



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

STEP 1: GATHER THE REQUIRED HEALTH DOCUMENTS

- Begin by reviewing each vaccine, test, and document requirement listed on the following page of this Health Requirement Packet. You must review this material carefully and have your healthcare provider sign and date the required forms below. **All items must be obtained and uploaded to your Sentry MD.**
- **Requirements to obtain:**
 - Part II Required Immunization Record (page 3, to be completed by the healthcare provider)
 - Part III TB Risk Assessment form (page 4, to be completed by the student)
 - Part V Recommended Immunizations (page 6, to be completed by the healthcare provide)

STEP 2: ACCESS YOUR SENTRY MD ACCOUNT

- Access your Sentry MD account to upload your documents and view your compliance status.
- Click the "Sentry MD Required Immunizations" link in the Student Hub under Health & Wellness or visit <https://mysentrymd.com/SAML/SP/Login/NU>.
- Details on how to navigate your account are reviewed under Part I on the next page.

QUESTIONS

If you have any questions regarding Northeastern's immunization requirements or the contents of this packet, please email us at northeastern.immunizations@SentryMD.com. Email inquiries will be responded to within 48 business hours.

FOR MORE INFORMATION

Visit [Documentation of Immunity - University Health and Counseling Services](#) for more information about required and recommended vaccines.

DEADLINES TO UPLOAD IMMUNIZATION REQUIREMENTS:

JULY 15, 2025 for **UNDERGRADUATE STUDENTS** entering the University in Fall 2025.

DECEMBER 31, 2024 for **UNDERGRADUATE STUDENTS** entering the University in Spring 2025.

GRADUATE STUDENTS must upload no later than one month before entering the University.

PART I ACCOUNT ACCESS | NAVIGATING YOUR ACCOUNT

You will need to review and sign the Electronic Release form and Consent to Treat form that appear when you access your account. Review each document, scroll to the bottom of the forms, check 'sign electronically,' and click submit. Once authorized, you will gain access to your account tabs.

PROFILE

The Profile Tab displays all requirements and your related 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.

- o You can download the compliance summary by clicking the Download PDF link.
- o 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 the Combined Document link to download all documents in your file at once.

TO UPLOAD THE DOCUMENTS TO YOUR ACCOUNT

- o Click the grey button titled "Choose File."
- o Select the document from your phone or computer.
- o Check the box for the requirements your document contains.
- o Click upload file. You will see the document at the top of the list as pending.
- o You will receive a confirmation notice once the document has been processed.

Please note that 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.

PART II: REQUIRED STUDENT IMMUNIZATION RECORD

This state-mandated immunization form must be completed by your healthcare provider. If preferred, you can submit an official electronic printout of your immunization record signed by the provider or the clinic or provider's form with their signature and/or letterhead. **To be accepted, all documentation must be provided in English using the preferred date format of MM/DD/YYYY. (M = Month, D = Day, Y = Year)**

Tetanus Diphtheria, Pertussis (Tdap): Tdap vaccine within 10 years of the current date **OR** history of a Tdap vaccine and a TD booster within 10 years of the current date. Dtap vaccinations are NOT accepted

Tdap Vaccine Date ____/____/____	OR	TD booster (Tdap must be documented) Date ____/____/____
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Hepatitis B: 3-dose vaccine series, **OR** Heplisav-B 2-dose vaccine series, **OR** Positive Hep B Surface Antibody Serology.

Hep B 3-Dose Series 1) ____/____/____ 2) ____/____/____ 3) ____/____/____	OR	Heplisav-B 2 -Dose Series 1) ____/____/____ 2) ____/____/____	OR	Hep B Surface Antibody Serology ____/____/____ Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune
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Meningococcal ACWY (Meningitis): 1-dose of MenACWY vaccine dated after age 16 **OR** complete the Meningococcal Waiver. Anyone 21 years of age or older is auto-exempt from this requirement. Men B vaccines do NOT meet the requirement

Menactra Vaccine ____/____/____	OR	Menveo Vaccine ____/____/____
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Measles, Mumps, and Rubella (MMR): 2-dose vaccine series with both doses administered after 12 months of age and at least 28 days apart, **OR** Positive antibody titers for Mumps, Measles, and Rubella. If you have an MMR vaccine prior to 12 months of age, you need a 3rd MMR dose.

MMR 2-Dose Series Dates 1) ____/____/____ 2) ____/____/____	OR	Measles 1.) ____/____/____ 2.) ____/____/____	OR	Measles Titer Date ____/____/____ Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune
		Mumps 1.) ____/____/____ 2.) ____/____/____		Mumps Titer Date ____/____/____ Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune
		Rubella 1.) ____/____/____ 2.) ____/____/____		Rubella Titer Date ____/____/____ Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune

Varicella (Chicken Pox): 2-dose vaccine series administered at least 28 days apart **OR** Positive antibody titer **OR** History of illness.

Varicella 2-Dose Series 1) ____/____/____ 2) ____/____/____	OR	Varicella Titer ____/____/____ Result: <input type="checkbox"/> Immune <input type="checkbox"/> Non-Immune	OR	Date of chickenpox disease ____/____/____ <i>Month and Year required</i>
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HEALTHCARE PROVIDER'S SIGNATURE IS REQUIRED FOR IMMUNIZATIONS ON THIS FORM TO BE ACCEPTED

Provider's Signature (Required) _____ Date ____/____/____
 Provider Name (printed) _____ *Provider's Stamp if Available*
 Address _____
 Phone Number (____) _____

Student Name _____ NUID _____

PART III: REQUIRED TB RISK ASSESSMENT

To be completed by the student.

