## **Brandeis University Required Immunizations**

## **IMMUNIZATION RECORD**

In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15c, and Department of Public Health Regulations 105 CMR 220, Brandeis University requires verification of immunity to the infectious diseases below before arrival to campus.

|  |  | Please record   | d doses given only, I  | <b>IMUNITY REC</b><br>NOT anticipated dat  | es of next doses.                                 |                          |  |              |
|--|--|---|--|--|---|--------------------------|--|--------------|
| A  | LL DOCUMENTA   | ATION MUST BE   | VERIFIED (by a 1   | non-parent) LICEN  | NSED HEALTH                                       | I CARE I                 | PROVII                                 | DER.         |
| HEPATI   | TIS B VACCINE  | Dose 1  | Do   | se 2   | Dos   | e 3                      |  |              |
|  |  | titis B immunization  | n dates, you may hav   | se 2   | (HBsAB) titer bl                                  |                          | one.                                   | Year         |
| MMR (M   | IEASLES, MUMP  | S, RUBELLA) 2 d   | loses required if bo   | orn after 1957   | -   | -                        | -                                      | -            |
|  | Dose 1 Imm   | unized at or after 12   | 2 months of age  |  | Dose 1  | Month                    | ————                                   | Year         |
|  | Dose 2 Give  | n at least one month  | n after Dose 1   |  | Dose 2  | Month                    | —————————————————————————————————————— |              |
| unable to  | document Measles   | Mumps and/or Rul  | hella immunization   | dates, you may have  | an antibody tite                                  |                          | ,                                      | Year         |
|  | ·  |   |  | and must be uploa  | •   |                          |  |              |
| 1.7  | 1  | 8   | •  | 1  | •   | •                        |  |              |
| MENING   | OCOCCAL (quad  | lrivalent) VACCIN   | E *Required for S  | Students 16-21 (Mu   | st be administer                                  | red after                | the age                                | of 16)       |
|  |  |   |  |  |   |                          |  |              |
|  |  | •   |  | he meningitis vacci  | ne. This is *NOT                                  | Month                    |  | Year<br>The  |
|  | n can be requested in  | rom the Health Cen  | ter.   |  |   |                          |  |              |
|  | S, DIPHTHERIA  |   |  | ар)  |   |                          |  |              |
| TETANU   |  | and ACELLULAR   | R PERTUSSIS (Tda   | • /  | Date:   | <br>Month                | Day                                    | Year         |
| TETANU Required  | S, DIPHTHERIA :  | and ACELLULAR s and must have bee   | R PERTUSSIS (Tda   | e as an adult<br>gh you may not carr   |   | Month                    | Day                                    | Year         |
| TETANU<br>Required A<br>A TD boo<br>full immu  | S, DIPHTHERIA a<br>within past ten years<br>ester administered at<br>nity to pertussis (wh   | and ACELLULAR s and must have bee or after age 12 can hooping cough). A   | R PERTUSSIS (Tda<br>en administered once<br>be substituted thous<br>Tdap vaccine is reco   | e as an adult<br>gh you may not carr<br>ommended.  |   | Month                    | Day                                    | Year         |
| TETANU Required A TD boo full immu   | S, DIPHTHERIA a within past ten years ster administered at nity to pertussis (where the steril steri | and ACELLULAR s and must have bee or after age 12 can hooping cough). A   | R PERTUSSIS (Tdaen administered once be substituted though the process required if born as required if bor | e as an adult<br>gh you may not carr<br>ommended.  |   | Month                    | Day                                    | Year         |
| TETANU Required A TD boo full immu   | S, DIPHTHERIA : within past ten years ster administered at nity to pertussis (where the content of the content  | and ACELLULAR s and must have bee or after age 12 can nooping cough). A Thicken Pox) 2 dose   | R PERTUSSIS (Tda en administered once be substituted thoug Idap vaccine is reco s required if born months of age   | e as an adult<br>gh you may not carr<br>ommended.  | y<br>Dose 1                                       | Month                    | Day                                    | Year         |
| TETANU<br>Required A<br>A TD boo<br>full immu  | within past ten years ster administered at nity to pertussis (when the content of | and ACELLULAR s and must have bee or after age 12 can nooping cough). A Thicken Pox) 2 dose nized at or after 12 m at least one month a   | R PERTUSSIS (Tda en administered once be substituted thoug Idap vaccine is reco s required if born months of age after Dose 1  | e as an adult gh you may not carr ommended.  after 1980  | Dose 1 Dose 2                                     |                          |  |              |
| TETANU Required of A TD boot full immus  | within past ten years ster administered at nity to pertussis (when the content of | and ACELLULAR s and must have bee or after age 12 can nooping cough). A Thicken Pox) 2 dose nized at or after 12 m at least one month a   | R PERTUSSIS (Tda en administered once be substituted thoug Idap vaccine is reco s required if born months of age after Dose 1  | e as an adult<br>gh you may not carr<br>ommended.  | Dose 1 Dose 2                                     | Month                    |  |              |
| TETANU Required A TD boo full immu  /ARICEL  DR  | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given a  Medically verif  supply Varicella inf  | and ACELLULAR s and must have bee or after age 12 can hooping cough). A Thicken Pox) 2 dose hized at or after 12 m at least one month a fied History of Disea fection or immunizate                                   | R PERTUSSIS (Tda en administered once be substituted though Tdap vaccine is reconstructed if born and the substituted in | e as an adult gh you may not carr pmmended.  after 1980  // Day Year y have an antibody by                                   | Dose 1 Dose 2                                     | Month Month              | Day                                    | Year<br>Year |
