

In this section you will find ...

- Report of Medical History Form
- Medical Examination Form
- Meningitis waiver form (also available online)
- Local sites for immunizations

The Elms College Health Center and the Massachusetts Department of Public Health require that the following information be on file for all CE off-campus, online, postbaccalaureate and graduate (taking 9 or more credits a semester) students:

- Completed physical examination form completed by your health care provider. The physical exam must be within 12 months of entrance to the program.
- A report of medical history form completed by the student.
- Two doses of measles, mumps, and rubella (MMR) vaccine or laboratory confirmation of immunity to all three diseases.
- Two doses of live varicella vaccine or laboratory confirmation of immunity. Non-nursing majors may submit a signed statement from their health care provider that there is a reliable history of chickenpox disease. Non-nursing majors born in the United States before 1980 are exempt from this requirement.
- Three doses of Hepatitis B vaccine or laboratory confirmed immunity.
- A single dose of Tdap vaccine within the last ten years.
- A single dose of the meningitis vaccine within five years or a signed meningitis waiver.

Please contact the Health Center at 413-265-2288 or via email at chenierj@elms.edu with any questions regarding these entry requirements.



REPORT OF MEDICAL HISTORY

Please complete this before going to your physician for examination

I am a: campus resident Commuter

This information is strictly for the use of the Health Services and will not be released to anyone without your knowledge and consent.

Please Print Answers

Last Name (surname)	First Name	Middle Name	Age	Gender
Home Address (No. and Street)	City	State	Zip Code	Country
Marital Status	Birth Date	Birthplace	Home Phone	
Name, Relationship, and Address of Emergency contact				Home Phone
Emergency contact Business Address	Emergency Contact Cell Phone Number	Business Phone Number		

CARE FOR MINORS: Permission is hereby granted for medical treatment of my minor. Signature _____ Parent/Guardian signature _____

FAMILY HISTORY			
	Living or Deceased	Present Age or Age at Death	State of Health or Cause of Death
Father			
Mother			
Siblings	M/F		
	M/F		
	M/F		
	M/F		
SPOUSE			
CHILDREN	M/F		
	M/F		
	M/F		

<i>Have any of your relatives ever had any of the following?</i>			
	Yes	No	Relationship
Tuberculosis			
Diabetes			
Kidney Disease			
Heart Disease			
Cancer			
Allergy Asthma			
Stroke High Blood Pressure			
Nervous or Mental Illness			
Alcohol/Substance Problem			
Neurologic Disease			

PERSONAL HISTORY Please Answer All Questions Comment on all positive answers in space below or on the back side of this sheet.

Have you had?	Yes	No	Have you had?	Yes	No	Have you had?	Yes	No	Have you had?	Yes	No
Scarlet Fever			Insomnia			Pain/Pressure in Chest			Recent Weight Change		
Measles			Frequent Anxiety			Palpitations			Anemia/Transfusions		
German Measles			Frequent Depression			High or Low Blood Pressure			Dizziness, Fainting		
Mumps			Alcohol/Drug Problem			Rheumatic Fever or Heart Murmur			Weakness, Paralysis		
Chicken Pox			Headaches/Migraine			Seizure Disorders			Serious Head Injury		
Malaria			Easy Fatigue			Diabetes			Sexually Transmitted Infections		
Mononucleosis			Eye, Ear, Nose, Throat Trouble			Thyroid/Endocrine Disorder			Menstrual History (females only)		
Meningitis			Anorexia/Bulimia			Kidney Disease			Age of onset _____		
Sinusitis			Skin Disorder			Disease or Injury of Joints/Bones			Interval _____		
Recurrent Colds			Hay Fever, Asthma			Back Problems			Duration _____		
Whooping Cough			Are you Allergic to:			Tumor, Cancer, Cyst			Cramps/Disability _____		
Tuberculosis			Penicillin			Jaundice (Hepatitis)			Medication _____		
Pneumonia			Sulfonamides			Stomach or Intestinal Trouble			Emotional Reaction _____		
Surgery			Foods (identify)						History of Irregularity _____		
Appendectomy			Other						Menopause _____		
Tonsillectomy									Contraception/Type _____		
Other											

	Yes	No
A. Has your physical activity been restricted during the past five years? (Give reasons and durations)		
B. Have you received treatment or counseling for a mental illness, personality or character disorder, or emotional problem? (Give details)		
C. Have you had any illness or injury or been hospitalized other than already noted? (Give details)		
D. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past two years? (Other than routine checkups)		
E. Are you currently taking any medication on a regular basis? (Name and for what?)		

REMARKS OR ADDITIONAL INFORMATION
(Use back side of sheet, if needed)

Student's Signature _____ Date _____

Student's I.D. Number _____



291 SPRINGFIELD STREET • CHICOPEE, MA 01013-2839 • 413-594-2761 • WWW.ELMS.EDU
HEALTH CENTER (PHONE) 413-265-2288 • (FAX) 413-592-9939

To the examining clinician: Please review the student's history and complete the physicians form. Please comment on all positive answers. **This student has been accepted.** The information supplied will not affect his/her status: it will be used as background for providing health care, if necessary. Information is strictly for use by Health Services and will not be released without student consent.

