

Immunization Form School Year _____

Name Last

 First

 Middle Initial

Date of Birth

 Student ID#

 Phone: (

)

 -

Immunization requirements apply to all William James College Students:

This applies to all enrolled students. *The only exception is for those taking only online courses with no on-campus component.*
An official lab report must be submitted if serologic evidence of immunity is indicated. An "equivocal" result does not indicate immunity.

REQUIRED IMMUNIZATIONS						
VACCINE	DATE (MM/DD/YY)	DATE (MM/DD/YY)	DATE (MM/DD/YY)	DATE OF TITRE Lab/Serologic Evidence	Serologic Evidence <i>(must attach lab report)***</i>	
MMR (Measles/Mumps/Rubella)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>		Measles <table border="1" style="display: inline-table; width: 50px; height: 20px; border-collapse: collapse;"></table>	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
				Mumps <table border="1" style="display: inline-table; width: 50px; height: 20px; border-collapse: collapse;"></table>	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
				Rubella <table border="1" style="display: inline-table; width: 50px; height: 20px; border-collapse: collapse;"></table>	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Hepatitis B	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Tetanus/Diphtheria	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>					
Tetanus/Diphtheria/Pertussis	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>					
Varicella (Chicken Pox)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<input type="checkbox"/> Immune <input type="checkbox"/> Not Immune	
Varicella (onset of illness)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>					
HIGHLY RECOMMENDED						
Meningococcal <input type="checkbox"/> MCV4 <input type="checkbox"/> MPSV4	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<i>A 2nd (booster) dose of MCV4 (Menactra or Menveo) is recommended if the first dose was administered before age 16.</i>		
Meningococcal B <input type="checkbox"/> Bexsero <input type="checkbox"/> Trumenba	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>			
Human Papillomavirus	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>			
Influenza (annually)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>					

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 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!

Massachusetts Immunization Laws 105 CMR 220.00 and 105 CMR 220.600 require all full-time students,** and all full-time and part-time Graduate and International Students (*including Visiting Scholars and Foreign Exchange Students*), to be immunized. However, we recommend all students be immunized in order to prevent outbreaks!

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.)* 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, and 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 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.

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:

- **Bring** records to the Office of the Registrar located on the 1st floor, rm.110

Office hours: M-F: 8:00 a.m.- 4:00 p.m.

- **Fax** documents to: (617) 477-2030

- **Mail** to the address below:

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