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.

*All student must fill out the Tuberculosis (TB) Screening and Testing Form which is a separate document*

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.

Dose #1  Month / Day / Year

Dose #2  Month / Day / Year

Tdap Immunization
Required of all students, any Tdap done prior to age 10 will not be accepted.
This is the adult tetanus/diphtheria and pertussis

Dose  Month / Day / Year

Td immunization if Tdap was given after age 10 and was given ≥ 10 years ago

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

Dose #1  Month / Day / Year

Dose #2  Month / Day / Year

Dose #3  Month / Day / Year

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

Dose #1  Month / Day / Year

Dose #2  Month / Day / Year

MENINGOCOCCAL MENINGITIS Immunization

Menactra (MCVA4) Preferred Vaccine (Two doses recommended if dose 1 given before age 16)

Or

Dose #1  Month / Day / Year

Dose #2  Month / Day / Year

Signed State of Massachusetts Meningitis vaccine waiver form

Document the following vaccine if you have received:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Dose #1</th>
<th>Date Dose #2</th>
<th>Date Dose #3</th>
<th>Date Dose #4 or Booster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningitis B - Trumenba</td>
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<tr>
<td>Meningitis B - Bexero</td>
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<tr>
<td>Hepatitis A</td>
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<tr>
<td>HPV</td>
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<tr>
<td>Typhoid (injectable) most recent</td>
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<tr>
<td>Typhoid (oral) most recent</td>
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<tr>
<td>Japanese Encephalitis</td>
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<tr>
<td>Rabies</td>
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<tr>
<td>Other (i.e. Flu)</td>
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</tbody>
</table>

Health Care Provider’s Signature ___________________________ Date ____________

Health Care Provider’s Address ___________________________________________________________________________