IMMUNIZATION RECORD REQUIRED

ALL IMMUNIZATIONS ARE REQUIRED AND MUST EITHER BE GIVEN OR TITERS DRAWN TO PROVE IMMUNITY

TO BE COMPLETED, SIGNED AND DATED BY YOUR HEALTH CARE PROVIDER

In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15C, Babson College requires all full-time undergraduate and graduate students, and any other student who is on a student visa to present documentation of immunization to measles, mumps, rubella, tetanus/ diphtheria/ and pertussis, hepatitis B, varicella and meningitis. Documentation must be signed by a health care provider and must include the exact dates for all immunizations. A history of having had measles, mumps, rubella, varicella or hepatitis B disease without serologic tests showing immunity to these diseases is not valid. Request for medical exemptions may be granted if there is documentation from a health care provider stating the reason(s) that these vaccines are contraindicated. Request for religious exemptions may be granted in accordance with Massachusetts state law governing immunizations. In the event that there is an outbreak of any of these vaccine-preventable diseases, students who have been granted exemptions will be required to leave campus and will be readmitted when the period of communicability has passed. Exemption forms can be downloaded from the website: www.babson.edu/health as can the meningitis waiver form.

MEASLES, MUMPS, RUBELLA (MMR) Immunization

2 Doses of the MMR vaccine are required
Dose 1 must be on or after first birthday.
Dose 2 must be at least one month after Dose 1.
Or Immune serology for measles, mumps and rubella, laboratory documentation
attached. ☐

TDaP Immunization Booster

Required of all students, any Tdap done prior to 2020 will not be accepted.
This is the adult tetanus/diphtheria and pertussis

HEPATITIS B Immunization

3 doses required
OR Hepatitis B Immune Serology: laboratory documentation must be attached. ☐
The dosing of Hepatitis B must be one month between the 1 & 2nd dose and at
least 2 months between the 2nd and 3rd dose any quicker dosing will require
a 4th dose or a titer to prove immunity

VARICELLA Immunization

Notation of having disease as a child is unacceptable
2 doses required Vaccinations given prior to 1995 are not acceptable
OR Varicella Immune Serology: laboratory documentation must be attached ☐
Notation of having disease as a child is unacceptable

MENINGOCOCCAL MENINGITIS Immunization

Recommended for all 1st year students
MUST HAVE BEEN GIVEN WITHIN THE LAST 5 YEARS

Menactra (MCVA4) Preferred Vaccine

OR

Menomune (MCVS4)

OR signed Massachusetts Meningitis Immunization Waiver Form attached. ☐

OR will not be living on campus..please initial and date:_________ Date____________

Health Care Provider’s Signature ___________________________________________ Date ______________

Health Care Provider’s Address ___________________________________________________________________________