



# Bay State College

In accordance with Massachusetts College Immunization Law (105 CMR 220) all full time students and all full and part time health science students are required to provide documentation of immunizations.

In addition, Bay State College requires all students, across all divisions to provide documentation of immunizations.

**Bay State College requires that students submit proof of Immunizations PRIOR TO REGISTERING FOR CLASSES. If proof of immunizations is not received, a student will not be allowed to register for classes.**

**The format that we ask students to submit their immunization history in is attached. All other forms of documentation will be considered incomplete. Please make sure your physician fills this form out completely and signs it.**

Below are the Massachusetts immunization standards that college students must adhere to.

The only circumstances under which a student may be exempted from the Massachusetts Immunization Law are as follows: \*Certification in writing by a physician who has personally examined such student and in whose opinion the physical condition of such student is such that his health would be endangered by any such immunization; The student will be required to submit laboratory evidence of immunity to Measles, Mumps, Rubella and Hepatitis B; if not immune, (s)he will have to leave campus in the event of an outbreak. \*The student states in writing that the required immunizations would conflict with his/her religious belief. It is recommended that (s)he presents evidence of immunity, as above. Otherwise, (s)he will have to leave campus in the event of an outbreak.

**Hepatitis B:** 3 doses required for child care attendance and preschool entry, kindergarten-12th grade, and college (see footnote 2 above). Laboratory proof of immunity is acceptable. **Please note: Nursing students are required to have 3 doses AND titer.**

**DTaP/DTP/DT/Td/Tdap:** >4 doses required for child care attendance and preschool entry; 5 doses of DTaP/DTP required for school entry unless the 4th dose is given > the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP/DTP. One dose of Tdap is required for all students entering grade 7, full-time college freshmen and all health science students. If it has been <10 years since the last dose of DTaP/DTP/DT/Td, Tdap is not required but is recommended regardless of the interval since the last tetanus-containing vaccine.

**MMR:** 1 dose of MMR is required for child care attendance and preschool entry; 2 doses are required for kindergarten, grade 7, college freshmen and all health science students. Laboratory proof of immunity is acceptable. For college students, except health science students, birth before 1957 in the U.S. is also acceptable.

**Varicella:** 1 dose required for child care attendance and preschool entry; 2 doses required for kindergarten, grade 7, and college freshmen and all health science students, unless they have a reliable history of chickenpox. A reliable history includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee; or 2) laboratory proof of immunity. Birth before 1980 in U.S. is acceptable for college students, except health science students.

**Meningococcal:** Massachusetts requires all newly enrolled full-time students 21 years of age and under attending a postsecondary institution, including those living in a dormitory, to receive a dose of quadrivalent meningococcal conjugate vaccine on or after their 16<sup>th</sup> birthday to protect against serotypes A, C, W, and Y or fall within one of the exemptions in the law. Meningococcal Vaccination is required unless the student provides a signed waiver of the vaccination or otherwise qualifies for one of the exemptions specified in the law.

The completed form can be mailed, emailed or faxed back to the Admissions Office. Please find this information below. If you have any questions please call the Admissions Office at 617-217-9080.

**Please make a copy of the completed Immunization Form for your own records**




# Bay State College

## Immunization Form – Academic Year 2018-2019

Please make a copy of the completed Immunization Form for your own records.

STUDENT NAME: (Print) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

Immunization	Requirements	Dose 1 mm/dd/yy	Dose 2 mm/dd/yy	Dose 3 mm/dd/yy	Date of Titer Demonstrating Immunity mm/dd/yy
<b>HEPATITIS B</b> [HepB/ Engerix/ HBV/ Heptavax/ Recombivax/ Comvax/ HBIG/Twinrix]	3 doses or titer <b>Nursing students: 3 doses AND titer</b>				
<b>TETANUS- DIPHTHERIA</b> [TDAP]	1 does of Tdap is required for all students within the last 10 years				
<b>MMR</b> (MEASLES, MUMPS, RUBELLA) [Anti-Sarampion-Measles/ SRP/ ProQuad/ MMRV]	2 doses or titer				
<b>VARICELLA (chicken pox)</b> [MMRV]	2 doses, titer, OR provider confirmation that student has had <b>VARICELLA (chicken pox)-highlighted box below</b> 				
<b>MENINGOCOCCAL (21 years of age and under)</b> [Menactra/ MVC4/ Meningo/ Menomume/ MPSV4]	1 dose within the last 5 years – see reverse for more info or signed waiver				

### HEALTH CARE PROVIDER

NAME: (Print) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_