

Student Health Service

Undergraduate Immunization Record 2021–2022

In accordance with 105 CMR 220 and the Massachusetts Department of Public Health, all full-time students, and all international and visiting students, must provide documentation of the following immunizations prior to arrival on campus. Please submit an **official Immunization Record from your Healthcare Provider's office**, or have your provider (*not a parent*) complete and sign this form.

First Name	Middle Name	Last Name
Date of Birth	Lesley Student ID#	Date of Entry (M/Y)
Cell Phone #	Email	
<input type="checkbox"/> CLAS	<input type="checkbox"/> LA+D	<input type="checkbox"/> Threshold

Measels, Mumps, Rubella (MMR) ☐ Exempt due to birth in the U.S. before 1957

Dose #1 given at age 12 months or later:	Dose #2 given at least 28d after dose #1:
____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY
OR Laboratory evidence of immunity <input type="checkbox"/> Lab report attached	

Varicella (chicken pox) ☐ Exempt due to birth in the U.S. before 1980

Dose #1 given at age 12 months or later:	Dose #2 given at least 28d after dose #1:
____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY
OR Laboratory evidence of immunity <input type="checkbox"/> Lab report attached	

Tetanus, Diphtheria, Pertussis

DTap primary or catch-up series completed:	Tdap given within last 10 years:
____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY

Hepatitis B

Dose #1	Dose #2 Given at least 1 month after dose #1:	Dose #3 Given at least 6 months after dose #1:
____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY	____ / ____ / ____ MM DD YYYY
OR Laboratory evidence of immunity <input type="checkbox"/> Lab report attached		

Meningococcal (MenACWY or MCV4)

One dose for students 21 years of age and younger: Given on or after 16th birthday.	____ / ____ / ____ MM DD YYYY
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Healthcare Provider Signature	Provider Name (Please Print)	Date
Office Address	Office Phone #	