

## REQUIRED IMMUNIZATIONS 2023-2024

1. Have your provider complete this form and **sign and date on page 2**.
2. Login to the UMass Patient Portal at <https://umass.medicatconnect.com> and go to the Upload page to upload this form and all supporting documents (immunization and titer records).
3. Enter dates of vaccinations or titer results into fields on the Patient Portal Immunization page.

| Required Vaccines  | Dates Given   | MA State Requirements  |
|--|---|--|
| <b>MMR</b><br><i>Measles, Mumps and Rubella, combined</i><br><br><p style="text-align: center;">-or-</p> <i>Individual vaccines or positive titers</i><br><b>Measles</b> .....<br><b>Mumps</b> .....<br><b>Rubella</b> ..... | #1 ___/___/___ #2 ___/___/___<br><br><p style="text-align: center;">-or-</p> #1 ___/___/___ #2 ___/___/___<br>Or positive titer – date: ___/___/___<br>#1 ___/___/___ #2 ___/___/___<br>Or positive titer – date: ___/___/___<br>#1 ___/___/___ #2 ___/___/___<br>Or positive titer – date: ___/___/___ | Two doses: <ul style="list-style-type: none"> <li>• Minimum of four weeks between doses</li> <li>• First dose given after 1<sup>st</sup> birthday</li> </ul> <p style="text-align: center;">-or-</p> Individual vaccines<br><p style="text-align: center;">-or-</p> Positive titers (blood tests for immunity)   |
| <b>Tdap</b><br><i>Tetanus, Diphtheria, Pertussis</i>   | Date: ___/___/___   | <b>One dose after age 11</b>   |
| <b>Meningococcal: MenACWY</b><br><i>Meningitis vaccine</i><br>Menactra®/Menveo®.....<br><p style="text-align: center;">-or-</p> Menomune®.....<br><p style="text-align: center;">-or-</p> MenQuadfi.....                     | Date: ___/___/___<br><p style="text-align: center;">-or-</p> Date: ___/___/___<br><p style="text-align: center;">-or-</p> Date: ___/___/___<br><p style="text-align: center;">-or-</p> Signed Waiver: <input type="checkbox"/>  | <ul style="list-style-type: none"> <li>• One dose at age 16 or older for all incoming students age 21 or younger</li> <li>• Second dose highly recommended</li> </ul> <p style="text-align: center;">-or-</p> Signed waiver. Go to the “Forms” tab on the Patient Portal   |
| <b>Varicella (Chicken Pox)</b><br><p style="text-align: center;">-or-</p> Positive titer<br><p style="text-align: center;">-or-</p> History of disease   | #1 ___/___/___ #2 ___/___/___<br><p style="text-align: center;">-or-</p> Positive Titer – date: ___/___/___<br><p style="text-align: center;">-or-</p> History of disease: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, date: ___/___/___  | <ul style="list-style-type: none"> <li>• First dose given after 1<sup>st</sup> birthday</li> <li>• Minimum of 3 months between doses if given between 1-12 years old</li> <li>• Minimum of 4 weeks between doses if given at 13 or older</li> </ul> <p style="text-align: center;">-or-</p> Positive titer (blood test for immunity)<br><p style="text-align: center;">-or-</p> History of disease |
| <b>Hepatitis B -or-</b><br>Hepatitis A and B combined<br><p style="text-align: center;">-or-</p> Hcpisav B®.....<br><p style="text-align: center;">-or-</p> Positive titer.....  | #1 ___/___/___ #2 ___/___/___<br>#3 ___/___/___<br><br><p style="text-align: center;">-or-</p> #1 ___/___/___ #2 ___/___/___<br><p style="text-align: center;">-or-</p> Positive anti-HBs titer – date: ___/___/___   | Three doses Hepatitis B or Hep A & B combined <ul style="list-style-type: none"> <li>• Usual schedule at 0, 1 and 4-6 months</li> </ul> <p style="text-align: center;">-or-</p> Two doses <ul style="list-style-type: none"> <li>• Minimum of 4 weeks between doses</li> </ul> <p style="text-align: center;">-or-</p> Positive titer (blood test for immunity)                                    |

# HIGHLY RECOMMENDED IMMUNIZATIONS 2023-2024

|  |   |
|--|---|
| <b>COVID-19 Initial Vaccine Series</b><br>Moderna..... #1 ___/___ #2 ___/___<br>-or-<br>Pfizer..... #1 ___/___ #2 ___/___  | Two doses<br><b>If you received a different vaccine:</b><br>Vaccine:-----<br>Date(s)-----                               |
| <b>COVID-19 Booster Dose</b><br>Moderna..... Date: ___/___<br>-or-<br>Pfizer..... Date: ___/___  | One dose 5 months after completing initial COVID-19 vaccine series  |
| <b>Influenza</b><br>Date: ___/___  | Seasonal influenza vaccine is highly recommended for all students. Vaccine will be available on campus.                 |
| <b>Meningococcal Group B</b><br>MenB-4C (Bexsero®)..... #1 ___/___ #2 ___/___<br>-or-<br>MenB-FHbp (Trumenba®)..... #1 ___/___ #2 ___/___<br>#3 ___/___                                    | Two doses at least one month apart<br>-or-<br>Three doses at zero, two and six months                                   |
| <b>Human Papillomavirus (HPV)</b><br>#1 ___/___ #2 ___/___<br>#3 ___/___   | <ul style="list-style-type: none"> <li>• Three doses</li> <li>• Usually schedule at zero, two and six months</li> </ul> |
| <b>Td</b><br><i>Tetanus and Diphtheria</i><br>Date of most recent booster dose: ___/___  |   |
| <b>Hepatitis A</b><br>#1 ___/___ #2 ___/___  |   |
| <b>Other vaccinations:</b><br><ul style="list-style-type: none"> <li>• Pneumonia..... Date: ___/___</li> <li>• Typhoid..... Date: ___/___</li> <li>• Other: _____ Date: ___/___</li> </ul> |   |

If there is a medical contraindication to any immunization, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Healthcare provider signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Printed Name Signature

**Once this form is completed and signed...**

1. Login to the UMass Patient Portal at <https://umass.medicatconnect.com> and go to the Upload page to upload this form and all supporting documents (immunization and titer records).
2. Enter dates of vaccinations or titer results into fields on the Patient Portal Immunization page.

**Alternatively**, fax this form to the Student Immunization Program at 413-577-3252, or mail or bring to: Student Immunization Program, University Health Services, 150 Infirmary Way, Amherst MA 01003-9288