



To comply with state law, all new students at Cambridge College locations in Massachusetts MUST complete this form—even if you are exempt—before beginning classes.

Please SIGN this form: Student and physician or nurse.

Please complete, sign, and return to:



Your admissions counselor or
Cambridge College
1000 Massachusetts Avenue
Cambridge, MA 02138

Please Type or Print Clearly

Last Name _____ First Name _____

Address _____ Apt. no. _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____

SSN (optional)

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 Date of birth

Month	Day	Year			

Maiden or former name _____ Academic program _____

Student signature _____ Date (MM-DD-YY) _____

Immunizations Required

Please check one (unless you are exempt; see at right). Get all immunizations listed below prior to beginning classes, complete form and sign.

- Full-time undergraduate students: 12 credits or more per term.
- Full-time graduate students: 8 credits or more per term.
- Health science students: part-time and full-time.
- International students and others attending or visiting the college on a student or other visa (part-time and full-time).

TWO MMR (Measles, Mumps, Rubella) vaccines

1: No earlier than one year after birth

Month	Year		

2: At least one month after the first

Month	Year		

- OR serology tests (titers) that demonstrate immunity.
- OR birth before 1957 in the U.S.

- ONE Tdap Booster (tetanus, diptheria, pertussis)
- OR Td booster (tetanus, diptheria) given within the past five years)

- THREE Hepatitis B vaccines
- OR two-does adolescent series
- OR serology test (titer) that demonstrates immunity

- TWO varicella (chicken pox) vaccines
- OR history of varicella verified by your health care provider
- OR varicella titer that demonstrates immunity
- OR birth before 1980 in the U.S.

(Please note: having had a disease is not proof of immunity.)

Exemption

The only circumstances in which you may be exempt from the Massachusetts College Immunization Law are:

- Part-time study in programs other than health sciences:
Undergraduate: less than 12 credits per term.
Graduate & post-graduate: less than eight credits.
- Birth before 1956
- Your physician, who has personally examined you, is of the opinion that your health would be endangered by the required immunizations (explain below or on back of form):
- Conflict with religious beliefs (written statement required; explain below or on back of form).

Make an appointment with your physician or school nurse to review your immunization records. If you are unable to locate accurate immunization records, you are required by law to get all the vaccinations and/or laboratory tests listed on this form. Please complete and sign this form at that time.

Physician or nurse name PLEASE PRINT _____ Phone _____

Medical practice or school _____

Address _____

Signature _____ Date (MM-DD-YY) _____