Polio: Recommended: signed State Waiver Form. Students 21 years of age and younger: birthday.

Documentation of a dose of

Recommended (except for students 21 years of age and younger):

Tetanus Diphtheria Acellular Pertussis (Tdap): 1 dose of the adult Tdap vaccine is required, in lieu of Td booster. The Tdap vaccine was licensed in 2005. If Tdap dose is 10 years or older a Td booster is required.

Measles, Mumps and Rubella (MMR): two doses of MMR vaccine or positive antibody titers for measles, mumps and rubella. For antibody titers laboratory reports must be attached. 

If antibody titer is negative, provide documentation of previous series (if available), negative titer lab report, along with documentation of first dose of new series.

TB Testing:
Tuberculosis Skin Test OR QuantiFERON Gold Testing: Required within 1 year prior to start date (for those with positive test results see positive TB section of form)

Positive TB Test Result: Chest X-ray report required from within 1 year prior to start date AND documentation of past positive test (for chest x-ray report is required).

If positive test or history of BCG vaccine is not acceptable as proof of positive tuberculin status. BCG recipients must provide documentation of a tuberculosis 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.

Influenza: The 2020-21 Seasonal Influenza vaccine is required for all students.

Recommended:

State requirements under 105 CMR 220.660 shall not apply where: (1) the student provides written documentation that he or she meets the standards for medical or religious exemption set forth in M.G.L.c.76, 15C. 

Tuberculosis Skin Test OR QuantiFERON Gold Testing:

TB Skin Test Read Date:_______ Induration:_______ Result:________

OR

QuantiFERON-TB Gold Test Date: __________________ □ Attach Report

Please sign and date form after test has been read mm/dd/yyyy

If TB test is positive, a Chest X-ray is required

BCG Vaccine Date: __________________ 

INH Treatment Dates: ______________ to ______________ 

MMR #1 Date: __________________ MMR #2 Date: __________________

Measles Antibody Titer Date: __________________ □ Attach Report

Mumps Antibody Titer Date: __________________ □ Attach Report

Rubella Antibody Titer Date: __________________ □ Attach Report

Year of Disease: __________________

OR

Antibody titer Date: __________________ □ Attach Report

#1 Date: __________________ #2 Date: __________________

#1 Date: __________ #2 Date: __________ #3 Date: __________

OR

Antibody Titer Date: __________________ □ Attach Report

Booster Dose Date: __________________ If needed

Vaccine Date: __________________

Recommended:

Vaccine Date(s): __________________

Bufoin University I.D. Number: __________________

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

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.

Influenza: The 2020-21 Seasonal Influenza vaccine is required for all students. (The 2020-21 vaccine will be available in August 2019)

Recommended (except for students 21 years of age and younger):

Documentation of a dose of MenACWY vaccine received on or after 16th birthday.

Students 21 years of age and younger: dose on or after 16th birthday or signed State Waiver Form.

Recommended:

Polio: proof of vaccination may be required in the future.