



Student Immunization Form

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Student ID #: _____ Entry Year: 20____

Student Immunization Requirements

Massachusetts General Law 105 CMR 220.00 and 105 CMR 220.600 require all full-time undergraduate and graduate students, and any full-time or part-time students while on student or other visa, including foreign exchange students attending or visiting scholar students, provide a record of immunizations.

Immunization requirements apply to all enrolled William James College Students. The only exception is for those students taking only online courses with no on-campus component. This form must be completed and signed by a **physician, physician assistant, registered nurse, or nurse practitioner** who is not the student. **An official lab report must be submitted if serologic evidence of immunity is indicated. An "equivocal" result does not indicate immunity.**

VACCINE	DATE(S)	DATE OF TITER (Lab/Serologic Evidence)	Serologic Evidence *** (must attach lab report)
MMR (Measles, Mumps, Rubella)	Dose 1 _____	Measles (Date) _____	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Dose 2 _____	Mumps (Date) _____	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
		Rubella (Date) _____	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
Hepatitis B	Dose 1 _____	Titer (Date) _____	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Dose 2 _____		
	Dose 3 _____		
Tdap (Tetanus, Diphtheria, and Pertussis)	Date _____		
Td (Tetanus and Diphtheria)	Date _____		
Varicella (Chicken Pox)	Dose 1 _____	Titer (Date) _____	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune
	Dose 2 _____		

Varicella (onset illness)	Date _____		
Meningococcal Quadrivalent (MenACWY- formerly MCV4)	Dose 1 _____ Dose 2 _____		
COVID-19** <input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson	Dose 1 _____ Dose 2 _____ *Booster (optional at this time) _____	COVID-19** (Janssen)	Date _____

HIGHLY RECOMMENDED

Meningococcal B <input type="checkbox"/> Trumenba (2 or 3 doses) <input type="checkbox"/> Bexsero (2 doses)	Dose 1 _____ Dose 2 _____ Dose 3 _____		
Human Papillomavirus	Dose 1 _____ Dose 2 _____ Dose 3 _____		
Influenza (annually)	Date _____		

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

Name _____ Signature _____ Date of Issue _____
 Address _____ Phone _____

Exemptions

PERMANENT OR TEMPORARY MEDICAL IMMUNIZATION EXEMPTION

A medical exemption may be given when a vaccine is medically contraindicated. Please REQUEST the Medical Immunization Exemption Form 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 request the Medical Immunization Exemption Form from the Office of the Registrar.

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!

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.** Two (2) 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.** Two (2) 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.
6. Meningococcal Quadrivalent – all full-time students 21 years of age or younger must have received a dose of a quadrivalent meningococcal conjugate vaccine (MenACWY formerly MCV4) on or after their 16th birthday to protect against serotypes A, C, W and Y. An initial MCV dose is recommended at 11 to 12 years old with a booster dose at age 16 or older.
7. COVID-19 (new requirement)** – Beginning in Summer 2021, all students who are on campus or access campus resources are required to be fully vaccinated prior to the beginning of this semester.

For up to date information please visit <https://www.williamjames.edu/resources/covid-19/vaccination-policy.html>

Section B: Highly Recommended Immunizations

Influenza vaccine – One dose is recommended annually for all college students.

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:

- **Upload** forms to the Student Portal at **student.williamjames.edu**
- **Fax** documents to (617) 477-2030
- **Mail** to the address below:

William James College
Office of the Registrar
One Wells Avenue
Newton, MA 02459