# IMMUNIZATION RECORD

This form must be completed and signed by a health care provider

In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15c, U Mass Lowell requires verification of immunity for measles, mumps, rubella, tetanus, diphtheria and hepatitis B. Exact dates are required for all immunizations and/or serologic test results. If serology titers indicate lack of immunity, vaccines must be administered. History of disease is not acceptable documentation of immunity.

Massachusetts Law (MGL Ch. 76, s.15D) now requires new full and part-time undergraduate and graduate students in degree granting programs at post-secondary institutions that provide or license housing to receive meningococcal vaccine. All new students, living on campus, must provide documentation of having received this vaccine (within the last five years) at least two weeks prior to the beginning of classes.

---

**Student's Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

---

## I. REQUIRED IMMUNIZATIONS

### MMR (Measles, Mumps, Rubella)

- [ ] Dose 1 Immunized on or after first birthday
- [ ] Dose 2 Given at least one month after Dose 1

If unable to document MMR immunization dates, must provide:

### MEASLES (Rubella)

- [ ] Measles serology immune titer value
- [ ] Interpretation: [ ] Immune [ ] Not Immune

### MUMPS

- [ ] Mumps serology immune titer value
- [ ] Interpretation: [ ] Immune [ ] Not immune

### RUBELLA

- [ ] Rubella serology immune titer value
- [ ] Interpretation: [ ] Immune [ ] Not immune

### TETANUS-DIPHTHERIA

- [ ] Completed primary series of tetanus-diptheria immunizations
- [ ] Received tetanus-diptheria booster within last 10 years

### HEPATITIS B

- [ ] Completed series of Hepatitis B immunizations
- [ ] Dose 1
- [ ] Dose 2
- [ ] Dose 3

If unable to document Hepatitis B immunization dates, must provide:

- [ ] Hepatitis B serology
- [ ] Interpretation: [ ] Immune [ ] Not immune

### MENINGOCOCCAL VACCINE

- [ ] Menactra
- [ ] Menimune

---

## II. OTHER IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>or titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
<td>Month</td>
</tr>
</tbody>
</table>

---

HEALTH CARE PROVIDER (Please print)

Name ____________________________________________ Signature ____________________________________

Address __________________________________________ Telephone (______) ____________________________

---

Rev: 5/08