Friedman School of Nutrition Science and Policy 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): 2 doses of MMR 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 and required annually thereafter. If tuberculin positive, a chest X-ray is required. (reports are required). List history of BCG vaccine and/or INH treatment. If history of positive TB test, documentation of past positive test is required. If documentation of past positive Tuberculosis Skin 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 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.

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: http://medicine.tufts.edu/saha)

Influenza: The 2018-19 Seasonal Influenza vaccine is required for all students with patient contact, unless medically contraindicated. (The 2018-19 vaccine will be available in August 2018)

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

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.

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

Tdap Vaccine Date: ____________
If current Td booster is less than 2 years old, wait to receive Tdap vaccine. Td vaccine Date: ____________

MMR #1 Date: ____________ MMR #2 Date: ____________
Measles Antibody Titer Date: ____________ OR Attach Report
Mumps Antibody Titer Date: ____________ OR Attach Report
Rubella Antibody Titer Date: ____________ OR Attach Report

TB Skin Test Read Date: _______ Induration: _______ Result: _______
Please sign form after test has been read mm/dd/yyyy

QuantiFERON-TB Gold Test Date: _______
OR

Chest X-ray Date: _______
Result: _______ OR Attach Report

BCG Vaccine Date: ____________
INH Treatment Dates: to ____________

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

Antibody titer Date: _______ OR Attach Report
#1 Date: _______ #2 Date: _______ #3 Date: _______

OR

Antibody Titer Date: _______ OR Attach Report

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

#1 Date: _______ #2 Date: _______ #3 Date: _______

OR

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: http://medicine.tufts.edu/saha)

Vaccine Date: _______ or Attached signed State Waiver Form

Influenza: The 2018-19 Seasonal Influenza vaccine is required for all students with patient contact, unless medically contraindicated. (The 2018-19 vaccine will be available in August 2018)

Vaccine Date: _______

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

Vaccine Date(s): _______

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.

Signature: ____________________________ OR Attach other immunization documentation

Health Care Professional

Provider Name and Title (Please Print): ____________________________ Date: ____________
Provider Address: ____________________________ Phone: ____________________________

Please fax or mail immunization documentation to: Fax: 617-636-2708 – Phone: 617-636-2712 or email to Lucia.Fenney@tufts.edu
200 Harrison Avenue, Posner Hall 4th Floor, Boston, MA 02111 - http://medicine.tufts.edu/saha

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