

# Health Information Immunization Records

Massachusetts General Law requires that all **full-time students** (those taking 12 credit hours or more) and all students on a **visa** provide proof of immunization for measles, mumps, and rubella; tetanus, diphtheria, and pertussis (Tdap); hepatitis B; varicella; and the meningococcal vaccine.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

V# \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Please indicate which option you will fulfill. You may:

- Submit a copy of your high school immunization record.
- Submit the form below, or another certificate of immunization, signed by a physician or nurse.
- Submit a medical exemption signed by a physician.

## IMMUNIZATION HISTORY

1. **Tetanus-diphtheria (Td):** last dose within 5 years  
or 1 dose **Tdap if last Td dose more than 5 years**      Date: \_\_\_\_\_  
Date: \_\_\_\_\_

2. **MMR:** 2 doses **required**, given at least 1 month apart after 1st birthday.      Date 1: \_\_\_\_\_  
Date 2: \_\_\_\_\_

3. **Hepatitis B** series.      Date 1: \_\_\_\_\_  
Date 2: \_\_\_\_\_  
Date 3: \_\_\_\_\_

4. **Varicella:** 2 doses **required** at least 4 weeks apart after 1st birthday.      Date 1: \_\_\_\_\_  
Date 2: \_\_\_\_\_

*Note: Serological proof of immunity may be provided for MMR, hepatitis B, and varicella.*

5. **Meningococcal Vaccine:** within 5 years      Date: \_\_\_\_\_

Physician/Nurse Signature: \_\_\_\_\_

Please return this form to Massasoit Community College Dean of Students Office, One Massasoit Boulevard, Brockton, MA 02302