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

**Bay State College asks that a student submit proof of Immunizations PRIOR TO REGISTERING 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.

**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.

**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 <5 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:** 1 dose MCV4, or a dose of MPSV4 in the last 5 years, is required for 1) newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students > 13 years) who will live in a dormitory or comparable congregate living arrangement approved by the secondary school; and 2) newly enrolled full-time undergraduate and graduate students in a degree program at a postsecondary institution (e.g., college) who will live in a dormitory or comparable congregate living arrangement approved by the institution. Students may decline the vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. These requirements apply to newlyenrolled full-time residential students, regardless of grade and year of study.
Immunization Form - Academic Year 2012-2013

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 [HepB/Engerix/ HBV/Heptavax/Recombivax/Combivax/HBIG/Twinrix]</td>
<td>3 doses or titre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TETANUS-DIPHTHERIA [DTap/ DTP/ DT/ Td/ Tdap/Adacel/Tri-I mm/dd/yymunol/ Acel-Imune/Certiva/Daptacel/Infanrix/Tripedia/Boostrix]</td>
<td>See reverse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (MEASLES, MUMPS, RUBELLA) [Anti-Sarampion-Measles/SRP/ProQuad/MMRV]</td>
<td>2 doses or titre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA (chicken pox) [MMRV]</td>
<td>2 doses, titre, or provider confirmation that student has had disease</td>
<td></td>
<td></td>
<td></td>
<td>Check and date if student has had Chicken Pox</td>
</tr>
<tr>
<td>MENINGOCOCCAL (housing students) [Menactra/MVC4/Meningo/Menomume/MSPV4]</td>
<td>1 dose or signed waiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional immunizations below are required of ONLY nursing students prior to clinical experience

**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: ______________

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