Last Name (surname) First Name Middle Name

Student I.D. Number

Date of Birth (mo/day/yr) _____ Height _____ Weight _____ Blood pressure _____ Pulse _____

IMMUNIZATION HISTORY (circle dose type and indicate date given. This information is required.)

Varicella Vaccine (2 required)	Hepatitis B Vaccine (3 required)	MMR (2 required)	Tdap (within 10 years)
mo/day/yr #1 _____ #2 _____ OR positive Titer Date: _____	mo/day/yr #1 _____ #2 _____ #3 _____ OR positive Titer Date: _____	mo/day/yr #1 _____ #2 _____ OR positive Titers Measles Date: _____ Mumps Date: _____ Rubella Date: _____	mo/day/yr #1 _____

Chickenpox History
 Check the box if this person has a physician-certified reliable history of chickenpox.
Reliable history may be based on:
 • physician interpretation of parent/guardian description of chickenpox
 • physical diagnosis of chickenpox, or
 • serologic proof of immunity (attach copy of lab report)
 *Chickenpox history is **not acceptable** for nursing students

Recommended Meningitis Vaccine: (date and type of vaccine) _____ or enclosed signed waiver (must be within 5 years)

Are there any abnormalities of the following:

- | | | | | | |
|----------------------------------|---|---|-------------------------|---|---|
| 1. skin, blood | Y | N | 6. neurologic/seizures | Y | N |
| 2. eyes, head, ear, nose, throat | Y | N | 7. genitourinary | Y | N |
| 3. respiratory | Y | N | 8. musculoskeletal | Y | N |
| 4. cardiovascular | Y | N | 9. metabolic/endocrine | Y | N |
| 5. gastrointestinal | Y | N | 10. hernia (males only) | Y | N |
- testes _____ hernia _____ tanner _____

If "yes" to any of the above explain _____

Allergies _____

Recommendations for physical activity: Unlimited Limited

Is the student fit to participate in collegiate competition? Yes No

Define activities to be restricted, if applicable: _____

Required for all participants on athletic teams: Sickle Cell lab report (please attach) Urinalysis _____ HGB or HCT _____	Femoral pulse (indicate 1-4+) R _____ L _____ Apical heart rate Lying _____ Sitting _____
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Provider signature _____

Date of exam _____

Provider address _____

Telephone _____

Meningococcal Disease and College Students

May 2018

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other body organs. Onset of illness may be very sudden, and 10-15% die despite receiving antibiotic treatment. Of those who survive, 10-20% may lose limbs, become hearing impaired or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes.

What are the symptoms of meningococcal disease?

Signs and symptoms of meningococcal disease include sudden onset of fever, stiff neck, headache, nausea, vomiting, sensitivity to light and/or mental confusion. A rash may also be present. Changes in behavior such as confusion, sleepiness, and unresponsiveness are important symptoms of illness. Anyone who has these symptoms should be seen by a healthcare provider immediately. In fatal cases, death can occur in as little as a few hours, even with appropriate medical treatment. Less common presentations include pneumonia and arthritis.

How common is meningococcal disease?

Meningococcal disease is becoming much less common. Over the past 20 years, the overall incidence of meningococcal disease in the US has declined 10-fold. Twenty years ago in Massachusetts there were 80-100 cases of meningococcal disease per year. In contrast, for the past decade the average is approximately 12 cases per year. Declining rates of meningococcal disease may be due in part to the introduction of meningococcal vaccines (initially recommended routinely in 2005 for adolescents aged 11-12 years, unvaccinated college freshmen living in residence halls) as well as other factors such as the decline in cigarette smoking, which may impact susceptibility to this disease.

What are *Neisseria meningitidis*?

Neisseria meningitidis are bacteria that may be found normally in people’s throats and noses. About 5 to 15% of people carry these bacteria and do not get sick from them. These people may be referred to as “colonized.” Colonized people only have bacteria for a short time. Usually, the bacteria go away and these people may have increased resistance to infection in the future. In rare cases, the bacteria may get into the blood and go to the tissue surrounding the spinal cord and brain, causing severe illness. It is not known why this occurs in certain people and not in others. A recent upper respiratory illness may be a contributing factor.

How are the bacteria 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 (including e-cigarettes) with someone who is infected; or being within 3-6 feet of an infected person who is coughing or sneezing.



Who is at most risk for 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 routinely work with the bacteria and people who may have been exposed to meningococcal disease during an outbreak. People who live in certain settings such as college dormitories and military housing are also at greater risk of disease from some serotypes.

Are students in college 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 2-4 outbreaks due to serogroup B reported annually.

