

Quincy College
Presidents Place
1250 Hancock Street
Quincy, MA 02169
617-984-1700

Quincy College, Plymouth Campus
36 Cordage Park Circle, Suite 228
Plymouth, MA 02360
(508) 747-0400

Quincy College Official Use

Received form on: _____

Received by: _____

PLEASE COMPLETE THIS FORM AND RETURN TO THE REGISTRAR'S OFFICE.

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, 1 dose of Meningococcal, 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.

First Name Middle Name Last Name Social Security Number

Street City State Zip

IF FOREIGN STUDENT*, COUNTRY OF CITIZENSHIP: _____

*International students with F-1 visas must fill out the International Immunization Form. Please visit the International Student Services Office if you have any questions.

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 Quincy 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

College ID# _____

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)

Meningococcal: Physician validated date of 1 dose.

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)

MenACWY (formerly MCV4): _____

MMR I: _____ MMR II: _____

HEPATITIS B: 1st dose: _____ 2nd dose: _____ 3rd dose: _____

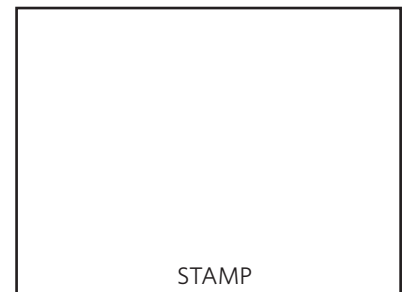
VARICELLA: 1st dose: _____ 2nd dose: _____

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: _____