



Cummings School of Veterinary Medicine Immunization Form

Grafton Health Sciences Campus ~ Student Advisory & Health Administration Office

Name: _____
 Last **First** **Middle** **Date of Birth**

Program(s): _____ Email Address: _____ Tufts University I.D. Number: _____
DVM, MS, PhD, CBS or Ross

REQUIRED IMMUNIZATIONS:

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

<p>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.</p>	<p>Tdap Vaccine Date: _____</p> <p>If current Td booster is less than 2 years old, wait to receive Tdap vaccine.</p> <p>Td vaccine Date: _____</p>
<p>Measles, Mumps and Rubella (MMR): 2 doses of MMR or positive antibody titers for measles, mumps and rubella.</p> <p><i>If submitting antibody titer(s), must attach laboratory report(s) with titer date(s) and result(s).</i></p>	<p>MMR #1 Date: _____ MMR #2 Date: _____</p> <p style="text-align: center;">OR</p> <p>Measles Antibody Titer Date: _____ <input type="checkbox"/> Attach Report</p> <p>Mumps Antibody Titer Date: _____ <input type="checkbox"/> Attach Report</p> <p>Rubella Antibody Titer Date: _____ <input type="checkbox"/> Attach Report</p>
<p>Rabies Vaccination:</p> <p>DVM, CBS, Ross, IDGH and MCM: 3 doses of pre-exposure vaccination or positive antibody titer.</p> <p>If vaccine series, booster dose, or antibody titer is older than 2 years a new antibody titer is required. If titer level is insufficient for immunity, a booster dose is required. Laboratory report must be attached.</p> <p>MAPP and PhD: 3 doses of pre-exposure vaccination or positive antibody titer for students who work with animals or live rabies virus.</p>	<p>#1 Date: _____ #2 Date: _____ #3 Date: _____</p> <p>Antibody Titer Date: _____ <input type="checkbox"/> Attach Report</p> <p><i>If antibody titer result is negative a booster is required</i></p> <p>Booster Dose Date: _____ <i>If needed</i></p>
<p>Varicella (Chickenpox): Year of disease, positive antibody titer, or 2 doses of varicella vaccine.</p> <p><i>If submitting antibody titer, must attach laboratory report with titer date and result.</i></p>	<p>Year of Disease: _____ OR</p> <p>Antibody titer Date: _____ <input type="checkbox"/> Attach Report</p> <p style="text-align: center;">OR</p> <p>#1 Date: _____ #2 Date: _____</p>
<p>Hepatitis B: 3 doses of hepatitis B vaccine or positive antibody titer. Testing for immunity, 2 to 6 months after vaccination is recommended.</p> <p><i>If submitting antibody titer, must attach laboratory report with titer date and result.</i></p>	<p>#1 Date: _____ #2 Date: _____ #3 Date: _____</p> <p style="text-align: center;">OR</p> <p>Antibody Titer Date: _____ <input type="checkbox"/> Attach Report</p> <p>Booster Dose Date: _____ <i>If needed</i></p>
<p>Influenza: 2021-22 vaccine is required for all students. The 2021-22 vaccine will be available in Aug 2021.</p>	<p>Vaccine Date: _____</p>
<p>COVID-19: Proof of vaccination required.</p>	<p><input type="checkbox"/> Attach Dose Documentation</p>
<p>Recommended (except for students 21 years of age and younger): Documentation of a dose of MenACWY vaccine received on or after 16th birthday.</p> <p>Students 21 years of age and younger: dose on or after 16th birthday or signed State Waiver Form.</p>	<p>Vaccine Date: _____</p>
<p>Polio: Documentation of vaccination is recommended. Proof of vaccination may be required in the future.</p>	<p>Vaccine Date(s): _____</p>

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: _____ Date: _____
Health Care Professional

Provider Name and Title (Please Print): _____

Provider Address: _____ Phone: _____

Please email immunization form and supporting documentation as a black and white .pdf attachment to: Lucia.Fenney@tufts.edu or fax it to 617-636-2708
200 Harrison Avenue, Posner Hall 4th Floor, Boston, MA 02111 – Tel: 617-636-2712 <https://medicine.tufts.edu/administration/SAHA/immunizations>

PLEASE RETAIN COPY OF PAPERWORK FOR YOUR RECORDS