

# IMMUNIZATIONS REQUIREMENTS

## General Student Immunization Requirements

Massachusetts General Law 105 CMR 220.600 requires all full-time students (12 credits or more) under 30 years of age and all part-time and full-time health science students and any full or part-time students while on student or other visa, including foreign exchange students attending or visiting classes as part of an academic visitation or exchange program provide record of immunizations.

**Health Science students require additional immunizations and a physical exam.** Please have your primary care provider complete and sign this form, or attach records documenting appropriate immunizations.

## THIS SECTION COMPLETED BY STUDENT

**HEALTH RECORD RETENTION POLICY:** All students are encouraged to establish a personal file for their medical records. Make a copy of this form prior to submitting. The college may charge a fee for students to receive a copy of this form. Immunization records are retained by the college for ten (10) years only.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_ Maiden/Other Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Signing this form authorizes the release of immunization records/information to Cape Cod Community College.**

**Required Immunizations:** Students must have proof of one dose of Tdap (tetanus w/pertussis) and Td (tetanus/diphtheria) if more than 10 years since Tdap, two doses of MMR, Three doses of Hepatitis B series or two doses of Heplisav-B series, two doses of Varicella and one dose of Meningococcal vaccine (MenACWY) for full-time students 21 years of age or younger administered on or after the 16th birthday. Laboratory evidence of immunity acceptable for MMR, Hepatitis B, and Varicella. Birth in the U.S. prior to 1980 for Varicella and 1957 for MMR is acceptable only for **non-health science students**.

### Immunization Requirements for all full-time (12 credits or more) general student population under 30 years of age

#### Hepatitis B Series

*Or laboratory evidence of immunity (please provide lab report)*

#### Dates:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Titre: \_\_\_\_\_

#### MMR Measles, Mumps & Rubella

*Or laboratory evidence of immunity (please provide lab reports)*

1. \_\_\_\_\_ 2. \_\_\_\_\_

Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

Rubella: \_\_\_\_\_

**Tdap** (*Tetanus, Diphtheria, Acellular Pertussis*) 1 Dose

\_\_\_\_\_

**Td** (*Tetanus, Diphtheria*) if more than 10 years since Tdap

\_\_\_\_\_

#### Varicella (*Chickenpox*)

*Or laboratory evidence of immunity (please provide lab report)*

*Or documented history of disease*

*(a reliable history of chixpox includes diagnosis of chixpox, or interpretation of parent/guardian description of chixpox by a physician, NP, PA or designee)*

1. \_\_\_\_\_ 2. \_\_\_\_\_

Titre: \_\_\_\_\_

Disease Date: \_\_\_\_\_

#### Meningococcal (*MenACWY*)

*(One dose of MenACWY vaccine for students 21 years of age or younger administered on or after the 16th birthday)*

1. \_\_\_\_\_

Healthcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_