

Immunization Form (Page 1)



General Student Immunization Requirements

Massachusetts General Law 105 CMR 220.600 requires all full-time students (12 credits or more) and all part-time and full-time health science students and any full or part-time students while on student or other visa, including foreign exchange students attending or visiting classes as part of an academic visitation or exchange program provide record of immunizations. Health Science students require additional immunizations and a physical exam. Please have your primary care provider complete and sign this form, or attach records documenting appropriate immunizations.

Please print when completing this form.

Last Name/Family Name

First Name

Middle Name (if any)

Phone Number

Student ID Number

Date of Birth (m/d/y)

By signing this form, I authorize the release of my immunization records/information to Quincy College.

Student's signature

Date

Immunization Requirements

Students must have proof of one dose of Tdap (tetanus w/pertussis) and Td (tetanus/diphtheria) if more than 10 years since Tdap, two doses of MMR, three doses of Hepatitis B, two doses of Varicella and one dose of Meningococcal vaccine (MenACWY) for full-time students 21 years of age or younger administered on or after the 16th birthday. Laboratory evidence of immunity acceptable for MMR, Hepatitis B, and Varicella. Birth in the U.S. prior to 1980 for Varicella and 1957 for MMR is acceptable only for non-health science students.

Vaccinations	1st Dose m/d/y	2nd Dose m/d/y	3rd Dose m/d/y	Titer m/d/y	Titer m/d/y	Titer m/d/y
Hepatitis B Series or laboratory evidence of immunity (please provide lab report)				Hep B		
MMR Measles, Mumps & Rubella or laboratory evidence of immunity (please provide lab reports)				Measles	Mumps	Rubella
Tdap (Tetanus, Diphtheria, Acellular Pertussis) 1 Dose Td (Tetanus, Diphtheria) if more than 10 years since Tdap						
Varicella (Chickenpox) or laboratory evidence of immunity (please provide lab report) or documented history of disease (a reliable history of chickenpox includes diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox by a physician, NP, PA or designee)				Varicella	or Date of Disease	
Meningococcal (MenACWY) One dose of MenACWY vaccine for students 21 years of age or younger administered on or after the 16th birthday						

Healthcare Provider's Signature

Print Name

Date

Phone Number

Address

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Exemption Options	Verification
<p>Option 1: Religious Exemption</p> <p>No student is required to have an immunization that is contrary to their conscientiously held beliefs. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak, Quincy College may exclude students who are not vaccinated in order to protect them and others.</p>	<p>Your signature indicates you understand that in the event of an outbreak you will not be admitted on the Quincy College campus for the time of one incubation period of one outbreak.</p> <p>_____</p> <p>Student Signature</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Student ID Number</p> <p>_____</p> <p>Date</p>
<p>Option 2: Medical Exemption</p> <p>No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity.</p> <p>List exempted immunization(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>By signing below, I certify that the immunization(s) listed on this form are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed.</p> <p>_____</p> <p>Healthcare Provider's Signature</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Date</p>