

IMMUNIZATION RECORD

2018

This form must be completed and signed by a medical provider or you may attach a signed record from your medical office that meets these requirements

In accordance with Massachusetts College Immunization Law, 105 CMR 220.600, U Mass Lowell requires verification of immunity for measles, mumps, rubella, tetanus, diphtheria, pertussis, hepatitis B, and varicella. Exact dates are required for all immunizations and/or serologic test results. If serology titers indicate lack of immunity, vaccines must be administered.

Student's Name _____
Last
First
M.I.
Date of Birth

REQUIRED IMMUNIZATIONS

Month Day Year

- 1. MMR (Measles, Mumps, Rubella) 2 doses required**
- Dose 1 Immunized on or after first birthday Dose 1 Date: _____
- Dose 2 Given at least one month after Dose 1 Dose 2 Date: _____
- OR** Born in USA before 1957 (except students in health professions with patient contact)

If unable to document two MMR immunization dates, **must provide lab report with values.**

- Measles serology immune titer value _____ Interpretation: Immune Not Immune Date: _____
- Mumps serology immune titer value _____ Interpretation: Immune Not Immune Date: _____
- Rubella serology immune titer value _____ Interpretation: Immune Not Immune Date: _____

- 2. TETANUS-DIPHTHERIA-ACELLULAR PERTUSSIS (Tdap)**
- Received at least one Tdap Date: _____
- Td within past 10 years if Tdap is greater than 10 years old Date: _____

- 3. HEPATITIS B**
- Hepatitis B immunizations Dose 1 Date: _____
- Dose 2 Date: _____
- Dose 3 Date: _____
- OR** **Recombivax** (adolescent schedule: 2 doses between ages 11 and 15; at least 4 months apart)
- Dose 1 Date: _____
- Dose 2 Date: _____

If unable to document Hepatitis B immunization dates, **must provide lab report with values.**

- Hepatitis B serology (HBsAb) value _____ Interpretation: Immune Not Immune Date: _____

- 4. MENINGOCOCCAL**
- One dose given at age **16** or older for all incoming students **21 years of age or younger** **OR** signed waiver.
- MenACWY (Menactra or Menveo) Date: _____
- Date: _____

- 5. VARICELLA (chicken pox)**
- Varicella Dose 1 (after 1994) Immunized on or after first birthday Dose 1 Date: _____
- Varicella Dose 2 Given at least one month after Dose 1 Dose 2 Date: _____
- OR** Born in USA before 1980 (except students in health professions with patient contact)
- If unable to document two Varicella immunization dates, must provide **one** of the following:
Serology must include lab report with values.
- Varicella serology immune titer value _____ Interpretation: Immune Not Immune Date: _____
- Reliable history of disease with date verified by health care provider. Date: _____

Please note that values and dates must be provided for each and every vaccine as indicated.

MEDICAL PROVIDER (Please print)

Name _____ Signature _____

Address _____ Telephone (_____) _____

Upload the Immunization Record form directly into the Student Health Portal at <https://patient-uml.medcatconnect.com/>. If unable to access the portal, mail or bring to Health Services, UMass Lowell, 220 Pawtucket Street, Suite 300, Lowell, MA 01854-5144.