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Massachusetts General Law 105 CMR 220.600 requires ALL FULL-TIME STUDENTS (12 CREDITS OR MORE) less than 30 years of age 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 RECORDS@middlesex.mass.edu within 30 days of registration. Please complete the STUDENT INFORMATION section and attach immunization documentation from your healthcare

STUDENT INFORMATION

MCC ID# A00

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Preferred Phone #: _____

E-mail address: _____

Address: _____ City: _____ State: _____ Zip: _____

REQUIRED IMMUNIZATIONS: Please attach original documentation

Form with 5 numbered sections: 1. TETANUS / DIPHTHERIA / ACELLULAR PERTUSSIS, 2. MEASLES, MUMPS, RUBELLA (MMR), 3. HEPATITIS B, 4. VARICELLA, 5. MENINGOCOCCAL (MenACWY)*. Each section contains specific immunization details and dates.

Physician/Nurse Signature _____ Date: _____ Phone: _____

RETURN COMPLETED FORM TO [arrow icon]

Student Information Center Cowan Center - Ground Floor 33 Kearney Square, Lowell MA 01852 RECORDS@middlesex.mass.edu

Student Information Center Enrollment Center - 1st Floor 591 Springs Road, Bedford, MA 01730 RECORDS@middlesex.mass.edu