

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, 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

Dates:

Hepatitis B Series

1. _____ 2. _____ 3. _____

Or laboratory evidence of immunity (please provide lab report)

Titre: _____

MMR Measles, Mumps & Rubella

1. _____ 2. _____

Or laboratory evidence of immunity (please provide lab reports)

Measles: _____ Mumps: _____

Rubella: _____

Tdap (Tetanus, Diphtheria, Acellular Pertussis) 1 Dose

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

Varicella (Chickenpox)

1. _____ 2. _____

Or laboratory evidence of immunity (please provide lab report)

Titre: _____

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)

Disease Date: _____

Meningococcal (MenACWY)

1. _____

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

Influenza (flu vaccine)

1. _____

1 dose; seasonal influenza vaccine for the current flu season (July-June) must be received annually by December 31st.

Healthcare Provider's Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____