

# Brandeis University Health Center

415 South Street, MS 034 | Waltham, MA 02453-2728 | Fax: (781) 736-3675

## IMMUNIZATION RECORD SY 2021-22

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.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First M.I. Month Day Year

### I. MANDATORY IMMUNITY RECORDS

*Please record doses given only, NOT anticipated dates of next doses.*

**ALL DOCUMENTATION MUST BE VERIFIED (by a non-parent) LICENSED HEALTH CARE PROVIDER.**

#### HEPATITIS B VACCINE

Dose 1 \_\_\_\_\_ Dose 2 \_\_\_\_\_ Dose 3 \_\_\_\_\_  
Month Day Year Month Day Year Month Day Year

If unable to document Hepatitis B immunization dates, you may have an antibody titer (HBsAB) titer blood test done.

**A copy of the lab report with the value in English is required and must be uploaded to the secure patient portal.**

#### MMR (MEASLES, MUMPS, RUBELLA) 2 doses required if born after 1957

Dose 1 Immunized at or after 12 months of age Dose 1 \_\_\_\_\_  
Dose 2 Given at least one month after Dose 1 Dose 2 \_\_\_\_\_  
Month Day Year Month Day Year

If unable to document Measles, Mumps and/or Rubella immunization dates, you may have an antibody titer test done.

**A copy of the lab report with the value in English will be required and must be uploaded into the patient portal.**

#### MENINGOCOCCAL (quadrivalent) VACCINE \*Required for Students 16-21 (Must be administered after the age of 16)

\_\_\_\_\_  
Month Day Year  
PLEASE NOTE: Massachusetts state law permits students to decline the meningitis vaccine. This is \*NOT\* recommended. The waiver form can be requested from the Health Center.

#### TETANUS, DIPHTHERIA and ACELLULAR PERTUSSIS (Tdap)

Required within past ten years and must have been administered once as an adult Date: \_\_\_\_\_  
Month Day Year

A TD booster administered at or after age 12 can be substituted though you may not carry full immunity to pertussis (whooping cough). A Tdap vaccine is recommended.

#### VARICELLA VACCINE (Chicken Pox) 2 doses required if born after 1980

Dose 1 Immunized at or after 12 months of age Dose 1 \_\_\_\_\_  
Dose 2 Given at least one month after Dose 1 Dose 2 \_\_\_\_\_  
Month Day Year Month Day Year

OR Medically verified History of Disease Date: \_\_\_\_\_  
Month Day Year

If unable to supply Varicella infection or immunization dates, you may have an antibody blood test to prove you are immune. **A copy of the lab report with the value in English will be required and can be uploaded into the patient portal.**

#### HEALTH PROVIDER VERIFICATION:

Name \_\_\_\_\_ MD, NP, PA, DO Date \_\_\_\_\_

Signature \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_