TUBERCULOSIS (TB) RISK ASSESSMENT

If any of the following apply to you, please check the appropriate risk factor box and complete the TB test portion in Grey, OR if none of these apply to you check the last box- No TB risk factors and you do not need to complete the grey portion.

- ☐ **Birth, travel, or residence for at least 1 month, or frequent border crossing 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.
 - 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

If ANY of 3 boxes above are checked:

Please contact your healthcare provider for additional testing outlined below and their required signature.

- Latent TB infection testing is required.

TB Skin Plant Date: ____/____/____ OR TB Skin Read Date: ____/____/____ Result ____ mm <input type="checkbox"/> Neg <input type="checkbox"/> Pos	QuantIFERON TB Gold Date: ____/____/____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos
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- If latent TB is positive, please complete a chest x-ray and TB Symptom Questionnaire. If latent TB infection test result is positive and active TB disease is ruled out, treatment of latent TB infection is recommended.

IF positive TB test: Chest X-ray: ____/____/____ AND Complete the TB Symptom Questionnaire <u>Positive TB Symptom Questionnaire.</u>

- Students are required to REPORT Latent TB Infection and Active or Suspected Active TB Disease Go to www.mass.gov/tuberculosis

Provider's Signature (required) _____ Date ____/____/____

Provider Name (printed) _____

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

Student Name _____
Student Date of Birth ____/____/____ Date of completing this form ____/____/____

*See the Massachusetts Tuberculosis Risk Assessment User Guide for more information about using this tool. Massachusetts Department of Public Health | Bureau of Infectious Disease and Laboratory Sciences | Division of Global Populations and Infectious Disease Prevention | www.mass.gov/tuberculosis | Adapted from the California Tuberculosis Risk Assessment see www.ctca.org August 2024



PART IV: RECOMMENDED STUDENT IMMUNIZATION RECORD

To be completed by your primary care physician. **To be accepted, all documentation must be provided in English using the preferred date format of MM/DD/YYYY. (M = Month, D = Day, Y = Year)**

Influenza (Flu): Seasonal Flu Vaccine (Administered in August- March of the current year).

Flu Vaccine: ____/____/____

Hepatitis A: 2-dose vaccine series administered at least 6 months apart, **OR** Positive antibody titer.

Hepatitis A Series:

1) ____/____/____ 2) ____/____/____

Meningitis B Series: 2-dose Bexsero vaccine series, **OR** 3-dose Trumenba vaccine series. Note, these do not meet the required MenACWY vaccine.

Bexsero 2-Dose Series:

1) ____/____/____
2) ____/____/____

OR

Trumenba 3-Dose Series:

1) ____/____/____
2) ____/____/____
3) ____/____/____

COVID-19 Vaccines: Initial series of COVID-19, **OR** booster doses.

Primary Series:

1) ____/____/____
2) ____/____/____

Manufacturer Name: _____

OR

Bivalent Dose:

____/____/____

OR

Seasonal Dose:

____/____/____

HPV: 2-dose vaccine series if administered prior to age 15. If the 2nd dose is administered prior to 6 months from the 1st dose, a 3rd dose should be administered.

HPV Vaccine Series:

1) ____/____/____ 2) ____/____/____ 3) ____/____/____

HEALTHCARE PROVIDER'S SIGNATURE IS REQUIRED FOR IMMUNIZATIONS ON THIS FORM TO BE ACCEPTED

Provider's Signature _____ **Date** ____/____/____ *Provider's Stamp if Available*

Provider Name (printed) _____

Address _____

Phone Number (____) _____



STUDENT CHECKLIST

This checklist will help you organize what is needed for submission and ensure that you have completed all steps appropriately. Please allow yourself plenty of time to review your requirements in case you need additional vaccines or tests. Once uploaded, your documents will be processed in 24 to 72 business hours. You will receive a confirmation email once your documents have been reviewed and verified.

- ☐ The student has accessed the Sentry MD account, and completed the electronic release form (Part I).
- ☐ Health Requirements are complete, and results are signed, dated, and stamped by your healthcare provider, or supplemental documents on your provider or clinic's form to meet each requirement.

PART II: REQUIRED IMMUNIZATION RECORD (PAGE 3)

- ☐ Tdap vaccine within 10 years
- ☐ HepB 3-dose series or Heplisav-B series or titer
- ☐ MenACWY dose after 16 or signed waiver
 - ☐ To access the Meningitis waiver, go to [Meningococcal Waiver](#).
- ☐ MMR 2-dose series or titer
- ☐ Varicella 2-dose series, proof of disease, or titer
- ☐ Provider has signed and dated the form

PART III: TB RISK ASSESSMENT FORM (PAGE 4)

- ☐ TB Risk Assessment Form is completed.
 - ☐ TB Risk assessment has the student's name, assessment date, and date of birth along with a checkbox indicating your answer marked MA TB Risk Assessment Form.
 - ☐ If you check any of the 3 boxes, please submit a TB test with signature.
 - ☐ If your TB test is positive, submit a recent chest X-ray result (dated after the positive TB test) and Positive TB, Symptom Questionnaire.

PART IV: RECOMMENDED IMMUNIZATION RECORD (PAGE 5)

- ☐ Sign the student consent to treat
 - ☐ Students 18 years of age or older will complete the electronic form in their Sentry MD account.
 - ☐ Signature of parent/guardian is required if student is under 18 years of age.
- ☐ Upload completed documents to your Sentry MD account by clicking the "Sentry MD Required Immunizations" link in the Student Hub under Health & Wellness or visit <https://mysentrymd.com/SAML/SP/Login/NU>.

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