| TETANU Required of A TD boo full immu  ARICEL OR   | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given a  Medically verif  supply Varicella inf  | and ACELLULAR s and must have bee or after age 12 can hooping cough). A Thicken Pox) 2 dose hized at or after 12 m at least one month a fied History of Disea fection or immunizate                                   | R PERTUSSIS (Tda en administered once be substituted though Tdap vaccine is reconstructed if born and the substituted in | e as an adult gh you may not carr ommended.  after 1980  // Day // Year  | Dose 1 Dose 2                                     | Month Month              | Day                                    | Year<br>Year |
| TETANU Required of A TD boo full immu  ARICEL OR Sunable to f the lab re   | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given a  Medically verif supply Varicella inf  eport with the value   | and ACELLULAR s and must have bee or after age 12 can hooping cough). A re- nicken Pox) 2 dose nized at or after 12 re at least one month a fied History of Disease fection or immunizate in English will be          | R PERTUSSIS (Tda en administered once be substituted though Tdap vaccine is reconstructed if born and the substituted in | e as an adult gh you may not carr pmmended.  after 1980  // Day Year y have an antibody by                                   | Dose 1 Dose 2                                     | Month Month              | Day                                    | Year<br>Year |
| TETANU Required of A TD boo full immus VARICEL OR f unable to f the lab re   | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given a  Medically verif  supply Varicella inf  | and ACELLULAR s and must have bee or after age 12 can hooping cough). A re- nicken Pox) 2 dose nized at or after 12 re at least one month a fied History of Disease fection or immunizate in English will be          | R PERTUSSIS (Tda en administered once be substituted though Tdap vaccine is reconstructed if born and the substituted in | e as an adult gh you may not carr pmmended.  after 1980  // Day Year y have an antibody by                                   | Dose 1 Dose 2                                     | Month Month              | Day                                    | Year<br>Year |
| TETANU Required of A TD boo full immu  ARICEL  OR  Funable to f the lab re   | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given a  Medically verif supply Varicella inf  eport with the value   | and ACELLULAR s and must have bee or after age 12 can hooping cough). A re- nicken Pox) 2 dose nized at or after 12 re at least one month a fied History of Disease fection or immunizate in English will be          | R PERTUSSIS (Tda en administered once be substituted though Tdap vaccine is reconstructed if born and the substituted in | e as an adult gh you may not carr pmmended.  after 1980  // Day Year y have an antibody by                                   | Dose 1 Dose 2                                     | Month Month              | Day                                    | Year<br>Year |
| TETANU Required of A TD book full immused of the lab relation of t | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given:  Medically verif supply Varicella infeport with the value  | and ACELLULAR s and must have bee to a after age 12 can hooping cough). A re nicken Pox) 2 dose nized at or after 12 re at least one month a fied History of Disea fection or immunizate in English will be FICATION: | R PERTUSSIS (Tda en administered once be substituted though a required if born anonths of age after Dose 1 ase Date:  Month ation dates, you may be required and can   | e as an adult gh you may not carr ommended.  after 1980  // Day Year y have an antibody to be uploaded into the second carr. | Dose 1 Dose 2 blood test to province patient port | Month  Month  /e you are | Day Day                                | Year Year    |
| TETANU Required of A TD booth full immused of the lab relationship in the lab  | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given:  Medically verif supply Varicella infeport with the value  | and ACELLULAR s and must have bee to a after age 12 can hooping cough). A re nicken Pox) 2 dose nized at or after 12 re at least one month a fied History of Disea fection or immunizate in English will be FICATION: | R PERTUSSIS (Tda en administered once be substituted though a required if born anonths of age after Dose 1 ase Date:  Month ation dates, you may be required and can   | e as an adult gh you may not carr pmmended.  after 1980  // Day Year y have an antibody by                                   | Dose 1 Dose 2 blood test to province patient port | Month  Month  /e you are | Day Day                                | Year Year    |
| TETANU Required of A TD boo full immus VARICEL  OR f unable to f the lab re HEALTH I   | within past ten years ster administered at nity to pertussis (wh  LA VACCINE (Ch  Dose 1 Immun  Dose 2 Given:  Medically verif supply Varicella infeport with the value  | and ACELLULAR s and must have bee to a after age 12 can hooping cough). A re nicken Pox) 2 dose nized at or after 12 re at least one month a fied History of Disea fection or immunizate in English will be FICATION: | R PERTUSSIS (Tda en administered once be substituted though Idap vaccine is reconstructed if born and another of age after Dose 1 ase Date: Month ation dates, you may e required and can  | e as an adult gh you may not carr ommended.  after 1980  // Day Year y have an antibody to be uploaded into the second carr. | Dose 1 Dose 2 Dolood test to provehe patient port | Month  Month  /e you are | Day Day                                | Year Year    |