



Required Immunization Record

☐ Fall ☐ Spring 20____

Student Name _____
last first middle

Student ID# _____ Date of Birth _____

RECORD DUE BEFORE REGISTRATION:

Massachusetts Immunization Law requires that full-time students (those enrolled in 12 or more credit hours) and all students enrolled in a Health Program (part-time and full-time, regardless of age) provide proof of the following immunizations.

RECENT CHANGES (with the exception of Health Programs students):

- MMR Waiver - Students born in the United States before 1957 will be considered immune to measles, mumps, rubella and exempt from the MMR documentation.
- VARICELLA (beginning September 2011) – Any of the following meet the varicella documentation requirement: 1) Physician verified - history of disease; 2) Born in the United States before 1980; 3) Two doses of Varicella vaccine; 4) Immune Varicella Titer Report.

REQUIRED IMMUNIZATIONS:

Tetanus/Diphtheria	____/____/____	Tdap (after 2006)	____/____/____
Measles/Mumps/Rubella (MMR#1)	____/____/____	Hepatitis B #1	____/____/____
Measles/Mumps/Rubella (MMR#2)	____/____/____	Hepatitis B #2	____/____/____
Varicella - vaccine #1	____/____/____	Hepatitis B #3	____/____/____
Varicella - vaccine #2	____/____/____	Varicella – date of disease	____/____/____

PLEASE CHECK IF ANY APPLY:

- ☐ MMR Exemption: Born in the U.S. before 1957. (Health Careers Students/does not apply.)
- ☐ Varicella Exemption: Born in U.S. before 1980. (Does not apply for Health Careers Students.)
- ☐ Titer Reports: Please attach copies if used to comply with immunization requirements.

THE FOLLOWING MAY HELP YOU MEET THESE REQUIREMENTS:

- A copy of your high school Health Record which has been checked for completeness OR
- A physician's immunization record OR
- This form completed by a physician/nurse, who has your records on file OR
- Immune Laboratory Titer reports for Rubella, Mumps, Rubella, Hepatitis B, and Varicella. OR
- Military Service Immunization records

Physician/Nurse Signature _____ Date _____ Phone _____

RETURN TO:

Center for Health & Wellness
33 Kearney Square, Lowell, MA 01852
Fax: 978-656-3424

OR

Center for Health & Wellness
591 Springs Road, Bedford, MA 01730
Fax: 781-280-3826