REQUIRED IMMUNIZATIONS:

**Tetanus Diphtheria Acellular Pertussis (Tdap):** 1 dose of the one-time adult Tdap vaccine is required, in lieu of Td booster. The Tdap vaccine was licensed in 2005.

**Measles, Mumps and Rubella (MMR):** 2 doses of MMR vaccine or positive antibody titers for measles, mumps and rubella.

*If submitting antibody titer(s), must attach laboratory report(s) with titer date(s) and result(s).*

**Tuberculosis Skin Test or Quantiferon Gold Test:** Required within 1 year prior to start date.

*If tuberculin positive, a chest X-ray or Quantiferon-TB Gold Test is required within 1 year prior to start date. List history of BCG vaccine and/or INH treatment.*

*If history of being tuberculin positive, documentation of past positive test is required.*

*If documentation of past positive Tuberculosis Skin Test is unavailable, physician verification of being tuberculin positive is required.*

*A history of BCG vaccine is not acceptable as proof of being tuberculin positive. BCG recipients must provide documentation of a tuberculin test.*

**Varicella (Chickenpox):** Year of disease, positive antibody titer, or 2 doses of varicella vaccine.

*If submitting antibody titer, must attach laboratory report with titer date and result.*

**Hepatitis B:** 3 doses of hepatitis B vaccine or positive antibody titer. Testing for immunity 2 to 6 months after vaccination is recommended.

*If submitting antibody titer, must attach laboratory report with titer dates and result.*

**Meningococcal:** 1 dose of vaccine within 5 years prior to start date or a signed State Waiver Form for all students. (State Waiver Form available on forms page at [http://medicine.tufts.edu/saha](http://medicine.tufts.edu/saha))

**Influenza:** The 2016-17 Seasonal Influenza vaccine is required for all students with patient contact, unless medically contraindicated. *(The 2016-17 vaccine will be available in August 2016)*

**Polio:** Documentation of vaccination is recommended. Proof of vaccination may be required in the future.

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL:

**Tdap Vaccine Date:** __________

*If current Td booster is less than 2 years old, wait to receive Tdap vaccine.*

**Record Td vaccine Date:** __________

**MMR #1 Date:** __________ **MMR #2 Date:** __________

*OR*

**Measles Antibody Titer Date:** __________ **Result:** __________

**Mumps Antibody Titer Date:** __________ **Result:** __________

**Rubella Antibody Titer Date:** __________ **Result:** __________

**TB Skin Test Date:** __________ **Induration:** __________ **Result:** __________

*OR*

**Quantiferon-TB Gold Test Date:** __________ *(Laboratory report required)*

*If Quantiferon-TB Gold Test is positive, a chest X-ray is required.*

**If tuberculin positive, a chest X-ray or Quantiferon-TB Gold Test is required within 1 year of start date.**

**Chest X-ray Date:** __________ **Result:** __________ *(Report Required)*

**BCG Vaccine Date:** __________

**INH Treatment Dates:** __________ to __________

**Year of Disease:** __________

**Antibody titer Date:** __________ **Result:** __________

*OR*

**#1 Date:** __________ **#2 Date:** __________

*Laboratory report required*

**#3 Date:** __________

**Booster Dose Date:** __________

*If needed*

**Antibody Titer Date:** __________ **Result:** __________ *(Laboratory report required)*

**Vaccine Date:** __________

*or Attach signed State Waiver Form

**Vaccine Date(s):** __________