

Dear Incoming Student:

The Regis College Center for Health and Wellness would like to welcome you to Regis. Massachusetts law requires that all incoming students provide proof of immunizations and submit their health forms. **Students must complete the downloaded health forms and upload completed medical documentation through CastleBranch** (see next page for step-by-step instructions). Regis athletes must complete this process in addition to the athletic department requirements.

Due Dates:

All health records are required by:

- August 16 for fall enrollment
- January 3 for spring enrollment

Failure to comply by these dates will restrict you from moving onto campus, registering for courses, and accessing your Moodle account. Students are responsible for complying with this deadline **without exception**.

Your health information is confidential and protected by state and federal laws. The information you submit is maintained by the Regis College Center for Health and Wellness in the strictest confidence. HIPAA regulations prevent us from releasing or discussing any health information without written consent of the patient, except when there is imminent danger to you or to others, or when required by law.

Massachusetts law requires all undergraduate students taking nine (9) credits or more and all graduate students taking 6.75 credits or more to either demonstrate proof of comparable health insurance coverage or purchase a qualifying student health insurance plan through their institution of higher education. In order to assure that **ALL** Regis students are properly insured to meet the state law, all students are initially charged on their student account for the cost of the Blue Cross Blue Shield Student Injury and Sickness Insurance Plan. It is then your choice whether to enroll in this insurance plan or waive the insurance and remain on your family or individual plan. Health insurance information will be emailed to you separately with instructions on enrolling or waiving the student health insurance. If you have any questions regarding health insurance, please call the Regis Center for Student Services at 781-768-7270.

If you have any questions or concerns, please call Regis College Center for Health and Wellness at (781) 768-7290.

Sincerely,

Tammi Magazzu

Tammi Magazzu, RN, WHNP-BC
Associate Dean and Medical Director of Regis College Center for Health and Wellness

How to use CastleBranch

Setting up your CastleBranch account:

1. Go to CastleBranch.com
2. Select: *Place an order* (top right)
3. Enter Package Code: *EP47* (package cost: \$35)
4. Accept the Terms and Conditions of Use and select *Continue*
5. Enter your Regis email address (which will then become your *myCB* username) along with the required personal information to complete your order.

Log into CastleBranch and Download the required forms for printing:

Regis Health Services Forms can be downloaded from *Clinical Requirements*, menu Option #1 (Regis Health Services Forms). You must click on the *blue link*.

Uploading required documentation:

The most effective way to upload your document to CastleBranch is to scan it, save it as a PDF and upload the PDF to the requirement. However, if you don't have access to a scanner but have an Apple product, you can download the free myCB from the App store to upload your documents. Please note: if you upload a picture using the myCB app, the photo must be taken in portrait not landscape orientation (meaning your phone is held vertically) and be **clear and legible, and meet the clinical requirement or it will be rejected**.

1. **Regis Health Services Form:** Students must complete Health Report Part 1.

2. **Health Form and Health Insurance:** Students must complete Health Report Part 2 and a copy (front and back) of your health insurance card together. Do not upload them separately.

3-7. **Immunizations:** You may use our immunization form or a pre-printed form from your provider. If you are using our immunization form, it must be signed by a doctor. If you are using a provider's pre-printed form, make sure your name and the facility name appear on the document. Important: Upload your entire immunization record for each vaccine.

MMR (Measles (Rubeola), Mumps, Rubella): Upload documentation of two MMR vaccines or positive titers with lab results.

Varicella (Chicken Pox): Upload documentation of two varicella vaccines or a positive titer with lab results or medical documentation of disease.

Hepatitis B: Upload documentation of hepatitis B or hepatitis A/B vaccines or a positive hepatitis B titer with lab results.

Tdap (Tetanus, Diphtheria, Pertussis): Upload documentation of DTap primary series, Tdap booster and Td booster.

COVID-19 Vaccine: Required for all students (regardless of age) to be fully vaccinated against COVID-19 before participating in any on-campus activity related to the 2021-2022 academic year. To be fully vaccinated by the deadline of August 16, the last dose of the vaccine must be given no later than August 2.

Options to meet this requirement:

- 2 Pfizer vaccinations, OR
- 2 Moderna vaccinations, OR
- 1 Janssen (Johnson & Johnson) vaccination, OR
- COVID vaccines that have received Emergency Use Authorization (EUA) by the FDA, OR
- COVID vaccines that have received Emergency Use Listing (EUL) from the WHO

8. Tuberculosis (TB): Complete the Tuberculosis Risk Questionnaire. Please include your name, date of birth, country of birth, and the date that you complete the questionnaire. If you answer NO to all TB questionnaire questions, upload the questionnaire only. If you answer YES to any of the questions on the Tuberculosis Risk Questionnaire, you are required to have TB testing and have a healthcare provider fill out the Medical Evaluation for latent TB. Upload the TB Questionnaire and the Medical Evaluation for latent TB together along with all applicable TB forms. Regis requires that you receive TB testing within 6 months prior to the start of the semester that you are entering school.

