



STUDENT IMMUNIZATION RECORD

For General /Non-Health Sciences Students

Massachusetts state law requires **all full-time students under 30 who are enrolled in face-to-face classes** to submit the following immunizations or proof of immunity.

- Your immunization records must be **submitted for Fall by September 15 & Spring by February 1.**
- Healthcare providers must complete & sign this form, or attach official immunization documents to this form.
- Any attached records **must be in English** or **include English translation.**
- Failure to submit immunizations will result in an administrative action on your MassBay account.

For additional information regarding state requirements, please visit: <https://www.mass.gov/service-details/school-immunizations>

This form does not satisfy the immunization requirements for most Health Sciences programs. Please visit www.massbay.edu/immunization for Health Science immunization requirements.

Last Name	First Name (Middle Initial)	Date of Birth
Date	MassBay Student ID Number	Phone Number
Enrolling Semester: ☐ FALL 20____ ☐ SPRING 20____ ☐ SUMMER 20____		

Required Vaccine	Dates Given	MA State Requirements
☐ MMR 2 doses -or- Measles, Mumps, and Rubella individual Vaccines -or- Positive titers	#1 ___/___/___ #2 ___/___/___ -or- Measles #1 ___/___/___ #2 ___/___/___ Mumps ___/___/___ Rubella ___/___/___ -or- Measles Positive titer date: ___/___/___ Mumps Positive titer date: ___/___/___ Rubella Positive titer date: ___/___/___	Two doses of MMR must be given at least four weeks apart beginning at or after 12 months of age. -or- Individual vaccines -or- Positive titer results
☐ Tdap -or- Td	Tdap ___/___/___ -or- Td (if Tdap was given more than 10 years ago) ___/___/___	One dose of Tdap, received any time at or after 7 years of age. If it has been more than 10 years since Tdap was given, a dose of Td.
☐ Hepatitis B 3 doses -or- Positive titer	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ -or- Positive HepB AB titer date: ___/___/___	Three doses of Hepatitis B -or- Positive antibody titer result
☐ Varicella (Chicken Pox) 2 doses -or- Positive titer -or- History of disease	#1 ___/___/___ #2 ___/___/___ -or- Positive titer date: ___/___/___ -or- History of disease: ___/___/___	Two doses of live varicella vaccine must be given at least four weeks apart beginning at or after 12 months of age. -or- Positive titer result -or- A reliable history of disease, signed by a healthcare provider
☐ Meningococcal: MenACWY -or- Signed waiver	Date: ___/___/___ -or- Signed waiver: ☐ (please attach the signed form)	One dose of MenACWY(MCV4) for students 21 years of age or younger received on or after the 16 th birthday. -or- Signed waiver. The form can be found: https://www.mass.gov/lists/meningitis-vaccination-requirements

Healthcare provider signature: _____ **Date:** ___/___/___

Printed Name Signature

Profession/License No: _____