



Certificate of Immunization

MUST BE SUBMITTED BY August 1, 2010

Student Name _____

Date Of Birth _____

Program or Major _____

PLEASE USE THIS FORM TO RECORD ALL IMMUNIZATIONS

Massachusetts state law requires that all full-time; part-time undergraduate and graduate students have documentation of the following immunizations:*

Immunization	Date Completed
*Recent Tetanus/Tdap (within 10 years)	TD _____ OR Tdap _____
*Measles, Mumps and Rubella Series	#1 _____ #2 _____ OR Serology Titre Results Measles _____, Mumps _____, Rubella _____
*Hepatitis B Series	#1 _____ #2 _____ #3 _____ OR Serology Titre
*Meningococcal or Signed Waiver Form	Vaccine Given _____ OR _____ Waiver Signed _____
*PPD See TB questionnaire	Low Risk <input type="checkbox"/> High Risk <input type="checkbox"/>
Varicella Vaccines	#1 _____ #2 _____ OR Serology Titre Results _____ OR History of Verified Disease _____
Strongly Recommended for Students considering Any Study Abroad Programs <i>-Hepatitis A Vaccines</i>	#1 _____ #2 _____

HealthCare Provider's Name _____

Signature _____

Phone #(_____) _____

