

**Please Note**

Massachusetts law requires all full-time students have these immunizations documented with the college. (The majority of Adult and Graduate Studies students are considered full-time students.)

**Deadline - 30 days prior to first day of class.**

**Any student failing to provide the required documentation by the first day of class will be placed on Medical Probation.**

**A \$50.00 Late Fee will be assessed if these requirements are not met by 30 days after the first day of class and will be repeated every 30 days until documentation is complete.**

# Eastern Nazarene College

## Adult and Graduate Studies IMMUNIZATION RECORD



23 East Elm Avenue  
Quincy, MA 02170  
Telephone 617-745-3893  
Fax 617-745-3928

**For Health Services Use Only**

Date Received: \_\_\_\_\_

All Requirements complete

LEAD Undergraduate

LEAD Graduate

Main Campus Graduate

*This form must be completed and signed by a health care provider (physician, nurse, or school health official) unless there is a copy of an immunization record attached. If documentation of immunization is not available or if a blood test (titer) indicates that you are NOT immune, you must be re-immunized. **History of chickenpox disease must be signed by an MD, PA or NP.** Please include copies of laboratory reports, if titers done.*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI Month Day Year

Address: \_\_\_\_\_  
Street City State Zip Country

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**MMR – Measles, Mumps Rubella • Required of all students unless born in the US before 1957**  
*Two doses required or a blood titer to show immunity to the disease*

MMR Dose #1: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Must be given after first (1st) birthday

**OR** Lab test proving immunity (attach lab reports)

**Measles**  Immune – titer value \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MMR Dose #2: Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
At least one month after first (1st) dose

**Mumps**  Immune – titer value \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Rubella**  Immune – titer value \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tdap TETANUS-DIPHTHERIA-PERTUSSIS • Required of all students unless Td in past 5 years. Highly recommend Tdap even if student meets Td requirement.**

Tdap Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR**  Td Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Must be given within the last 10 years* *Must be given within the last 5 years*

**HEPATITIS B • Required of all students**

3-dose series  
Hepatitis B Dose #1 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Hepatitis B Dose #2 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Must be at least 1 month after #1  
Hepatitis B Dose #3 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Must be at least 2 months after #2 and 4 months after #1

**OR**  2-dose adolescent series  
2-dose 10 mcg series accepted with proper documentation. There must be a 4 month minimum interval between dose 1 and 2 and both doses must be administered when the patient/student is between 11 and 15 years of age.  
Hepatitis Dose #1 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Hepatitis Dose #2 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Recombivax  Merck

**OR** Lab test proving immunity (attach lab report)  
 Immune – titer value \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VARICELLA-CHICKENPOX • Required of all students unless born in the US before 1980**

Varicella Dose #1 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Must be given after first (1st) birthday*  
 Varicella Dose #2 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*At least one month after first (1st) dose*

**OR** Lab test proving immunity (attach lab report)  
 Immune- Titer value \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**  Reliable history of chickenpox disease

**PLEASE READ THE ENCLOSED INFORMATION ABOUT MENINGOCOCCAL DISEASE FROM THE DEPARTMENT OF PUBLIC HEALTH. THE INFORMATION CAN ALSO BE ACCESSED AT:** <http://www.mass.gov/dph/cdc/factsheets/fsmdcs.pdf>

HEALTH CARE PROVIDER (please print) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form to:** Eastern Nazarene College, Attn. Patsy Malas, 23 East Elm Avenue, Quincy, MA 02170 or FAX to: 617-745-3928. Thank you for your cooperation. 6084 • Revised May 2017