



# STUDENT IMMUNIZATION RECORD

## For General /Non-Health Sciences Students

Massachusetts state law requires all full-time students under 30 who are enrolled in face-to-face classes to submit the following immunizations or proof of immunity.

- Your immunization records must be **submitted for Fall by September 20 & Spring by February 8.**
- Healthcare providers must complete & sign this form, or attach official immunization documents to this form.
- Any attached records **must be in English** or **include English translation.**
- Failure to submit immunizations will result in an administrative action on your MassBay account.

For additional information regarding state requirements, please visit: <https://www.mass.gov/service-details/school-immunizations>

This form does not satisfy the immunization requirements for most Health Sciences programs. Please visit [www.massbay.edu/immunization](http://www.massbay.edu/immunization) for Health Science immunization requirements.

<b>Last Name</b>	<b>First Name (Middle Initial)</b>	<b>Date of Birth</b>
<b>Date</b>	<b>MassBay Student ID Number</b>	<b>Phone Number</b>
Enrolling Semester: <input type="checkbox"/> FALL 20____ <input type="checkbox"/> SPRING 20____ <input type="checkbox"/> SUMMER 20____		

Required Vaccine	Dates Given	MA State Requirements
<input type="checkbox"/> MMR 2 doses -or- <b>Measles, Mumps, and Rubella individual Vaccines</b> -or- <b>Positive titers</b>	#1 ____/____/____ #2 ____/____/____ -or- Measles #1 ____/____/____ #2 ____/____/____ Mumps ____/____/____ Rubella ____/____/____ -or- Measles Positive titer date: ____/____/____ Mumps Positive titer date: ____/____/____ Rubella Positive titer date: ____/____/____	Two doses of MMR must be given at least four weeks apart beginning at or after 12 months of age. -or- Individual vaccines -or- Positive titer results
<input type="checkbox"/> Tdap -or- <b>Td</b>	Tdap ____/____/____ -or- Td (if Tdap was given more than 10 years ago) ____/____/____	One dose of Tdap, received any time at or after 7 years of age. If it has been more than 10 years since Tdap was given, a dose of Td.
<input type="checkbox"/> Hepatitis B 3 doses -or- <b>Positive titer</b>	#1 ____/____/____ #2 ____/____/____ #3 ____/____/____ -or- Positive HepB AB titer date: ____/____/____	Three doses of Hepatitis B -or- Positive antibody titer result
<input type="checkbox"/> Varicella (Chicken Pox) 2 doses -or- <b>Positive titer</b> -or- <b>History of disease</b>	#1 ____/____/____ #2 ____/____/____ -or- Positive titer date: ____/____/____ -or- History of disease: ____/____/____	Two doses of live varicella vaccine must be given at least four weeks apart beginning at or after 12 months of age. -or- Positive titer result -or- A reliable history of disease, signed by a healthcare provider
<input type="checkbox"/> Meningococcal: MenACWY -or- <b>Signed waiver</b>	Date: ____/____/____ -or- Signed waiver: <input type="checkbox"/> (please attach the signed form)	One dose of MenACWY(MCV4) for students 21 years of age or younger received on or after the 16 <sup>th</sup> birthday. -or- Signed waiver. The form can be found: <a href="https://www.mass.gov/lists/meningitis-vaccination-requirements">https://www.mass.gov/lists/meningitis-vaccination-requirements</a>

**Healthcare provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name Signature

Profession/License No: \_\_\_\_\_