

# IMMUNIZATION RECORD

student's name: \_\_\_\_\_ dob: (mm/dd/yy) \_\_\_\_\_

## Immunizations Required by MA law for Wellesley College Entry

**\*\*USE THIS FORM ONLY IF ELECTRONIC COPY OF COMPLETE & SIGNED IMMUNIZATION RECORD FROM CLINICIAN IS UNAVAILABLE \*\***

### Tetanus-Diphtheria-Pertussis

Completed Primary/Childhood Series required \_\_\_\_\_ date of final dose of DTP/Dtap (mm/dd/yy): \_\_\_\_\_

**AND**

**Tdap booster** required after 6/2005 \_\_\_\_\_ Tdap Date: \_\_\_\_\_  
 (if no Tdap, Td booster within 5 years is acceptable) \_\_\_\_\_ Td Date: \_\_\_\_\_

### Measles, Mumps, Rubella (MMR)

Combined MMR- 2 doses required:  
 Dose 1 given on or after 12 months of age \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_  
 Dose 2 given at least 4 weeks after first dose \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Serologic Titers (**MUST provide copy of lab report**) \_\_\_\_\_ Date: \_\_\_\_\_  
 Measles  Immune  Not Immune \_\_\_\_\_ Date: \_\_\_\_\_  
 Mumps  Immune  Not Immune \_\_\_\_\_ Date: \_\_\_\_\_  
 Rubella  Immune  Not Immune \_\_\_\_\_ Date: \_\_\_\_\_

### Varicella - 2 doses required

Dose 1 required on or after 12 months of age \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_  
 Dose 2 must be given at least 4 weeks after first dose \_\_\_\_\_ Date: \_\_\_\_\_  
 Recommend a minimum of 3 months between doses if 1-12 years old, and a minimum  
 of 4 weeks between doses if 13 or older

**OR**

Serologic Titers (**MUST provide copy of lab report**)  Immune  Not Immune \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Reliable history of Chickenpox disease (Serologic titers preferred) \_\_\_\_\_ Date (month/year): \_\_\_\_\_

### Hepatitis B

Full 3 dose series required for all students \_\_\_\_\_ Hep B Dose 1 Date: \_\_\_\_\_  
 Specify if 2 adult dose alternate series given \_\_\_\_\_ Hep B Dose 2 Date: \_\_\_\_\_  
 \_\_\_\_\_ Hep B Dose 3 Date: \_\_\_\_\_

**OR**

Serologic Titers for Hepatitis B Surface Antibody (**MUST provide copy of lab report**) \_\_\_\_\_ Date: \_\_\_\_\_

Hepatitis B  Immune  Not Immune

### Meningococcal Vaccine

Meningococcal MenACWY Vaccine (Menactra or Menveo) \_\_\_\_\_ Date: \_\_\_\_\_  
 (1 dose required on or after 16<sup>th</sup> birthday) \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Meningococcal- Polysaccharide (Menomune) (must be within 5 years) \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

Signed Meningitis vaccine waiver on website \_\_\_\_\_ Date: \_\_\_\_\_

Other/Not Required	Date Dose #1	Date Dose #2	Date Dose #3
hepatitis a			
hpv (gardasil)			
polio			
rabies			
typhoid (injectable)			
typhoid (oral)			
japanese encephalitis			
yellow fever			
MenB-4C(Bexsero) or MenB- FHbp (Trumenba)			

Clinician's Signature: \_\_\_\_\_ DATE \_\_\_\_\_

(M.D., N.P., P.A.) (not parent clinician)  
 Please print name & address if different from physical examination clinician