

## REQUIRED IMMUNIZATIONS 2019 – 2020

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</b> <b>(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

<b>Hepatitis B</b> - or- Hepatitis A and B combined  - or- Heplisav B®  - or- Positive titer	#1 ___ / ___ / ___ #2 ___ / ___ / ___ #3 ___ / ___ / ___  #1 ___ / ___ / ___ #2 ___ / ___ / ___  Positive anti-HBs titer: date: ___ / ___ / ___	Three doses Hepatitis B or Hep A & B combined Usual schedule at zero, one and four – six months  Two doses • Minimum of four weeks between doses  Positive titer (blood test for immunity)
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### HIGHLY RECOMMENDED IMMUNIZATIONS

The Umass Amherst Campus experienced an outbreak of Meningococcal B in Oct 2017-Feb 2019, we continue to strongly recommend all undergraduate students get vaccinated with either Bexsero or Trumenba

<b>Meningococcal Group B</b> • MenB-4C (Bexsero®)  - or- • MenB-FHbp (Trumenba®)	#1 ___ / ___ / ___ #2 ___ / ___ / ___ - or- #1 ___ / ___ / ___ #2 ___ / ___ / ___ #3 ___ / ___ / ___	Two doses at least one month apart  - or- Three doses at zero, two and six months
<b>Second dose Meningococcal: MenACWY</b> • Menactra®/Menveo®  - or- • Menomune®	Date: ___ / ___ / ___	First dose or waiver required; second dose highly recommended
<b>Human Papillomavirus (HPV)</b>	#1 ___ / ___ / ___ #2 ___ / ___ / ___ #3 ___ / ___ / ___	Three doses Usual schedule at zero, two and six months
<b>Td</b> <i>Tetanus and Diphtheria</i>	Date of most recent booster dose: ___ / ___ / ___	
<b>Hepatitis A</b>	#1 ___ / ___ / ___ #2 ___ / ___ / ___	
<b>Other vaccinations:</b> • Influenza • Pneumonia • Typhoid • Other: _____	Date: ___ / ___ / ___ Date: ___ / ___ / ___ Date: ___ / ___ / ___ Date: ___ / ___ / ___	

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

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