

**BABSON/OLIN COLLEGE IMMUNIZATION RECORD**  
**THIS FORM IS TO BE COMPLETED, SIGNED AND DATED BY YOUR HEALTH CARE PROVIDER**

\*An official immunization record from your health care provider can be used in lieu of or in conjunction with this form\*

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Last First MI Month Day Year

In accordance with Massachusetts State Law (College Immunization Law, Chapter 76, Sections 15c and 15d) Babson College requires documentation of immunization or immunity to varicella, measles, mumps, rubella, tetanus, diphtheria, pertussis, hepatitis B, and meningitis (ACWY). Documentation must include the exact dates for all immunizations or positive antibody titer (lab results MUST BE PROVIDED). If antibody titer indicates a lack of immunity, vaccines must be administered.

**REQUIRED VACCINES**

Vaccines	Dates Given	MA State Requirements*
<b>COVID-19</b> <i>A positive antibody titer will not fulfill the vaccine requirement.</i>	#1 ___/___/___ #2 ___/___/___ #3 Booster: ___/___/___	Vaccine type: <b>Circle the vaccine</b> that was given or enter name: Moderna, Pfizer, Johnson & Johnson, Astra Zeneca Other ( <b>please specify name of manufacturer</b> ): _____ (*The COVID-19 vaccine is a Babson College Requirement)
<b>Hepatitis B (3 doses)</b> <b>OR</b> <b>Heplisav-B (2 doses) :</b> <i>If Heplisav is given (on or after Age 18), please indicate by circling the name</i>	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ <b>OR</b> Positive Titer Date ___/___/___ <b>Must include copy of lab report</b>	3 doses <b>OR</b> positive titer indicating immunity >Min. of 4 weeks in between doses 1 & 2. >Min. of 8 weeks between doses 2 & 3. >Min of 16 weeks between doses 1 & 3. Heplisav-B doses (on or after Age 18): a minimum of 4 weeks between doses 1 & 2.
<b>MMR (2 doses)</b>	#1 ___/___/___ #2 ___/___/___ <b>OR</b> Positive Titer Date ___/___/___ <b>Must include copy of lab report</b>	1st dose must be given on or after 1 <sup>st</sup> birthday. There must be a minimum of 4 weeks between doses 1 & 2. <b>OR</b> positive titers ( <b>must provide lab report</b> ) indicating <b>immunity to all three diseases</b> : measles, mumps and rubella.
<b>Tdap</b>	Tdap ___/___/___ Td ___/___/___	Tdap must be an adult tetanus, diphtheria, and acellular pertussis and must have been given <b>on or after age 10</b> . Td booster accepted if prior Tdap was given after age 10 and was given ≥ 10 years ago.
<b>Varicella</b>	#1 ___/___/___ #2 ___/___/___ <b>OR</b> Positive Titer Date ___/___/___ <b>Must include copy of lab report</b>	1st dose must be given on or after 1 <sup>st</sup> birthday. There must be a minimum of 4 weeks between doses 1 & 2. <b>OR</b> positive titer indicating immunity. <b>Notation of having disease as a child is NOT acceptable. You must show immunity to the disease via lab testing AND provide a copy of the report.</b>
<b>*Meningococcal (ACWY)</b>	#1 ___/___/___ <b>OR</b> a signed State of Massachusetts Meningitis Vaccine Waiver Form	<b>One dose required on or after your 16th birthday. OR</b> signed State of Massachusetts Meningitis Vaccine Waiver form. <b>This requirement only applies to students 21 years of age or younger.</b>

**RECOMMENDED/NOT REQUIRED VACCINES**

Vaccines	Dates Given
<b>Hepatitis A</b>	#1 ___/___/___ #2 ___/___/___
<b>HPV (Gardasil)</b>	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___
<b>Meningococcal Group B</b> Bexsero or Trumenba (Please indicate which one was given)	#1 ___/___/___ #2 ___/___/___
<b>Influenza (Flu)</b>	___/___/___

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Health Care Provider's Address \_\_\_\_\_

Health Care Provider's phone number \_\_\_\_\_ (include country code if outside of the US)