



# Immunization Record Instructions and Form

*Please read these instructions before filling out both sides of the form.*

## **Required Immunizations**

- 1) At least **one** dose of Mumps and Rubella (German Measles) vaccines given at or after 12 months of age. We strongly recommend two doses of mumps vaccine due to recent Mumps outbreaks within the United States.
- 2) **Two** doses of live Measles (Rubeola) vaccine given at least one month apart beginning no earlier than 12 months of age.
- 3) Last dose in primary series of DPT vaccine and evidence of Td booster **within last 10 years**. While administration of Td or Tdap meets the state requirement for a tetanus booster, Tdap is preferred.
- 4) **Three** doses of Hepatitis B vaccine - **#1** at elected date, **#2** one month later, **#3** 4-6 mos after 1st dose. In recognition of the required schedule for the Hepatitis B, initial clearance will be given after documentation of two doses. The adolescent dose schedule given between ages 11 and 15 will be accepted but the dosage must be specified.
- 5) **One** dose of meningococcal vaccine at least two weeks prior to the beginning of classes and within the past 5 years. To waive this requirement please see the Massachusetts Department of Health Meningococcal Information and Waiver Form.

Please note that a physician **history** of having had the diseases of Measles, Mumps, or Rubella does **not** meet the state requirement. Only laboratory documentation (titer) showing immunity is acceptable in Massachusetts. Health Center Staff can assist students to complete immunization requirements, if necessary. The fee for this service varies and is based on the cost of the specific vaccines or titers. This service is not covered by the Student Medical Insurance Plan.

## **Recommended Immunizations**

Varicella vaccine is **strongly recommended** for those students who have not had the Chicken Pox. Cases of Varicella at Mount Holyoke have been diagnosed annually in the past 4 years. This has resulted in significant loss of class time for those students who are not immunized and are in contact with the ill student.

Students requesting a **medical exemption** from the immunization requirements should provide documentation from their health care providers. Persons not immunized will be required, by law, to leave the campus should an outbreak occur. Persons who are identified as contacts and not immunized will be isolated or required to leave the campus for up to two weeks.

If, for **religious reasons**, you have not received all required immunizations please send an explanatory note. Additional information regarding MGL Chapter 76, Sec.15 and 15d, can be found at:

<http://www.state.ma.us/legis/laws/mgl/mgllink.htm>

<http://www.mass.gov/dph/regs/reg105cmr220.htm>.

Immunization Record

Massachusetts state law requires proof of immunity prior to registration. Please use this form to record immunization dates.

International students must provide English transcript of immunization history.

NAME LAST FIRST MIDDLE DATE OF BIRTH

A. Tetanus-Diphtheria: Immunization required by Massachusetts state law

1. Complete primary series of tetanus-diphtheria-pertussis immunization Date of last dose Mo Day Yr
2. Tetanus-diphtheria booster required by law within the last 10 years
Booster Tdap (preferred) Simultaneous administration with MCV4 advised Mo Day Yr
Booster Td Mo Day Yr

B. Measles, Mumps, Rubella: Proof of immunity/immunizations required by Massachusetts state law

I. M.M.R. (Measles, Mumps, Rubella): Trivalent-vaccine

1. Dose 1-Immunized at 12 months after birth or later Mo Day Yr
2. Dose 2-Immunized at any time 1 month after dose #1 Mo Day Yr

II. Monovalent Measles, Rubella, Mumps-SEE OTHER SIDE

C. Hepatitis B Vaccine: Three-dose series required by Massachusetts state law

1. Dose #1 at elected date. Dose Mo Day Yr
2. Dose #2 at least 4 weeks after dose #1. Dose Mo Day Yr
3. Dose #3 at least 8 weeks after dose #2 AND at least 4 months after dose #1. Dose Mo Day Yr
[ ] Dates unavailable-Titer enclosed as proof of immunity.

D. Meningitis Vaccine: Immunization required by Massachusetts state law

If a student elects NOT to have the required vaccination, the enclosed Massachusetts DPH Meningococcal Information and Waiver Form must be signed and returned.

MCV4-Tetavalent conjugate vaccine (preferred). Simultaneous with Tdap advised. Mo Day Yr
MPSV4-Tetavalent Polysaccharide vaccine within past 5 years. Mo Day Yr

E. Varicella Vaccine Chicken Pox: Strongly recommended if no history of illness.

1. History of disease [ ] yes [ ] no age
2. Varicella Antibody Mo Day Yr Result: [ ] reactive [ ] non-reactive
3. Immunization: a. Dose #1 Mo Day Yr
b. Dose #2 at least one month after first dose if age 13 years or older Mo Day Yr

F. Polio: Completed primary series of polio immunization [ ] yes [ ] no

Primary Series-Type of vaccine: [ ] OPV [ ] IPV [ ] E-IPV Mo Day Yr
Last booster-Type of vaccine: [ ] OPV [ ] IPV [ ] E-IPV Mo Day Yr

G. Quadrivalent Human Papiloma Virus Recombinant Vaccine: Recommended

1. Dose #1 at elected date. Mo Day Yr
2. Dose #2 at least 8 weeks after dose #1. Mo Day Yr
3. Dose #3 at least 6 months after dose #1 AND 12 weeks after dose #2. Mo Day Yr

Health care provider signature or stamp-REQUIRED

SIGNATURE Mo Day Yr

IMPORTANT: Make a copy of this form for your personal record. Remember! You will not be medically cleared until you meet all entrance requirements.

# Immunization Record

NAME \_\_\_\_\_  
LAST FIRST MIDDLE DATE OF BIRTH

**B II. Monovalent Measles, Mumps, Rubella: Proof of immunity/immunizations required by Massachusetts state law**

**Measles (Rubeola): Monovalent**

- 1. Dose #1—Immunized with live measles at 12 months after birth or later. .... Mo Day Yr
- 2. Dose #2—Immunized any time 1 month after dose #1 ..... Mo Day Yr
- Titer enclosed as proof of immunity

**Rubella (German Measles): Monovalent**

- 1. Immunized with vaccine at 12 months after birth or later ..... Mo Day Yr
- Titer enclosed as proof of immunity

**Mumps: Monovalent**

- 1. Immunized with vaccine at 12 months after birth or later ..... Mo Day Yr
- Titer enclosed as proof of immunity

**Health care provider signature or stamp—REQUIRED**

SIGNATURE \_\_\_\_\_ Mo Day Yr

*IMPORTANT: Make a copy of this form for your **personal** record.  
 Remember! You will **not be medically cleared** until you meet all entrance requirements.*

**Immunizations administered at Mount Holyoke College**

DATE	VACCINE	VIS* DATE	dose, site, route, lot #, expiration #	SIGNATURE

\*VACCINE INFORMATION SHEET