Once you have uploaded the required forms for all above requirements, the status for each line item will be *Pending Review*. CastleBranch personnel will review each line item to ensure that you have the appropriate information. If the information meets the requirements, the status for the line item will be changed to **COMPLETE**. If it does not meet the requirement, the status will be rejected and the reason for the rejection will be listed. To upload the corrected information for any line item you must re-upload ALL pages for that particular CastleBranch section. For example, if you did not complete all of the information on Health Report #2 it will be rejected. Once you correct the form you must upload the Health Report #2 **AND** a copy of the front and back of your medical insurance card again. If you have any questions, please call Regis College Center for Health and Wellness 781-768-7290 or email Health Services at health.services@regiscollege.edu. For technical support you can also contact the CastleBranch service desk directly at 888-723-4263.

**REGIS COLLEGE
HEALTH REPORT Part 2**

PRIMARY HEALTH INSURANCE INFORMATION

Insurance Company name: _____
Insurance address: _____
Insurance phone number: _____
Group name: _____
ID#: _____ Group#: _____
Name of Subscriber: _____
Subscriber DOB: _____ Relationship to insured: _____
Primary care physician: _____ Physician phone number: _____

It is the responsibility of the student to obtain referrals or authorization as required by your insurance company for payment of services. Student is responsible for all charges that are not covered by health insurance.

Please upload a copy of your insurance card (front and back).

Note: This is NOT a waiver for the Regis student health insurance.

MASSACHUSETTS IMMUNIZATION INFORMATION SYSTEMS

Regis College Health Services is required by law (M.G.L. c. 111, Section 24M) to participate in the Massachusetts Immunization System (MIIS) which is a confidential, electronic system that collects and stores vaccination records for Massachusetts resident of all ages. This program is operated by the Massachusetts Department of Public Health and is designated to help you along with your health care providers, schools and childcare centers, to keep track of the vaccinations that you have received. All residents of Massachusetts, including Regis College Students, will have their vaccine information entered into the MIIS. Your name, address, gender, date of birth, and healthcare provider's information will be entered to identify you within the MIIS. All this information given through MIIS is secure and confidential. Massachusetts's residents have the right to limit who may see their or their child's information in the MIIS. If you prefer that your or your child's immunization history not be shared with other healthcare providers who use MIIS, please complete the MIIS Objection Form (mass.gov/eohhs/docs/dph/cdc/immunization/miis-objection-form.pdf)

Student Name: _____ Date of Birth: _____

CONSENT FOR MEDICAL TREATMENT

I grant permission to the staff of Regis College Center for Health and Wellness to provide medical treatment for illness, injury, immunizations or preventative care to the above named student. This includes emergency treatment (including transport to a local hospital, surgery and anesthesia) in the event of a serious illness or injury when parent or guardian cannot be reached. I also give consent for psychological and/or medical treatment, including medication, if necessary, should this student request such treatment while a student at Regis.

Student signature (Required) _____ Date _____ Parent/guardian signature _____ Date _____
(Parent/guardian signature required for all students under the age of 18)

CONSENT TO SHARE HEALTH INFORMATION

In order to monitor the health of students, faculty, and staff, Regis College, Regis College discloses individual health information to certain partners and government agencies. Specifically, Regis discloses health information to entities that operate systems or software programs (e.g. CoVerified) that enable Regis to monitor concerning symptoms, health testing, and vaccinations across the community. By signing below, I grant Regis permission to make these disclosures.

Student signature (Required) _____ Date _____ Parent/guardian signature _____ Date _____
(Parent/guardian signature required for all students under the age of 18)

REGIS COLLEGE CENTER FOR HEALTH AND WELLNESS IMMUNIZATION RECORD

Print Last Name: _____ Print First Name: _____ Date of Birth: ____/____/____

If you have chosen to use this immunization form, it must be completed and signed by your health care provider.

