

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.

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 newly enrolled full-time residential students, regardless of grade and year of study.

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



Immunization Form – Academic Year 2016-2017

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

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

<u>Immunization</u>	<u>Requirements</u>	<u>Dose 1</u> mm/dd/yy	<u>Dose 2</u> mm/dd/yy	<u>Dose 3</u> mm/dd/yy	<u>Date of Titer Demonstrating Immunity</u> mm/dd/yy
HEPATITIS B [HepB/ Enderix/ HBV/ Heptavax/ Recombivax/ Comvax/ HBIG/ Twinrix]	3 doses or titer				
TETANUS- DIPHTHERIA [Tdap]	One dose of Tdap is required for all students				
MMR (MEASLES, MUMPS, RUBELLA) [Anti-Sarampion-Measles/ SRP/ ProQuad/ MMRV]	2 doses or titer				
VARICELLA (chicken pox) [MMRV]	2 doses, titer OR Provider confirmation that student has had VARICELLA (chicken pox) - check highlighted box below				
MENINGOCOCCAL (housing students) [Menactra/ MVC4/ Meningo/ Menomume/ MPSV4]	1 dose within the last 5 years – see reverse for more info or sign waiver				

HEALTH CARE PROVIDER

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