

## REQUIRED IMMUNIZATIONS 2020 – 2021

Massachusetts state law requires submission of the following immunizations or proof of immunity for admission. Have your healthcare provider complete and sign this form, or attach immunization documents from your provider, school or military sources in lieu of signature.

### Action Item! - 2 STEPS:

1. Upload this form and all supporting documents (immunizations and titer records) using the UHS patient portal
2. Enter dates of vaccinations or titer results into fields in the patient portal - go to: <https://umass.medicatconnect.com>

Required Vaccines	Dates Given	MA State Requirements
<b>MMR</b> <i>Measles, Mumps and Rubella, combined</i>  <p style="text-align: center;">-or-</p> <i>Individual vaccines or positive titers</i> <b>Measles</b>  <b>Mumps</b>  <b>Rubella</b>	#1 ___ / ___ / ___ #2 ___ / ___ / ___  <p style="text-align: center;">-or-</p> #1 ___ / ___ / ___ #2 ___ / ___ / ___ or Positive titer – date: ___ / ___ / ___  #1 ___ / ___ / ___ #2 ___ / ___ / ___ or Positive titer – date: ___ / ___ / ___  #1 ___ / ___ / ___ #2 ___ / ___ / ___ 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 first birthday</li> </ul> <p style="text-align: center;">-or-</p> Individual vaccines <p style="text-align: center;">-or-</p> Positive titers (blood tests for immunity)
<b>Tdap</b> <i>Tetanus, Diphtheria, Pertussis</i>	Tdap: ___ / ___ / ___	One dose
<b>Meningococcal: MenACWY (meningitis vaccine)</b> <ul style="list-style-type: none"> <li>Menactra®/Menveo®</li> </ul> <p style="text-align: center;">-or-</p> <ul style="list-style-type: none"> <li>Menomune®</li> </ul>	Date: ___ / ___ / ___  <p style="text-align: center;">-or-</p> Date: ___ / ___ / ___  <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>  <p style="text-align: center;">-or-</p> Positive titer  <p style="text-align: center;">-or-</p> History of disease	#1 ___ / ___ / ___ #2 ___ / ___ / ___  <p style="text-align: center;">-or-</p> Positive titer – date: ___ / ___ / ___  <p style="text-align: center;">-or-</p> History of disease: <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, date: ___ / ___ / ___	<ul style="list-style-type: none"> <li>First dose given after first birthday</li> <li>Minimum of three months between doses if given between 1 – 12 years old</li> <li>Minimum of four weeks between doses if given at 13 or older</li> </ul> <p style="text-align: center;">-or-</p> Positive titer (blood test for immunity)  <p style="text-align: center;">-or-</p> History of disease

<p><b>Hepatitis B</b></p> <p>- or -</p> <p>Hepatitis A and B combined</p> <p>-or-</p> <p>Heplisav B®</p> <p>-or-</p> <p>Positive titer</p>	<p>#1 ___ / ___ / ___ #2 ___ / ___ / ___</p> <p>#3 ___ / ___ / ___</p> <p>#1 ___ / ___ / ___ #2 ___ / ___ / ___</p> <p>Positive anti-HBs titer: date: ___ / ___ / ___</p>	<p>Three doses Hepatitis B or Hep A &amp; B combined</p> <p>Usual schedule at zero, one and four – six months</p> <p>Two doses</p> <ul style="list-style-type: none"> <li>• Minimum of four weeks between doses</li> </ul> <p>Positive titer (blood test for immunity)</p>
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### HIGHLY RECOMMENDED IMMUNIZATIONS

<p><b>Influenza</b></p>	<p>Date: ___ / ___ / ___</p>	<p>Seasonal influenza vaccine 2020-2021 formulation is highly recommended for all on-campus students. Vaccine will be available on campus.</p>
<p><b>Meningococcal Group B</b></p> <ul style="list-style-type: none"> <li>• MenB-4C (Bexsero®)</li> </ul> <p>-or-</p> <ul style="list-style-type: none"> <li>• MenB-FHbp (Trumenba®)</li> </ul>	<p>#1 ___ / ___ / ___ #2 ___ / ___ / ___</p> <p>-or-</p> <p>#1 ___ / ___ / ___ #2 ___ / ___ / ___</p> <p>#3 ___ / ___ / ___</p>	<p>Two doses at least one month apart</p> <p>-or-</p> <p>Three doses at zero, two and six months</p>
<p><b>Second dose Meningococcal: MenACWY</b></p> <ul style="list-style-type: none"> <li>• Menactra®/Menveo®</li> </ul> <p>-or-</p> <ul style="list-style-type: none"> <li>• Menomune®</li> </ul>	<p>Date: ___ / ___ / ___</p>	
<p><b>Human Papillomavirus (HPV)</b></p>	<p>#1 ___ / ___ / ___ #2 ___ / ___ / ___</p> <p>#3 ___ / ___ / ___</p>	<p>Three doses</p> <p>Usual schedule at zero, two and six months</p>
<p><b>Td</b> <i>Tetanus and Diphtheria</i></p>	<p>Date of most recent booster dose: ___ / ___ / ___</p>	
<p><b>Hepatitis A</b></p>	<p>#1 ___ / ___ / ___ #2 ___ / ___ / ___</p>	
<p><b>Other vaccinations:</b></p> <ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• Typhoid</li> <li>• Other: _____</li> </ul>	<p>Date: ___ / ___ / ___</p> <p>Date: ___ / ___ / ___</p> <p>Date: ___ / ___ / ___</p>	

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

\_\_\_\_\_

<b>Healthcare provider signature:</b> _____	<b>Date:</b> ___ / ___ / ___
Printed name	Signature