

**North Shore Community College
Immunization Record, General Admissions Student**

Massachusetts Law requires proof of immunizations for all full-time students (12 or more credits), all full and part-time Health Professions students, and students on a visa. **Submission of immunization documentation must be completed and uploaded prior to the start of classes. Failure to do so will inhibit grade accessibility.**

Print clearly. Use black or blue ink. Keep a copy of all submitted information.

NAME _____ DOB: _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Student Signature _____ Date _____

Student signature authorizes the release of immunization records to North Shore Community College.

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. Students who meet the standards for medical or religious exemption set forth in M.G.L. c. 76, § 15C must submit written documentation to North Shore Community College via the student's CastleBranch account. In the event of a disease outbreak, mandatory exclusion from classes will be required for students who have not provided written proof of immunity.

Beginning 2018: 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 from Enrollment Services. Please note that prior vaccination with the Meningococcal B vaccine does not meet this requirement.

Submit this form to: Castlebranch

Account set-up information is sent to students directly via their college email account.

For other questions regarding immunizations, please email immunizations@northshore.edu

If you experience any issues creating or using your account, contact Castlebranch directly at 888.723.4263

Submit a copy of high school, military or other immunization records 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 upload to your CastleBranch account. Proof of immunity to measles, mumps, rubella, hepatitis B and varicella is also acceptable by blood test with supportive laboratory documentation.

_____ has been immunized against:
(Patient Name)

Date of immunization required

Measles/Mumps/Rubella

MMR1 ____/____/____

MMR2 ____/____/____

or

MMR titers - lab documents required

Measles ____/____/____

Mumps ____/____/____

Rubella ____/____/____

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 16th birthday

MenACWY ____/____/____

or

Meningococcal Waiver ____/____/____

Hepatitis B

HBV1 ____/____/____

HBV2 ____/____/____

HBV3 ____/____/____

or

Hepatitis B titer - lab documents required

HBSAB ____/____/____

Varivax1 ____/____/____

Varivax2 ____/____/____

or

Chickenpox history ____/____/____

or

Varicella titer -lab documents required

Varicella ____/____/____

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

Physician/Nurse _____ **Date** _____
Signature required

Print Name: _____ Phone: _____

Address: _____ City/State: _____ Zip: _____