

Student Health Services use only

N00 \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_

## NORTH SHORE COMMUNITY COLLEGE IMMUNIZATION RECORD

Massachusetts Law REQUIRES immunizations for all full-time students taking twelve or more credits, Health Professions students, and students on a visa. (Details on back.) **This form must be completed and returned to NSCC STUDENT HEALTH SERVICES prior to registration.** Print clearly. Use black or blue ink. Keep a copy of all submitted information.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
**LAST FIRST MI**

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Enrolled in 12 or more credits? Y/N

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Student signature authorizes the release of immunization records to North Shore Community College.*

**Submit a copy of high school, military or other immunization records to Student Health Services** showing prior immunization against measles, mumps, rubella, tetanus, diphtheria, pertussis, hepatitis B, varicella and meningitis. If unable to provide a copy of prior immunization records, bring this form to your physician to be completed and signed, and then return the completed record to Student Health Services. Proof of immunity to measles, mumps, rubella, hepatitis B and varicella is also acceptable by blood test with supportive laboratory documentation.

The above named student has been immunized against  
**MONTH, DAY AND YEAR** required

### Measles/Mumps/Rubella

MMR1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MMR2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

or

*MMR titers (lab documents required)*

Measles \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mumps \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Rubella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Hepatitis B

HBV1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HBV2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HBV3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

or

*Hepatitis B titer (lab documents required)*

HBSAB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Varicella

Varivax1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Varivax2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

or

Chickenpox history \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

or

*Varicella titer (lab documents required)*

Varicella \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Tetanus/Diphtheria/Pertussis

TDAP \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*History of prior Tdap vaccination  
and*

TD \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Within last 10 years if Tdap expired*

### Meningococcal

*Required for 21 years of age or younger  
Must be given on or after 16<sup>th</sup> birthday*

MenACWY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

or

Meningococcal Waiver \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[ ] MD check only if the physical health of this student will be endangered by immunization.

**Physician/Nurse** \_\_\_\_\_ **Date** \_\_\_\_\_

*SIGNATURE REQUIRED*

*PRINT* MD name  
Telephone

Address  
City/State

A **completed immunization form** with necessary documentation must be returned to Student Health Services **prior to registration**. FAILURE TO DO SO WILL INHIBIT GRADE ACCESSIBILITY.

**Immunization Regulations:**

In accordance with Chapter 76, Section 15C of the General Laws of the Commonwealth of Massachusetts, college immunization requirements for measles, mumps, rubella, tetanus, diphtheria, pertussis, varicella, hepatitis B and meningitis apply to:

- 1) **all full-time undergraduate** and students matriculating into a credit or clock hour program
- 2) **all full and part-time Health Professions** students
- 3) **all full and part time students on a student or other visa**, including foreign students attending or visiting classes as part of a formal academic visitation exchange program.
- 4) In addition, **international students** must document negative tuberculosis testing and/or chest x-ray results within six months prior to starting classes. Positive reactors to the TB test must submit a report of a negative chest x-ray.

Students in the above categories must present written proof of immunization against measles, mumps, rubella, tetanus/diphtheria, hepatitis B and meningitis unless they meet the standards for medical or religious exemption set forth in M.G.L. c. 76, § 15C. Written documentation must be provided to Student Health Services and *mandatory exclusion from classes is required* in the event of a disease outbreak.

**New 2018-19 Requirement:** One dose of MenACWY (formerly MCV4) required for all full-time students 21 years of age or younger. The MenACWY vaccine must have been received on or after the student's sixteenth birthday. Doses received at younger ages do not count towards the requirement. Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form. Waiver forms are available in Student Health Services Lynn LW-126 or Danvers DB-108. Please note that prior vaccination with the Meningococcal B vaccine does not meet this requirement.

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For questions /concerns regarding immunization  
Contact Student Health Services  
781-477-2196 (Lynn) or 978-739-5535 (Danvers)

**RETURN BY MAIL**  
STUDENT HEALTH SERVICES  
NORTH SHORE COMMUNITY COLLEGE  
ONE FERNCROFT ROAD, P.O. BOX 3340, DANVERS, MA 01923-0840

**FAX**  
781-477-2147

**IN PERSON**  
STUDENT HEALTH SERVICES  
LYNN MCGEE LW-126  
DANVERS BERRY DB-108

