**Immunization Form 2017–2018**

**UNIVERSITY HEALTH SERVICES**
**UNIVERSITY OF MASSACHUSETTS BOSTON**

Name | Last | First | Middle Initial
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Date of Birth | Student ID# | Phone: (______) ____

**Immunization requirements apply to all UMass Boston locations:**

This applies to all enrolled students. The *only exception is for those taking only online courses with no on-campus component.*

*Carefully read the instructions on the back of this form before filling in dates.*** **An official lab report must be submitted if serologic evidence of immunity is indicated. An "equivocal" result does not indicate immunity.**

### REQUIRED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE (MM/DD/YY)</th>
<th>DATE (MM/DD/YY)</th>
<th>DATE OF TITRE Lab/Serologic Evidence</th>
<th>Serologic Evidence (must attach lab report)***</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR (Measles/Mumps/Rubella)</td>
<td></td>
<td></td>
<td>Measles</td>
<td>Immune</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mumps</td>
<td>Immune</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rubella</td>
<td>Immune</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td>Immune</td>
</tr>
<tr>
<td>Tetanus/Diphtheria</td>
<td></td>
<td></td>
<td></td>
<td>Immune</td>
</tr>
<tr>
<td>Tetanus/Diphtheria/Pertussis</td>
<td></td>
<td></td>
<td></td>
<td>Immune</td>
</tr>
<tr>
<td>Varicella (Chicken Pox)</td>
<td></td>
<td></td>
<td></td>
<td>Immune</td>
</tr>
<tr>
<td>Varicella (onset of Illness)</td>
<td></td>
<td></td>
<td></td>
<td>Immune</td>
</tr>
</tbody>
</table>

### HIGHLY RECOMMENDED

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DATE (MM/DD/YY)</th>
<th>DATE (MM/DD/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal</td>
<td></td>
<td></td>
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<tr>
<td>MCV4</td>
<td></td>
<td></td>
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<tr>
<td>MPSV4</td>
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<tr>
<td>Meningococcal B</td>
<td></td>
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<tr>
<td>Bexsero</td>
<td></td>
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<tr>
<td>Trumenba</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Papilomavirus</td>
<td></td>
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<tr>
<td>Influenza (annually)</td>
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</tr>
</tbody>
</table>

**CERTIFICATION OF HEALTH CARE PROVIDER** M.D./D.O./PA./N.P./ R.N. (required):

Name ___________________________ Signature ___________________________ Date of Issue ________________

Address ____________________________________________________________ Phone __________________________

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**Exemptions**

**PERMANENT OR TEMPORARY MEDICAL IMMUNIZATION EXEMPTION**

A medical exemption may be given when a vaccine is medically contraindicated. Please download the Medical Immunization Exemption Form (click here) and have your Health Care Provider complete the form. Submit the exemption form along with immunization form.

**RELIGIOUS EXEMPTION**

To request a Religious exemption for any of the immunization requirements, you will first need to schedule an appointment with the Immunization compliance coordinator. Please call 617.287.5660 to make an appointment.

**ONLINE-ONLY EXEMPTION**

Online Students will automatically be exempted from complying with the immunization requirements. The exemption will be verified every semester and granted to students who are enrolled in all online courses only.

Student Signature ___________________________ Date __________________________
IMPORTANT! DO NOT DELAY!

Massachusetts Immunization Laws 105 CMR 220.00 and 105 CMR 220.600 require all full-time students,** and all full-time and part-time Health Science and International Students, are required to be immunized. However, we recommend all students be immunized in order to prevent outbreaks!

**9 credits or more = Full-time Undergraduate; 4 credits or more = Full-time Graduate

Obtaining proof of immunizations may be a time-consuming process, so start now! Incomplete information may result in your registration being blocked. Please follow these directions.

Section A: Required Immunizations

1. **MMR (measles, mumps, and rubella)** – Students born in the U.S. before 1957 are exempt and considered immune (exemption does not apply to CNHS students). Two doses are required. (1) First dose administered at 12 months of age or later, and (2) the second dose must have been administered at least 28 days after the first dose. **OR** Serologic (blood test) evidence of immunity for each requirement. A copy of the lab report must be attached to this form. Any submission that does not include a copy of the lab report will not be processed!

2. **Hepatitis B** – A series of three (3) doses of the vaccine are required. The second vaccine must be administered one month after the first dose, and the third dose 6 months after first dose. **OR** Serologic (blood test) evidence of immunity. A copy of the lab report must be attached to this form. Any submission that does not include a copy of the lab report will not be processed!

3. **Tdap (Tetanus, Diphtheria, acellular Pertussis)** – A one-time dose of a Tdap vaccine administered no earlier than age 7 and after June 2005 will satisfy the requirement.

4. **Td (Tetanus & Diphtheria)** – If it has been 10 or more years since you received an age-appropriate dose of a Tdap vaccine (as referenced above), a booster dose of the Td (Tetanus & Diphtheria) vaccine is required.

5. **Varicella** – Students born in the U.S. before 1980 are exempt and considered immune (exemption does not apply to CNHS students). Two doses are required. (1) First dose administered at 12 months of age or later, and (2) the second dose must have been administered at least 28 days after the first dose. **OR** Serologic (blood test) evidence of immunity. A copy of the lab report must be attached to this form. Any submission that does not include a copy of the lab report will not be processed! **OR** An official letter from your healthcare provider indicating the onset age of Chicken Pox illness.

Section B: Highly Recommended Immunizations

**Influenza vaccine** – One dose is recommended annually for all college students. **CNHS students are required to have the influenza vaccine annually.**

**Meningitis vaccine** – Meningitis is a serious communicable disease that can spread in close living or classroom environments. Meningococcal immunization is strongly recommended for any student living in a group setting such as a dormitory or roommate-shared housing.

**Human Papillomavirus vaccine (HPV)** – HPV is the most common sexually transmitted infection (STI) and is so common that nearly all sexually active men and women get it at some point in their lives. There are many different types of HPV. Some types can cause health problems, such as genital warts and cancers. The HPV vaccine is safe, effective, and can protect males and females against diseases (including cancers) caused by the HPV virus.

How to Submit Your Immunization Documents:

- **Log on** to your My Health Beacon account (no registration required) to submit your documents electronically! *(This is the fastest and easiest method of submission).* Click here for instructions on how to upload documents.
- **Fax** documents to 617.287.4747
- **Bring** records to UHS (office located on the 2nd floor of the Quinn Building).
  - Office hours: M–W: 8:30 a.m.–7:00 p.m., Th–F: 8:30 a.m.–5:00 p.m. Drop box available for after hours.
- **Mail** to the address below:
  - University Health Services
  - Quinn Administration Building
  - University of Massachusetts Boston
  - 100 Morrissey Boulevard
  - Boston, MA 02125-3393

All immunizations are available at University Health Services. If you have any questions, please call the Immunization Compliance Coordinator at 617.287.5661, or send a secure message to the Immunization Compliance Coordinator by logging on to your My Health Beacon account and clicking on the “Messages” tab.