IMMUNIZATION RECORD FORM

Please review with your Physician at time of exam, physician signature required.

Massachusetts College Immunization Law, Chapter 76, Section 15c **REQUIRES** the following proof of immunizations.

FORM MUST BE COMPLETED NO ATTACHMENTS ARE ACCEPTED, only lab reports.

STUDENT NAME:	**DATE OF BIRTH:**

A. TETANUS-DIPHTHERIA (Td) or TDAP required within the last 5 years for Full Time Freshman
❑ 1 dose Tdap, then Td booster every 10 years ____/___/ ___ Tdap -____ / ____/ ____
B. M.M.R. (MEASLES, MUMPS, RUBELLA) – 2 doses required
❑ **Dose 1** on or after 1st birthday ____/___/____
❑ **Dose 2** at least one month after dose 1 ____/___/____
OR
1. MEASLES (Rubeola) – If given instead of MMR, 2 doses required. Initial vaccines must be after 1967
❑ **Dose 1** on or after 1st birthday ____/___/____
❑ **Dose 2** at least one month after dose 1 ____/___/____
❑ **OR** Positive Measles antibody titer (Attach lab report) ____/___/____
2. RUBELLA – If given instead of MMR, 2 doses required
❑ **Dose 1** on or after 1st birthday ____/___/____
❑ **Dose 2** at least one month after dose 1 ____/___/____
❑ **OR** Positive Rubella antibody titer (Attach lab report) ____/___/____
3. MUMPS – If given instead of MMR, 2 doses required
❑ **Dose 1** on or after 1st birthday ____/___/____
❑ **Dose 2** at least one month after dose 1 ____/___/____
❑ **OR** Positive Mumps antibody titer (Attach lab report) ____/___/____
C. VARICELLA VACCINE: Dose 1 Date ___ / ___ / ___ Dose 2 Date ___ /___ /___ 2 doses required for Full Time Freshman
❑ OR Immune Titer ____/___/____(Attach lab report) Must be given at least one month apart if immunized after age
❑ OR positive history of disease : Date____/___/____
D. HEPATITIS B VACCINE – 3 doses required
❑ Dose 1 ___/___/___ Dose 2 ___/___/___ Dose 3 ___/___/___
❑ OR Positive Hepatitis B surface antibody ___/___/___(Attach lab report)
E. MENINGOCOCCAL VACCINE: Date: ___/___/___ TYPE: Waiver must be signed if nonresidential and opt not to receive see attached
ALL RESIDENTIAL STUDENTS REQUIRE MENINGITIS IMMUNIZATION

Medical Evaluation for Latent Tuberculosis Infections - See questionnaire in packet.

The new meningococcal requirement is as follows:

All newly enrolled full time students 21 years of age and younger must have received a dose of quadrivalent meningococcal vaccine (MenACWY) on or after the 16th birthday.

Students may submit a medical or religious exemption to meningococcal vaccine, or sign the attached waiver indicating they reviewed the meningococcal information sheet and choose to waive receipt of meningococcal vaccine. The attached waiver form has been updated to reflect the new requirements and the latest recommendations on meningococcal vaccine.

Please note that meningococcal B vaccine does not fulfill the meningococcal requirement. Date_____/_____/_____

HEALTHCARE PROVIDER SIGNATURE Required

PRINT THE NAME OF EXAMINER _____

Signature of Examiner Circle MD, DO, NP, PA Date