

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: _____