### 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.*

- **Tdap Vaccine Date:** ______________

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

- **MMR #1 Date:** ______________
- **MMR #2 Date:** ______________

  *OR*

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

**Rabies Vaccination:**

- **Vaccination:** DVM, CBS, Ross, IDGH and MCM:
  - 3 doses of pre-exposure vaccination or positive antibody titer for students who work with animals or live rabies virus.
  - **#1 Date:** ______________
  - **#2 Date:** ______________
  - **#3 Date:** ______________

  *OR*

- **#1 Date:** ______________

**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*

- **#1 Date:** ______________

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

- **Year of Disease:** ______________

**Influenza:** 2019-20 vaccine recommended for all students. Required for those with human patient contact. The 2019-20 vaccine will be available in Aug 2019.

- **Vaccine Date:** ______________

**Recommended (except for students 21 years of age and younger):** Documentation of a dose of MenACWY vaccine received on or after the 16th birthday.

**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.**
- **Td Vaccine Date:** ______________

- **MMR #1 Date:** ______________
  - **MMR #2 Date:** ______________
  - **OR**
  - **Measles Antibody Titer Date:** ______________
  - **Mumps Antibody Titer Date:** ______________
  - **Rubella Antibody Titer Date:** ______________

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

  *OR*

- **Year of Disease:** ______________

- **Antibody Titer Date:** ______________

**Booster Dose Date:** ______________

*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.*