

**MASSASOIT**  
COMMUNITY COLLEGE

**Health Information  
Immunization Records**

Massachusetts General Law requires that all **full-time students** (those taking 12 credit hours or more) under the age of 30, all **Allied Health students - full-time and part-time** and all students on a **visa** provide proof of immunization for measles, mumps, and rubella; tetanus, diptheria, 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 your completed form via the Immunization Form Submission link at [massasoit.edu/immunizations](https://massasoit.edu/immunizations)  
or by mail to Massasoit Community College health and wellness Office, One Massasoit Boulevard, Brockton, MA 02302