COLLEGE IMMUNIZATION LAW:
The Massachusetts College Immunization Law requires that all college students submit documented evidence of Immunization against Measles (two shots), Mumps, Rubella, Diphtheria, Tetanus, 3 doses of Hepatitis B and 2 doses of Varicella to complete registration for classes. In order to comply with the law and similar recommendations by the American College Health Association and the Federal Centers for Disease control, you must choose one of the options listed below. Students failing to comply with this requirement will not be permitted to complete registration. By law this is a mandatory part of the admission process for full time students. Quincy College tracks compliance of all applicable students.

If you are participating in the late registration, by law, you have 30 days to provide immunization documentation.

**OPTION 1:**
I am exempt from this requirement because:
____ Religious Exemption (need letter from parents stating that immunization conflicts with their sincere religious beliefs). My signature below indicates my understanding that in the event of an outbreak, I will not be admitted on the QC college campus for the time of one incubation period of one outbreak.

**OPTION 2:**
I am complying with the law by doing the following:
____ I am submitting a copy of my high school/college/military record.
____ I am submitting an immunization history signed by my physician. S/he has completed Part A on the back page.
____ I am submitting a physician’s statement verifying that my physical condition will be endangered by the required immunization.
My physician has completed Part B on the back of this page.

Signature: ___________________________ Date: ___________________________
PHYSICIANS IMMUNIZATION VERIFICATION FORM

Name of Student (Last, First) ____________________________ Date of Birth ____________________________

PART A

PLEASE NOTE:

Regular Measles (Rubeola), Mumps and German Measles (Rubella). A student can be considered immune to these diseases only if he/she has documentation of immunization with live virus vaccine on or after his/her first birthday. An individual vaccinated with a killed or an unknown vaccine prior to 1968 should be revaccinated.

Specific Requirements:
Hepatitis B: Physician’s validated date of vaccination
Measles, Regular (Rubeola): Physician’s validated date of vaccination or protective titer (>=2.5)
Mumps: Physician validated date of vaccination or protective titer (>=1.0)
Measles, German (Rubella): Physician’s validated date of vaccination or protective titer (>=1.08)
Tetanus and Diphtheria: a Tetanus and Diphtheria (Td) booster is required within ten years of the admission.
Varicella: Physician validated date of two doses.

IMMUNIZATION HISTORY
(Please indicate date of vaccination)

DPT/DT/TD: ____________________________ (within the last ten years)
MMR I: _________________ MMR II: _________________
HEPATITIS B: 1st dose: _________________ 2nd dose: _________________ 3rd dose: _________________
VARICELLA: 1st dose: _________________ 2nd dose: _________________

Name of Physician/Nurse completing this form: __________________________________________________________

Signature of Physician/Nurse: __________________________________________________

Address: __________________________________________________

Phone Number: ____________________________ Date: ____________________________

PART B

PHYSICIAN WAIVER

I have examined the above named student and in my opinion, the physical condition of the student is such that his/her health will be endangered by such immunization. Please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Physician’s Signature: __________________________________ Date: ____________ Stamp: ____________