Required Vaccines	Dates Received	MA State Requirements
Hepatitis B (may be Hepatitis B OR Hepatitis A/B combined)	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ OR Positive Titer HBsAB Date: ____/____/____ (copy of lab result required)	3 doses; laboratory evidence of immunity acceptable; 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
Meningococcal Quadrivalent 1 dose MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger.	Vaccine Name: _____ Single Dose: ____/____/____ OR Signed Waiver: _____	1 dose; The dose of MenACWY vaccine must have been received on or after the student's 16th birthday or Signed Waiver.
MMR (Measles, Mumps, Rubella) OR individual vaccines or titers: • Measles • Mumps • Rubella	#1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ #1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ (copy of lab results required)	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; laboratory evidence of immunity acceptable.
Tdap (Tetanus, Diptheria, Pertussis)	Tdap: ____/____/____ *If greater than 10 years ago , must also provide date of recent Td: ____/____/____ or Tdap: ____/____/____	1 dose; and history of a DTaP primary series or age-appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been ≥ 10 years since Tdap.
Varicella	#1 ____/____/____ #2 ____/____/____ OR Positive Titer Date: ____/____/____ (copy of lab results required) OR History of disease: Yes ___ No ___ Date: ____/____/____	2 doses; first dose must be given on or after the 1 st birthday and second dose must be given ≥ 28 days after first dose; history of chicken pox as documented by clinician or laboratory evidence of immunity is acceptable. Birth in the U.S. before 1980 acceptable only for non-health science students.
COVID-19 Vaccine	Vaccine Name: _____ Single Dose: ____/____/____ Two Dose: #1 ____/____/____ #2 ____/____/____	<ul style="list-style-type: none"> • Janssen (Johnson & Johnson) 1 dose only • Pfizer-BioNTech: 2 doses, 21 days apart • Moderna: 2 doses, 28 days apart • Other: with WHO EUL or FDA EUA
STRONGLY RECOMMENDED & ADDITIONAL IMMUNIZATIONS	Dates Received	Standing Dosing
Influenza THIS VACCINE IS STONGLY RECOMMENDED	Vaccine Name: _____ Single Dose: ____/____/____	Single dose for 2021-2022 influenza season
Meningococcal Group B MenB-4C (Bexsero) OR MenB-Fhbp (Trumenba) THIS VACCINE IS STRONGLY RECOMMENDED	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Bexsero: 2 doses at least one month apart Trumenba: 3 doses at 0, 3 and 6 month intervals
Human Papillomavirus (HPV) THIS VACCINE IS STRONGLY RECOMMENDED	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	3 doses at 0, 3 and 6 month intervals
Hepatitis A OR Hepatitis A & B Combined	Vaccine Name: _____ #1 ____/____/____ #2 ____/____/____ #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Hepatitis A: 2 doses at least 6 months apart Hepatitis A & B Combined: 3 doses given at 0, 3 and 6 month intervals.

Clinician's Name (Please Print): _____ Signature: _____ Date: _____

Address: (Including City and State): _____

Phone: (____) _____ Fax: (____) _____

REGIS COLLEGE TUBERCULOSIS RISK QUESTIONNAIRE

REQUIRED for all *undergraduate* students to complete

Student's Name: _____ Date of Birth: ___/___/___ Today's date: ___/___/___

Country of Birth: _____

Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

- Have you ever tested positive for Tuberculosis? Yes No
- Have you ever had close contact with persons known or suspected to have active TB disease? Yes No
- Were you born in one of the countries or territories listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below) Yes No

Afghanistan	Comoros	India	Namibia	Somalia South
Albania	Congo	Indonesia	Nauru	Africa South
Algeria	Côte d'Ivoire	Iraq	Nepal	Sudan Sri
Angola	Democratic People's Republic of	Kazakhstan	Nicaragua Niger	Lanka Sudan
Anguilla	Korea	Kenya	Nigeria	Suriname
Argentina	Democratic Republic of the	Kiribati	Niue	Swaziland
Armenia	Congo	Kuwait	Northern Mariana	Tajikistan
Azerbaijan	Djibouti	Kyrgyzstan	Islands	Tanzania (United
Bangladesh	Dominican Republic	Lao People's Democratic	Pakistan	Republic of)
Belarus	Ecuador	Republic	Palau	Thailand
Belize Benin	El Salvador	Latvia	Panama	Timor-Leste
Bhutan	Equatorial Guinea	Lesotho	Papua New Guinea	Togo Tunisia
Bolivia (Plurinational State of)	Eritrea	Liberia Libya	Paraguay	Turkmenistan
Bosnia and Herzegovina Botswana	ESwazini	Lithuania	Peru	Tuvalu Uganda
Brazil	Ethiopia	Madagascar	Philippines	Ukraine
Brunei Darussalam	Fiji	Malawi	Portugal	Uruguay
Bulgaria	French-	Malaysia	Qatar	Uzbekistan
Burkina Faso	Polynesia	Maldives	Republic of Korea	Vanuatu
Burundi Cabo	Gabon	Mali	Republic of Moldova	Venezuela (Bolivarian
Verde	Gambia	Marshall Islands	Romania	Republic of)
Cambodia	Georgia	Mauritania	Russian Federation	Viet Nam
Cameroon	Ghana	Mexico	Rwanda	Yemen
Central African Republic	Greenland	Micronesia (Federated	Sao Tome and Principe	Zambia
Chad	Guam	States of)	Senegal	Zimbabwe
China	Guatemala	Mongolia	Sierra Leone	
China, Hong Kong SAR	Guinea Guinea-	Morocco	Singapore	
China, Macao SAR	Bissau Guyana	Mozambique	Solomon Islands	
Colombia	Haiti	Myanmar		
	Honduras			

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2017. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to <http://www.who.int/tb/country/en/>.

