**Public Health & Professional Degree Programs Immunization Form**

**Boston Health Sciences Campus ~ Student Advisory & Health Administration Office**

### REQUIRED IMMUNIZATIONS:

- **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 titer for measles, mumps and rubella.

  *For antibody titer 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 documentation of positive TB test is unavailable, physician verification of positive tuberculin status is required.

  History of BCG vaccine is not acceptable as proof of positive tuberculin status. 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.

### TO BE COMPLETED BY HEALTHCARE PROFESSIONAL:

- **Tdap Vaccine Date:**
  - **MMR #1 Date:**
  - **MMR #2 Date:**
  - **OR**

- **Measles Antibody Titer Date:**
  - **Mumps Antibody Titer Date:**
  - **Rubella Antibody Titer Date:**

- **TB Skin Test Read Date:**
  - **Induration:**
  - **Result:**
  - **OR**

- **Quantiferon-TB Gold Test Date:**
  - **Attach Report**

- **Chest X-ray Date:**
  - **Result:**
  - **Attach Report**

- **BCG Vaccine Date:**

- **INH Treatment Dates:** to ________

- **Year of Disease:**

  *OR*

- **Antibody titer Date:**
  - **Attach Report**

  *OR*

- **#1 Date:**
  - **#2 Date:**

- **Hepatitis B:**

  *#1 Date:*
  - **#2 Date:**
  - **#3 Date:**

  *OR*

- **Antibody Titer Date:**
  - **Attach Report**

  *If needed*

- **Meningococcal:** 1 dose of Quadrivalent (Menactra or Menevo) 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: https://medicine.tufts.edu/administration/SAHA/immunizations)*

- **Influenza:** The 2019-20 Seasonal Influenza vaccine is required for all students with patient contact, unless medically contraindicated. *(The 2019-20 vaccine will be available in August 2019)*

- **Recommended:**

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

  *Vaccine Date(s):*