

Proof of Immunizations



Dear Quincy College Student,

This letter is to inform you that the Commonwealth of Massachusetts General Law 105CMR 220.600 requires all full-time students (12 or more credits) 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.

MUST BE RETURNED 30 DAYS AFTER REGISTRATON

**These immunizations are required by Massachusetts General Law 105 CMR 220.600.
Failure to provide this documentation may prevent you from pre-registration for future classes,
receiving your final grades and/or transcript.**

PLEASE ASK YOUR PRIMARY CARE PROVIDER TO COMPLETE AND SIGN THE ENCLOSED FORM OR ATTACH RECORDS DOCUMENTING APPROPRIATE IMMUNIZATIONS.

1. Hep B: Three doses; laboratory evidence of immunity acceptable.
2. MMR: Two doses; first dose must be given on or after the 1st birthday and 2nd dose must be given >28 days after dose 1; laboratory evidence of immunity acceptable. Birth before 1957 in U.S. is acceptable only for non-health science students.
3. Varicella (chickenpox): Two doses; first dose must be given on or after the 1st birthday and 2nd dose must be given >28 days after dose 1; a reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 is acceptable only for non-health science students.
4. Tdap: One dose; and history of Dtap primary series or age appropriate catch-up vaccination. Tdap given at >7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been >10 years since Tdap.
5. Meningococcal: One dose of MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger administered on or after the 16th birthday. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.
6. Influenza: 1 dose; seasonal influenza vaccine for the current flu season (July-June) must be received annually by December 31st. New students entering between January 1st and March 31st must have received a dose of vaccine for the current flu season for entry.

This documentation can be faxed to the Registrar's Office at 617-984-1794, mailed to the Registrar's Office at 1250 Hancock St., Suite 203, Quincy MA 02169 or you can drop off your documentation in-person at the Registrar's Office.

Please be certain that your name is clearly marked on the record and please include your student ID number. You will be notified of any issues by phone or college email.

If you have any questions, contact the Registrar's office at 617-984-1650.

Sincerely,

Thomas Pham
Director of Student Records, Registrar

Immunization FAQs



What immunizations are required for 2020-2021?

Massachusetts State law requires all full-time students (12 credits or more) and all full-time or part-time students in a Health Science program, to provide proof of immunization for Measles, Mumps, Rubella, Tetanus, Varicella, Hepatitis B and the new Meningococcal (MenACWY) vaccine is for those 21 years old and younger administered on or after 16th birthday. Health Science students require additional immunizations.

Must I get immunizations?

Massachusetts law 105CMR 220.600, outlines the requirements for college students. See list above or go to www.Mass.gov/dph/imm. If you can prove that you had the above vaccines, you do not need to get them again. If you cannot prove that you had them, but you know you did, your doctor can do blood tests (titer) to prove immunity to measles, mumps, rubella, varicella and Hepatitis B, and these (provide lab results) will satisfy the requirements.

Can I get a waiver for these immunizations?

The only waivers accepted are medical and religious. These waivers are specialized and are reviewed on a case-by-case basis. With regard to the meningococcal vaccine only, a full-time student can sign a waiver indicating they reviewed the meningococcal information sheet and choose to waive receipt of meningococcal vaccine.

I'm an older student. Do I still need to provide proof of immunizations?

Starting in Fall 2011, anyone born in the United States before 1957 does not have to provide proof of MMR unless they are in a Health Science program. Anyone born before 1980 does not have to provide proof of Varicella unless they are in a Health Science program.

Where do I find immunization records?

- High school records
- Baby book (your mother may have one)
- Elementary school records
- Military records
- Pediatrician
- Primary care physician
- Board of Health where you grew up
- Previous college or university

How do I submit my immunization records?

You can bring them to the Registrar's Office located on the 2nd floor, Suite 203, of Presidents Place on our Quincy campus; or the Registrar's Office at our Plymouth Campus; or you can mail, fax, or email them. See info below.

Where can I receive a needed vaccine? Your primary care physician, urgent care, your town's Board of Health and most local pharmacies (call to verify insurance and supply).

Do I have to have a physical examination completed within the last year by my physician to attend Quincy College?

Only students accepted in one of the Health Science programs need to provide a completed physical examination form. This form will be given to you by the coordinator of the program once you are accepted or contact the Registrar's Office at 617-984-1650.

IMPORTANT! Students who do not complete this requirement will be placed on HOLD for receiving grades, future registrations and transcripts. Our staff is ready to assist you in meeting these requirements.

Mailing Address:

Quincy College
1250 Hancock St.
Quincy, MA 02169
ATTN: Registrar's Office

Phone: 617-984-1650

Fax: 617-984-1794

Email: registrar@quincycollege.edu

Please download this *Immunization Form*, complete it, and email the completed form to registrar@quincycollege.edu.

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
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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						
Influenza (Flu Vaccine) One dose of seasonal influenza vaccine for the current flu season (July-June) must be received annually by December 31st						

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>

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