In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15c, Bay State College requires all full-time students to provide documentation of the following immunizations:

It is REQUIRED that each student entering Bay State College have on file a completed Immunization Form. Any student failing to comply MAY NOT BE PERMITTED TO REGISTER FOR CLASSES.

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.

Any questions regarding the immunization requirement may be directed to:

Bay State College • Office of Admissions
122 Commonwealth Avenue • Boston MA • 02116
Phone: 617-217-9000 • Fax: 617-249-0400
# Immunization Form – Academic Year 2011-2012

**STUDENT NAME:** (Print)  
**DATE OF BIRTH:**  
**ADDRESS:**  
**PHONE:**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Requirements</th>
<th>Dose 1 mm/dd/yy</th>
<th>Dose 2 mm/dd/yy</th>
<th>Dose 3 mm/dd/yy</th>
<th>Date of Titre Demonstrating Immunity mm/dd/yy</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS B</td>
<td>[HepB/ Engerix/ HBV/ Heptavax/ Recombivax/ Comvax/ HBIG/ Twinrix]</td>
<td>3 doses or titre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TETANUS-</td>
<td>[DTap/ DTP/ DT/ Td/ Tdap/ Adacel/ Tri-Immunol/ Acel-Imune/ Certiva/Daptacel/ Infanrix/ Tripedia/ Boostrix]</td>
<td>1 dose within last 10 years prior to date of class registration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIPHTHERIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (MEASLES, MUMPS, RUBEILLA)</td>
<td>[Anti-Sarampion-Measles/ SRF/ ProQuad/ MMRV]</td>
<td>2 doses or titre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA (chicken pox)</td>
<td>[MMRV]</td>
<td>2 doses, titre, or provider confirmation that student has had disease</td>
<td></td>
<td></td>
<td>![Check and date if student has had Chicken Pox]</td>
</tr>
<tr>
<td>MENINGOCOCCAL</td>
<td>[Menactra/ MCV4/ Meningo/ Menomune/ MPSV4]</td>
<td>1 dose or signed waiver</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional immunizations below are required of ONLY nursing students**

**TB**  
The results of a Tuberculosis (TB) skin test within 6 months prior to the student’s (or faculty member’s) first clinical experience, then annually, or for those students with a history of a positive TB test, a chest x-ray within the past year.

**Flu/H1N1**  
Please note, proof of a flu/H1N1 vaccination will be required prior to clinical placement in the spring.

**HEALTH CARE PROVIDER**

**NAME:** (Print)  
**SIGNATURE:**  
**ADDRESS:**  
**PHONE:**  
**FAX:**  

---

122 Commonwealth Avenue • Boston, MA 02116 • 617-217-9000 • Fax 617-249-0400 • www.baystate.edu