IMMUNIZATION RECORD | UMASS LOWELL

Name: ___________________________ Date of Birth: ______________

THIS FORM MUST BE COMPLETED AND SIGNED BY A MEDICAL PROVIDER.
ALTERNATIVELY, YOU MAY ATTACH A SIGNED FORM FROM YOUR MEDICAL OFFICE THAT MEETS ALL REQUIREMENTS BELOW.

In accordance with Massachusetts College Immunization Regulations, 105 CMR 220.600, U Mass Lowell requires verification of immunity for measles, mumps, rubella, tetanus, diphtheria, pertussis, hepatitis B, varicella and Sars CoV-2. Exact dates are required for all immunizations and/or serologic test results. If serology titers indicate lack of immunity, vaccines must be administered.

<table>
<thead>
<tr>
<th>HEPATITIS B</th>
<th>MMR</th>
<th>VARICELLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>Chicken Pox</td>
<td></td>
</tr>
</tbody>
</table>

1. ___ / ___ / ___ on or after 1st birthday
2. ___ / ___ / ___ at least one month after Dose 1
3. ___ / ___ / ___ at least six months after dose 1

☐ Or check here if 2-dose series, must include brand of 2-dose approved series with dates of dose 1 & 2 above

Brand: ____________________________

☐ Or Hep-B serology value:

Hep-B (HBsAb):

circle one: immune / not immune

Serology Date: ___ / ___ / ___

Must include report with laboratory value

<table>
<thead>
<tr>
<th>TDAP/TD</th>
<th>MENINGOCOCCAL</th>
<th>SARS-CoV-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus-Diptheria-Acellular Pertussis</td>
<td>ACWY</td>
<td>Covid-19</td>
</tr>
</tbody>
</table>

Tdap: ___ / ___ / ___ at least one dose of Tdap required

TD: ___ / ___ / ___ within past 10 years if Tdap >10 years ago

1. __ / ___ / ___ at age 16 or older for all incoming students 21 years of age or younger, OR signed waiver.

Brand: ____________________________

Strains Covered: __________________

Must Cover ACWY

2. __ / ___ / ___

Brand: ____________________________

Only FDA or World Health Organization approved vaccines fulfill requirement

Signature of Examiner Circle: MD, DO, NP, PA Date

Please Print Name of Examiner & Practice Location

Upload Completed and Signed Forms to the Student Health Portal: https://patient-uml.medicatconnect.com/

Health Services | UMASS Lowell 220 Pawtucket St, Ste 300, Lowell, MA 01854 | 978-934-6800

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