, or a medically verified date of disease. The first dose must be given on or after the 1st birthday and second dose must be given > 28 days after the first dose. A medically verified date of disease or laboratory evidence of immunity is acceptable. | Dose 1: | |
| | | Dose 2: | |
| | | Or positive titer: | |
| | | Or verified date of disease: | |

REQUIRED SCREENING

| TEST | GUIDELINES |
|---------------------------|--|
| Tuberculosis (PPD) | Complete the Massachusetts Tuberculosis Risk Assessment included on page 8 in this packet. This risk assessment form is also sufficient for students located outside of Massachusetts. |

If you answered, "Yes" to any of the Tuberculosis Risk Assessment Questions, please complete a Tuberculosis Skin Test or IGRA blood test.

| TEST | GUIDELINES | | |
|---|---|---|--|
| Tuberculosis: PPD Skin Test or IGRA Blood Test | If you checked any of the three boxes on the Massachusetts Tuberculosis Risk Assessment, a Tuberculosis Skin Test (PPD test) or an IGRA blood test within the past 12 months is required. | PPD Skin Test Plant Date: | |
| | | PPD Read Date: Read within 24 to 72 hours from plant date | |
| | | PPD Result: | |
| | | IGRA Blood Test Date: | |
| | | IGRA Result: | |

If the result of the PPD Skin Test or IGRA Blood Test is positive, a chest X-ray within five years and an annual Symptom Free Note from your provider is required.

| | | | |
|--------------------|---|-------------------------|--|
| Chest X-ray | If the result of your PPD Skin Test or IGRA Blood Test is positive, a chest X-ray within five years followed by an annual Symptom Free Note from your provider is required. | Chest X-ray Date: | |
| | | Symptom Free Note Date: | |



Massachusetts Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **adults and children** for testing for latent TB infection (LTBI).
- Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.
- **For TB symptoms or abnormal chest X-ray consistent with active TB disease → Evaluate for active TB disease**
Evaluate for active TB disease with a chest X-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing (NAAT). A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Check appropriate risk factor boxes below.

Latent TB infection testing is recommended if any of the 3 boxes below is checked.

If latent TB infection test result is positive and active TB disease is ruled out, treatment of latent TB infection is recommended.

REPORT Latent TB Infection and Active or Suspected Active TB Disease

Go to www.mass.gov/tuberculosis for reporting forms

☐ **Born or lived in a country with an elevated TB rate**

- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see User Guide for list).
- Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for foreign-born persons ≥ 2 years old. The TST is an acceptable test for all ages when administered and read correctly.

☐ **Immunosuppression, current or planned**

HIV infection, organ transplant recipient; treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

☐ **Close contact to someone sick with infectious TB disease *since last TB Risk Assessment***

☐ **No TB risk factors. TB test not indicated; no TB test done.**

Provider: _____

Patient Name: _____

Assessment Date: _____

Date of Birth: _____

See the **Massachusetts Tuberculosis Risk Assessment User Guide** for more information about using this tool.

RECOMMENDED IMMUNIZATIONS

The following vaccines are **NOT** required:

| VACCINE | GUIDELINES | DATE ADMINISTERED MM/DD/YYYY | |
|--------------|--|---------------------------------|--|
| Influenza | Submit documentation of flu shot administered during the current flu season (August 2023 - March 2024) | Seasonal Dose: | |
| Meningitis B | Bexsero: Two doses at least one month apart. | Dose 1: | |
| | | Dose 2: | |
| | or | | |
| | Trumenba: Three doses at 0, 3 and 6 month intervals. | Dose 1: | |
| | | Dose 2: | |
| | | Dose 3 (if applicable): | |
| Hepatitis A | Two doses administered at least six months apart. | Dose 1: | |
| | | Dose 2: | |
| HPV | A two-dose schedule is recommended for people who get the first dose before their 15th birthday. In a two-dose series, the second dose should be given 6–12 months after the first dose (0, 6–12-month schedule). The minimum interval is five months between the first and second dose. If the second dose is administered after a shorter interval, a third dose should be administered a minimum of five months after the first dose and a minimum of 12 weeks after the second dose. | Dose 1: | |
| | | Dose 2: | |
| | | Dose 3 (if applicable): | |

RECOMMENDED IMMUNIZATIONS

| VACCINE | GUIDELINES | DATE ADMINISTERED MM/DD/YYYY | |
|----------|---|---------------------------------|--|
| COVID-19 | Documentation of primary two dose series and one COVID-19 bivalent booster. | Dose 1: | |
| | | Dose 2: | |
| | | Bivalent COVID-19 booster: | |

A health provider must sign this form to verify dates.

NAME (PLEASE PRINT)

SIGNATURE

DATE

ADDRESS

TELEPHONE



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 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 school) to receive 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 meningococcal disease may appear suddenly. Fever, severe and constant headache, 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 each year 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 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 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 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 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 (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. 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 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) 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 16th 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 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

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 meningococcal vaccine.

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

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