



# Health Sciences Campus ~ Immunization Form

Student Advisory and Health Administration Office

**Name:** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 Last First Middle Date of Birth

**Address:** \_\_\_\_\_  
 Street Apt.

City State Zip Code Country

**Tufts' School:** \_\_\_\_\_ **Program (s):** \_\_\_\_\_ **Class:** \_\_\_\_\_  
 Dental, Medical, Nutrition, Sackler or Veterinary

**Social Security Number:** \_\_\_\_\_ **and/or Tufts University I.D. Number:** \_\_\_\_\_

*In compliance with Massachusetts Law 105 CMR 220.600, and Tufts University policy, students must present documentation for the following immunizations prior to registration. You may attach a copy of your school immunization record (s), lab reports verifying immunity, and documentation signed by previous health care providers.*

### Massachusetts Requirements:

**Tetanus-Diphtheria Toxoid (Td):** A Td booster dose, given within the past 10 years. **Booster Dose Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

**Tetanus, Diphtheria, and Acellular Pertussis (Tdap):** Recommended by the CDC for students with patient contact. **Will be required 09/01/09.** **Dose Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Measles-Mumps-Rubella (MMR):** 2 doses MMR vaccine; or 2 doses of measles and 1 dose each of mumps and rubella vaccines; OR positive antibody titers. **Dose 1 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Dose 2 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

OR

**Medical Students:** Must submit 2 doses MMR vaccine or positive antibody titers. **Measles Antibody Titer Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_

**Medical Students:** Must provide proof of a positive rubella antibody titer prior to beginning third year. **Mumps Antibody Titer Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_  
**Rubella Antibody Titer Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_

**Hepatitis B:** Vaccination, or positive antibody titer (Anti-HBs) is required for all students. Hepatitis B vaccine protocol: A series of three injections given initially and 1 and 6 months later. **Dose 1 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Dose 2 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Dental Students:** Are required to be tested for the presence of infection (HBsAg) prior to vaccination and tested for immunity (Anti-HBs), once the series is completed. **Dose 3 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Booster Dose Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ *If needed*

Testing for immunity, 2 to 6 months following dose 3 is highly recommended for all other health sciences students. (5% - 7% of those vaccinated do not develop immunity or sufficient immunity for protection.) **Surface Antigen Titer Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_  
**Surface Antibody Titer Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_

**Meningococcal:** One dose of vaccine given within the past five years or State Waiver Form for all first year students. (State Waiver Form available at: [www.tufts.edu/saha](http://www.tufts.edu/saha)) **Vaccine Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **or Attach State Waiver Form**

*The above requirements of 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; (2) the student provides appropriate documentation, including a copy of a school immunization record indicating receipt of the required immunizations; (3) in the case of measles, mumps, rubella, and hepatitis B, the student presents laboratory evidence of immunity; (4) for meningococcal vaccination, a waiver may be signed declining vaccination.*

### Additional University Requirements:

#### Tuberculosis Mantoux Test

All health sciences students, with the exception of Veterinary students, are required to have a tuberculosis test (Mantoux) within one year prior to first year registration, unless known to be tuberculin positive. Dental, Medical, and Nutrition students who are tuberculin negative, must be tested annually. Public Health and Sackler students must be tested within one year prior to first year registration.

Any student who submits documentation of a positive tuberculosis test must submit documentation of a chest X-ray received within one year prior to first year registration. Students who are known to be tuberculin positive from an exposure must submit documentation of: a past, positive tuberculosis test, INH treatment, and a chest X-ray received within one year prior to first year registration.

A history of BCG vaccine is not acceptable as proof of being tuberculin positive. BCG recipients must provide documentation of a past, positive tuberculosis test, in addition to a chest X-ray received within one year prior to first year registration.

<b>Tuberculosis Mantoux Test:</b>	<b>If TB positive please complete the following:</b>
<b>Test Date</b> ____/____/____ <b>Result:</b> _____	<b>BCG Vaccine</b> Yes ____ Year ____ or No ____
<b>If TB positive a Chest X-Ray is required.</b>	<b>INH Treatment</b> Yes ____ or No ____
<b>Chest X-Ray Date</b> ____/____/____ <b>Result:</b> _____	<b>Length of Treatment From</b> ____/____/____ <b>To</b> ____/____/____

**Additional University Requirements (continued)**

**Varicella (chicken pox):**

**Dental and Nutrition students:** History of disease, or vaccination; or positive antibody titer is required. Physician verification is not required for history of disease.

**Year of Disease** \_\_\_\_\_

**Dose 1 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Dose 2 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Vaccine protocol: 2 doses, given 4 to 8 weeks apart.*

**Medical students:** Vaccination or a positive antibody titer is required.

**Antibody Titer Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_

**Public Health, Sackler, & Veterinary students:** History of disease or did not have disease. Physician verification is not required for history of disease.

**Year of Disease** \_\_\_\_\_ OR **Did not have** \_\_\_\_\_

**Additional Veterinary Student Requirements:**

**Rabies:** Required for DVM and CBS students, and PHDs who work with animals or live rabies virus.

**Dose 1 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Dose 2 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Vaccination, unless medically contraindicated, or positive antibody titer is required for Veterinary students. First year students must complete the first two doses by the fourth week of classes. An antibody titer is required prior to third year clinical work.

**Dose 3 Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Vaccine protocol: A series of three injections given at intervals of 1, 7 and 21 or 28 days.*

If initial vaccination, booster dose or antibody titer is 2 years old, a new surface antibody titer is required.

**Antibody Titer Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Result:** \_\_\_\_\_  
Attach laboratory report.

If your titer level is insufficient for immunity, a booster dose is required.

**Booster Dose Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ *If needed*

**Recommendations:**

**Polio:** Students should have received the polio vaccine, along with the DPT series, as a child. If so, nothing further is necessary. If not, consult with your physician about adult polio vaccination.

**Last Dose Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical students:** Documentation of your childhood polio vaccination is required by many Tufts-affiliated hospitals as a condition of beginning clinical training.

**Influenza:** Annual vaccination is recommended for students who have patient contact.

***Immunization requirements may change, subject to modification in State Law and University policy.***

\_\_\_\_ Health Care Professional Signature for above documentation.

\_\_\_\_\_  
Health Care Professional Signature Date

**OR**

\_\_\_\_ Attached documentation from other sources.

\_\_\_\_\_  
Print Name Phone Number

\_\_\_\_\_  
Address

***Please return this Form by mail to:***

**Tufts University, Student Advisory & Health Administration Office  
200 Harrison Avenue, 4<sup>th</sup> floor Posner Hall, Boston, MA 02111  
Or, by fax: 617-636-2708**

If you have questions, please call Gianna Dimitrakos, Immunization Data Coordinator at 617-636-2700 or email [Gianna.Dimitrakos@tufts.edu](mailto:Gianna.Dimitrakos@tufts.edu).  
Office hours: 9:00 AM to 5:00 PM, Monday through Friday.  
[www.tufts.edu/saha](http://www.tufts.edu/saha)