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Massachusetts General Law 105 CMR 220.600 requires ALL FULL-TIME STUDENTS (12 CREDITS OR MORE) to provide the following record of immunizations. All health programs will require additional immunizations. Completed forms are necessary to demonstrate compliance with the law.

This form must be completed and returned to the Center for Health & Wellness within 30 days of registration. Please complete the STUDENT INFORMATION section and attach immunization documentation from your healthcare provider's office, school, or military records.

STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID# A00 \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

REQUIRED IMMUNIZATIONS

TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS (one dose after 2006)

1

Tdap \_\_\_\_/\_\_\_\_/\_\_\_\_

MEASLES, MUMPS, RUBELLA (MMR) (two doses required)

Exempt (born before 1957)

2

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ (first dose must be after age 12 months)

#2 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be at least 1 month after dose #1)

OR Positive blood test titers: Rubella: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mumps: \_\_\_\_/\_\_\_\_/\_\_\_\_ Rubeola: \_\_\_\_/\_\_\_\_/\_\_\_\_ (attach copy of lab results)

HEPATITIS B

3

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be at least 1 month after #1)

#3 \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be at least 4 months after #2)

OR Merck Recombivax 10 mcg. (ages 11-15) #1 \_\_\_\_/\_\_\_\_/\_\_\_\_

#2 \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be 4 months between doses)

OR Positive blood test titer: \_\_\_\_/\_\_\_\_/\_\_\_\_ (attach copy of lab results)

VARICELLA

Exempt (born before 1980)

4

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

OR History of disease date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (not acceptable for health programs)

OR Positive blood test titer: \_\_\_\_/\_\_\_\_/\_\_\_\_ (attach copy of lab results)

Physician/Nurse Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

RETURN COMPLETED FORM TO →

Center for Health & Wellness Bedford Campus Center - Room 211 591 Springs Road • Bedford, MA 01730 Phone: 781-280-3765 • Fax: 781-280-3826 wellness@middlesex.mass.edu

Center for Health & Wellness Lowell Campus City Building - Room G04 33 Kearney Square • Lowell MA 01852 Phone: 978-656-3235 • Fax: 978-656-3424 wellness@middlesex.mass.edu

FOR OFFICE USE ONLY

- Entered in Banner  Records Complete  Electronic scan