



Student: \_\_\_\_\_  
Last name First Name Date of Birth

Health Services  
508-541-1600

## REQUIRED IMMUNIZATIONS

Massachusetts state law requires submission of certain immunizations or proof of immunity for admission. Have your healthcare provider complete and sign this form, OR attach immunization documents from your provider, school or military sources in lieu of signature.

### Action Item – 2 Steps

1. Login to the Student Health Portal ([dean.studenthealthportal.com](http://dean.studenthealthportal.com)) and go to the Document Upload tab to upload this form and all supporting documents (immunization and titer records, if applicable).
2. Enter dates of vaccinations or titer results into fields on the Immunization History form located under the "My Forms" tab.

Required Vaccine	Date Given	MA State Requirement
<b>Hepatitis B</b> - OR- Hepatitis A and B combined  -OR- Heplisav B .....  -OR- Positive titer .....	#1 ____ / ____ / ____ #2 ____ / ____ / ____ #3 ____ / ____ / ____  -OR- #1 ____ / ____ / ____ #2 ____ / ____ / ____  -OR- Positive anti-HBs titer – Date: ____ / ____ / ____	<b>3 doses</b> Hepatitis B or Hep a & B combined - Usual schedule at 0, 1 and 4-6 months -OR- <b>2 doses</b> of Heplisav-B given on or after 18 years of age are acceptable  Positive titer (Blood test for immunity. Must upload a copy of the lab result.)
<b>MMR</b> Measles, Mumps & Rubella, combined -OR- Individual vaccines or positive titers <b>Measles</b> .....  <b>Mumps</b> .....  <b>Rubella</b> .....	#1 ____ / ____ / ____ #2 ____ / ____ / ____ -OR- #1 ____ / ____ / ____ #2 ____ / ____ / ____ Or positive titer-date: ____ / ____ / ____ #1 ____ / ____ / ____ #2 ____ / ____ / ____ Or positive titer-date: ____ / ____ / ____ #1 ____ / ____ / ____ #2 ____ / ____ / ____ Or positive titer-date: ____ / ____ / ____	<b>2 doses;</b> - 1 <sup>st</sup> dose must be given on or after the 1 <sup>st</sup> birthday - 2nd dose must be given ≥28 days after first dose; -OR- Individual vaccines -OR- Positive titer (Blood test for immunity. Must upload a copy of the lab results)
<b>Tdap</b> Tetanus, Diptheira, Pertussis	#1 ____ / ____ / ____	<b>1 dose</b>
<b>Varicella (Chicken Pox)</b>  -OR- Positive titer  -OR- History of disease	#1 ____ / ____ / ____ #2 ____ / ____ / ____ -OR- Or positive titer-date: ____ / ____ / ____ -OR- Disease date: ____ / ____ / ____	<b>2 doses;</b> - 1 <sup>st</sup> dose must be given on or after the 1 <sup>st</sup> birthday - 2nd dose must be given ≥28 days after first dose;  Positive titer (blood test for immunity) -OR- History of Chicken Pox disease

<b>Meningococcal: MenACWY</b> Meningitis Vaccine	#1 ____ / ____ / ____  -OR-  Signed & Uploaded waiver: <input type="checkbox"/>	<b>1 dose;</b> - <b>1 dose at age 16<sup>th</sup> or older</b> required for all students age 21 or younger. Doses received at younger ages do not count towards this requirement. -OR- Students may decline MenACWY vaccine after they have read, signed and uploaded the <a href="#">MDPH Meningococcal Information and Waiver Form</a> available on the Student Health Portal home page.  <b>Meningococcal B vaccine is not required and does not meet this requirement.</b>
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	Highly Recommended Vaccine	
<b>Covid-19 Initial Vaccine Series</b>  Moderna .....  Pfizer .....  Johnson & Johnson .....  Other: _____ (Vaccine Brand)	#1 ____ / ____ / ____ #2 ____ / ____ / ____ -OR- #1 ____ / ____ / ____ #2 ____ / ____ / ____ -OR- #1 ____ / ____ / ____ -OR- #1 ____ / ____ / ____ #2 ____ / ____ / ____	<b>2 doses</b>  -OR- <b>1 dose of Johnson &amp; Johnson</b>
<b>Covid-19 Booster</b>  Moderna .....  Pfizer .....  Johnson & Johnson .....  Other: _____ (Vaccine Brand)	#1 ____ / ____ / ____ -OR- #1 ____ / ____ / ____ -OR- #1 ____ / ____ / ____ -OR- #1 ____ / ____ / ____	<b>1 dose -</b>  <b>2 months after Johnson &amp; Johnson vaccine</b> -OR- <b>5 months after any other vaccine</b>
<b>Influenza</b>	<b>Date:</b> ____ / ____ / ____	<b>Dose received on or after August 1<sup>st</sup> of current influenza season</b>

<b>Healthcare Providers Signature:</b> _____ <div style="display: flex; justify-content: space-between; font-style: italic;"> <span>Printed Name</span> <span>Signature</span> <span>Date</span> </div>
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