Although incidence of serogroup B meningococcal disease in college students is low, college students aged 18-21 years are at increased risk compared to non-college students. The close contact in college residence halls, combined with certain behaviors (such as alcohol consumption, exposure to cigarette smoke, 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 four serogroups, A, C, W, and Y, of meningococcal disease. It is recommended for all children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule. College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive quadrivalent meningococcal conjugate vaccine.

- Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease. It is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency, microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Other adolescents and young adults (16 through 23 years of age) may also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

If you have questions about whether or not you or your child should receive any of these vaccines, talk to your healthcare provider.



How complete is the protection with the vaccine?

The incidence of meningococcal disease of all serogroups has been declining in the U.S. since the late 1990s, in part due to vaccination. Strains C, W and Y, which are included in quadrivalent meningococcal conjugate vaccine, account for 73% of meningococcal disease among people >11 years in the U.S. Because effectiveness of quadrivalent meningococcal conjugate vaccine wanes over time, a booster is recommended at age 16, after the initial dose at age 11-12. This protects young people during their late teens and early twenties, when they are most at risk. Unfortunately, no vaccine is 100% effective in preventing disease. If your child is exposed to meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

Meningococcal B vaccines are expected to provide short-term protection against most strains of serogroup B meningococcal disease. Studies are being conducted to verify and further describe the effectiveness of these vaccines.

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.

Are students required to get meningococcal vaccine before college?

Yes. Massachusetts law requires the following students receive quadrivalent meningococcal conjugate vaccine (unless they qualify for one of the exemptions allowed by the law):

- Secondary School (those schools with grade 9-12): newly enrolled full-time students who will be living in a dormitory or other congregate housing licensed or approved by the secondary school must provide documentation of having received a dose of meningococcal conjugate vaccine at any time in the past.
- Postsecondary Institutions (e.g., colleges): newly enrolled full-time 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.

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. There is no requirement for meningococcal B vaccination. However, adolescents and young adults (16 through 23 years of age) may also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

The law allows 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 the 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 a waiver stating that the student has received information about the dangers of meningococcal disease, reviewed the information provided and elected to decline the vaccine.



More information about requirements and exemptions may be found in the MDPH document *“Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools.”*

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 the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously, adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available.

Where can a college student get vaccinated?

Students and their parents should discuss meningococcal disease, the benefits and risks of vaccination and the availability of vaccine with their healthcare provider.

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 on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)



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 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 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?

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 MenACWY vaccine, 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 2-4 outbreaks due to serogroup B reported annually.

Although incidence of serogroup B meningococcal disease in college students is low, college students aged 18-21 years are at increased risk compared to non-college students. The close contact in college residence halls, combined with certain behaviors (such as alcohol consumption, exposure to cigarette smoke, sharing food or beverages, and other activities involving the exchange of saliva), may put college students at increased risk. 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.

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) 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 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 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.

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 the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously, adolescents and young adults (16 through 23 years of age) *may* be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available

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 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)



The Elms College Health Center is aware that for many of our students, access to required immunizations may be a challenge.

Here are some suggestions for sites to obtain immunizations that are required by the Commonwealth of Massachusetts for entry to college:

Your local Board of Health is always a good place to start. Many offer the required vaccines at no cost or reduced cost. CVS is also a resource for vaccinations.

Doctor's Express
415 Cooley Street, Unit 3
Springfield, MA 01128
413-782-4878
Monday-Friday, 8 a.m.-8 p.m.
Saturday-Sunday, 8 a.m.-5 p.m.

Family Care Medical Center
1515 Allen Street
Springfield, MA 01118
413-783-9114
Monday-Friday, 9 a.m.-9 p.m.
Saturday-Sunday, 9 a.m.-5 p.m.

Akwaaba Free Medical Clinic
International Central Gospel Church
67 Vernon Street
Worcester, MA 01610
508-425-4142
Thursday, 6-8 p.m.

Epworth United Methodist Church
64 Salisbury St.
Worcester, MA 01609
508-752-2376
Monday, 6-8 p.m.

Greenwood Street Free Medical Program
Bethlehem Covenant Church
46 Greenwood Street
Worcester, MA 01607
Wednesday, 6-8 p.m.

Ronald McDonald Care Mobile
508-334-6073
Multiple Worcester locations
Monday-Friday, between 9 a.m. - 6 p.m.

St. Anne's Church
130 Boston Turnpike (Rte. 9)
Shrewsbury, MA 01545
508-757-5254
Tuesday, 6-8 p.m.

Wesley United Methodist Church
114 Main St.
Worcester, MA 01608
508-799-4191
2nd and 4th Monday of each month, 6-8 p.m.

Community Health Center of Franklin County
338 Montague City Road
Turners Falls, MA 01376
413-772-3748
489 Bernardston Road
Greenfield, MA 01301
413-325-8500

Please contact the Health Center at 413-265-2288 if we can assist you in any way.