

IMMUNIZATION FORM
(FORM MUST BE SUBMITTED WITHIN 30 DAYS OF REGISTRATION)

Major: _____

Student I.D.#: _____

LAST NAME FIRST NAME M.I. (MAIDEN/OTHER NAME USED)

CELL/PHONE NUMBER DATE OF BIRTH EMAIL ADDRESS

STREET ADDRESS CITY/TOWN STATE / ZIP

... Student Complete Top Portion & Submit to Health Care Provider for Completion & Return to HCC....

Any full-time student under 30 years of age or any full-time or part-time undergraduate or graduate student in a health science who is in contact with patients are required by Mass. State law (Chap. 76, Sect. 15C) to submit complete documentation of their immunization records within 30 days of registration.

1. Obtain a copy of any vaccine records in your file from your health care provider.
2. Unable to obtain records: ask your provider to perform antibody titer testing. **Antibody titer records are acceptable if the lab reports are included** for us to review.
3. Have your health care provider complete and return this form to the address below or fax.
4. Records must be signed and stamped by your health care provider.

___ / ___ / ___ DATE of MMR#1 (please specify if only measles was given)

___ / ___ / ___ DATE of MMR#2 (Or attach copies of the positive titer lab reports)

___ / ___ / ___ DATE of HEPATITIS B#1

___ / ___ / ___ DATE of HEPATITIS B#2

___ / ___ / ___ DATE of HEPATITIS B#3 (Or attach a copy of the positive HB surface antibody titer report)

One dose of adult Pertussis-containing vaccine is required

___ / ___ / ___ Tdap - DATE of TETANUS/DIPHTHERIA/PERTUSSIS (within 10 years)

___ / ___ / ___ Td- DATE of TETANUS/DIPHTHERIA

___ / ___ / ___ DATE of VARICELLA#1 (CHICKEN POX)

___ / ___ / ___ DATE of VARICELLA#2 (Or attach a copy of the positive titer lab report) (OR)

___ / ___ / ___ DATE of documented history of VARICELLA DISEASE

___ / ___ / ___ DATE of MenACWY vaccine (required for all full-time students 21 years of age or younger)

PRINT NAME OF VACCINE ADMINISTRATOR

SIGNATURE OF (PCP, PA, NP, or DESIGNEE)

ADDRESS OF HEALTH CARE FACILITY

PHONE NUMBER

TODAY'S DATE

Please mail to: Immunization Records, 303 Homestead Avenue, BC 100, Holyoke, MA 01040; Fax (413) 552-2135; email: immunizations@hcc.edu