



**Office of Student Affairs**  
 500 Rutherford Avenue  
 Boston, MA 02129  
 Phone: 617.873.0470  
 regina.robinson@cambridgecollege.edu

# Proof of Immunizations

## Massachusetts Locations

In compliance with the Massachusetts Dept. of Public Health, all students enrolled in a degree or certificate at Cambridge College locations in MA MUST complete this form before beginning classes.

Student ID# \_\_\_\_\_

Your Cambridge College Location

Boston  Lawrence  Springfield

**Please make an appointment with your physician as soon as possible** to obtain all the vaccinations and/or laboratory evidence listed on this form. Your physician's office needs to fill in the information, sign below, and give you a copy of your immunization history. **Student and physician/nurse must SIGN** this form.

### Student Information

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Current Residence: Address \_\_\_\_\_ Apt \_\_\_\_\_ Date of birth: (MM/DD/YY) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Academic program/major \_\_\_\_\_

Phone  home  cell \_\_\_\_\_ CC School \_\_\_\_\_

Work Phone/ext. \_\_\_\_\_  I am a **full-time** student: Undergraduate: taking 12 credits or more per term. Graduate: taking 8 credits or more per term.

E-mail \_\_\_\_\_  I am a **part-time** student, taking fewer credits per term.

### Immunizations Required

**Tdap: 1 dose;** and history of a DPaP primary series or age appropriate catch-up vaccination. Tdap given at  $\geq 7$  years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been  $\geq 10$  years since Tdap.

**Hepatitis B: 3 doses;** laboratory evidence of immunity acceptable

**MMR: 2 doses;** first dose must be given on or after the first birthday and second dose must be given  $\geq 28$  days after dose 1; laboratory evidence of immunity acceptable. Birth in the U.S. before 1957 is acceptable only for non-health science students.

**Varicella: 2 doses;** first dose must be given on or after the first birthday and second dose must be given  $\geq 28$  days after dose 1; a reliable history of chickenpox\* or laboratory evidence of immunity acceptable. Birth in the U.S. before 1980 is acceptable only for non-health science students.

**Meningococcal: 1 dose;** 1 dose MenACWY (formerly MCV4) required for all students 21 years of age or younger. The dose of MenACWY vaccine must have been received on or after the student's 16th birthday. Doses received at younger ages do not count towards this requirement. Students may decline MenjACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement.

\*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

**Exemptions:** Medical exemptions (dated statement signed by a physician stating that a vaccine(s) are medically contraindicated for a student), and religious exemptions (dated statement signed by a student or parent/guardian if the student is <18 years of age, stating that a vaccine(s) are against sincerely held religious beliefs) must be renewed annually, at the start of the school year.

Student signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

### Official Signatures

Physician/Nurse name  
PLEASE PRINT \_\_\_\_\_

Phone \_\_\_\_\_

Board of Registration in Medicine number \_\_\_\_\_

Medical practice name \_\_\_\_\_

Address \_\_\_\_\_

Physician/Nurse signature \_\_\_\_\_

Date (mm/dd/yy) \_\_\_\_\_

**Please complete, sign, and return to:**



Cambridge College  
 Dean of Student Affairs  
 500 Rutherford Avenue  
 Boston, MA 02129

**Or scan and email to:**  
 studentaffairs@cambridgecollege.edu