- Have you had frequent or prolonged visits* to one or more of the countries or territories listed above with a high prevalence of TB disease? (If yes, CHECK the countries or territories, above) Yes No
- Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)? Yes No
- Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease? Yes No
- Have you ever been a member of any of the following groups that may have an increased incidence of latent *M.tuberculosis* infection or active TB disease: medically underserved, low-income, or abusing drugs or alcohol? Yes No

If you answer YES to any of the above questions, Regis College requires that you receive TB testing *within 6 months prior to the start of the semester*. Your healthcare provider *must* complete the **Medical Evaluation for Latent TB Infection Form. All applicable TB forms must be submitted together.**

If the answer to all of the above questions is NO, no further testing or further action is required.

* Prolonged travel exposure defined as ≥ 30 days pertaining to the countries listed above.

Regis College
Medical Evaluation for Latent TB Infection

(To be completed by a healthcare professional)

This form is required if the TB Risk Questionnaire has a YES response.
Please refer to Tuberculosis Risk Questionnaire form before completing.

Student's Name: _____ Date of Birth: ____/____/____ Country of Birth: _____
Month Day Year

STEP 1: Tuberculin Skin Test (TST)-Must be performed within 6 months before start of semester. If this test has been previously done and resulted "positive" OR patient has received BCG vaccine, skip to Step 2.

1. **Mantoux/PPD** - Please note: Test must be read by a healthcare provider 48-72 hours after administration. If no induration, mark "O". Result of multiple puncture tests, such as Tine or Mono-Vac, are NOT accepted.

Date administered: ____/____/____ Date test read: ____/____/____ Result: ____ mm of induration
Month Day Year Month Day Year

INTERPRETATION OF TUBERCULIN SKIN TEST: (Please use table below and circle response) **Negative / Positive**

>5 mm is positive:

- recent close contacts of an individual with infectious TB
- persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm is positive:

- recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- injection drug users
- mycobacteriology laboratory personnel
- residents, employees, or volunteers in high-risk congregate settings
- persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemia and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoileal bypass and weight loss of at least 10% below ideal body weight. .

>15 mm is positive:

- persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

STEP 2: If POSITIVE Tuberculin Skin Test (now, or by history, or BCG vaccination), Blood Testing for Tuberculosis is required:

Method used: (please check one) ____ QFT-G ____ T-spot Date obtained: ____/____/____

Result: (Please check one) ____ Negative ____ Positive ____ Intermediate ____ Borderline _____

STEP 3: If POSITIVE IGRA Result in Step 2, a Chest X-Ray is required:

(Mantoux / Intermediate PPD or IGRA tests)

1. Date of POSITIVE test: ____/____/____ Testing method: (please check one) ____ Mantoux/PPD ____ IGRA

2. Chest X-Ray: (please check one) ____ Normal ____ Abnormal **Please attach a copy of the report (no discs or films)**

Describe: _____

3. Clinical Evaluation: (please check one) ____ Normal ____ Abnormal

Describe: _____

4. Treatment: (please check one) ____ Yes ____ No

Meds, Dose, Frequency, Dates: _____

Healthcare provider signature: (Required) _____ Date: ____/____/____
Month Day Year

Healthcare Provider Name (Please print): _____ Phone: (_____) _____

YOUR MEDICAL RECORD

Your health information is confidential and protected by State and Federal Laws. Regis Health Services respects student confidentiality is dedicated to protecting your rights.

Your medical record is the property of Regis College Center for Health and Wellness. HIPAA regulations prevent us from releasing any health information without written consent of the patient or the parent/legal guardian if the patient is under age 18. The Health Center will not release any health information to parents or Regis staff and/or faculty other than Health or Counseling center clinicians without the students' express written authorization except as required by law.

We are required by law to obtain a signed informed consent for release of information. As custodian of your medical record, we must therefore review your record before we copy it. If there is any mention of drug/alcohol abuse, sexual assault, sexually transmitted disease, physical abuse, HIV, AIDS, abortion or mental health treatment, you will be required to state in writing if you do or do not want that information released.

The law restricts the recipient of health information from further disclosure. This means that we cannot make copies of records that we received from your previous providers, and you will have to request copies from them.

Requests for copies from Health Services may necessitate a search through old records and may take up to 7 business days to process. There will be a \$25.00 administrative processing fee for each request. We appreciate as much notice as possible.