

College of Graduate and Continuing Education

To be filled out by student:

Name: _____ CWID# A _____ Birthdate _____

Address: _____ City _____ State _____ Zip Code _____

IMMUNIZATION VERIFICATION

All full-time students (12 or more undergraduate credits, 9 or more post-baccalaureate or graduate credits) must provide evidence of immunization. MA Law (Chapter 76-Section 15C) Copies of Immunizations from School Records or physicians' offices are acceptable.

**** Hepatitis B Vaccination Series is required for all part time students in Movement Science, Criminal Justice and Teacher Training Programs**

To be filled out by Provider:

***Please complete required Immunizations (Month & Year)**

VACCINATIONS * = <u>Required</u>	DATE Mo/Yr	DATE Mo/Yr	DATE Mo/Yr	DATE Mo/Yr	
*Tdap (required within 10 years)	#1.				
*MMR (2 doses required or MMR titers)	#1.	#2.			
MMR titers> Circle results and note date	1. Measles (Rubeola) Pos Neg Date:	2. Mumps Pos Neg Date:	3. Rubella Pos Neg Date:		
**Hepatitis B series 20mcg	#1.	#2.	#3.		
or *Hepatitis B2 dose series 10mcg	#1.	#2.	or	Immune Titer Date:	
*Varicella/VAR if no history of chickenpox (2 vaccinations required)	#1.	#2.	History of Chickenpox Date: (if known)	or Titer: Pos Neg	
PPD Mantoux TB Test: (see separate form) Follow MA State guidelines for risk: Tb Risk Form available www.westfield.ma.edu/healthservices	Month/Year	Neg mm	Pos mm	If ppd Tb test is positive, chest x-ray report is required	

Provider's Signature _____ Practice _____ Date _____

Phone Number _____