

REQUIRED IMMUNIZATIONS 2022-2023

Action Item! 2 Steps:

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.

Massachusetts state law requires submission of certain immunizations or proof of immunity for admission. In addition, UMass Amherst requires students to be vaccinated for COVID-19 with a complete initial vaccine series. The university also highly recommends COVID-19 boosters for eligible students prior to the fall 2022 semester, consistent with timely CDC guidance and other applicable local, state, and federal legal guidance and authority. All vaccination requirements are subject to legally-recognized medical, disability, and religious accommodations. Scientific evidence to date, including the demonstrated effectiveness of COVID-19 vaccines, supports the university’s position. At all times, the university reserves the right to take additional steps, including current or future vaccines or boosters, and to require students to comply with other mitigation strategies, including testing and masking.

COVID-19 Vaccines	Dates Given	UMass Requirements
COVID-19 Initial Vaccine Series		
AstraZeneca/Covishield.....	#1 __/__/__ #2 __/__/__	Two doses -or- One dose of Johnson & Johnson -or- Approved religious or medical exemption. Go to “Forms” on the Patient Portal to download the exemption request form and submit on the portal “Uploads” page. Students with approved exemptions are currently required to get tested for COVID-19 twice per week.
-or-	-or-	
Covaxin.....	#1 __/__/__ #2 __/__/__	
-or-	-or-	
Johnson & Johnson.....	Date: __/__/__	
-or-	-or-	
Moderna.....	#1 __/__/__ #2 __/__/__	
-or-	-or-	
Novavax.....	#1 __/__/__ #2 __/__/__	
-or-	-or-	
Pfizer.....	#1 __/__/__ #2 __/__/__	
-or-	-or-	
Sinopharm.....	#1 __/__/__ #2 __/__/__	
-or-	-or-	
Sinovac/Coronavac.....	#1 __/__/__ #2 __/__/__	
	-or-	
	Approved Exemption: <input type="checkbox"/>	

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Required Vaccines	Dates Given	MA State Requirements
MMR <i>Measles, Mumps and Rubella, combined</i> <p style="text-align: center;">-or-</p> <i>Individual vaccines or positive titers</i> Measles #1 ___/___/___ #2 ___/___/___ Or positive titer – date: ___/___/___ Mumps #1 ___/___/___ #2 ___/___/___ Or positive titer – date: ___/___/___ Rubella #1 ___/___/___ #2 ___/___/___ Or positive titer – date: ___/___/___		Two doses: <ul style="list-style-type: none"> • Minimum of four weeks between doses • First dose given after 1st birthday <p style="text-align: center;">-or-</p> Individual vaccines <p style="text-align: center;">-or-</p> Positive titers (blood tests for immunity)
Tdap <i>Tetanus, Diphtheria, Pertussis</i>	Date: ___/___/___	One dose
Meningococcal: MenACWY <i>Meningitis vaccine</i> Menactra®/Menveo®..... Date: ___/___/___ <p style="text-align: center;">-or-</p> Menomune®..... Date: ___/___/___ <p style="text-align: center;">-or-</p> MenQuadfi..... Date: ___/___/___ Signed Waiver: <input type="checkbox"/>		For students under 21 years old, 1 dose required, administered after 16th birthday <p style="text-align: center;">-or-</p> Signed waiver. Go to the “Forms” tab on the Patient Portal
Varicella (Chicken Pox) <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"> • First dose given after 1st birthday • Minimum of 3 months between doses if given between 1-12 years old • Minimum of 4 weeks between doses if given at 13 or older <p style="text-align: center;">-or-</p> Positive titer (blood test for immunity) <p style="text-align: center;">-or-</p> History of disease
Hepatitis B -or- Hepatitis A and B combined <p style="text-align: center;">-or-</p> Heplisav B®..... <p style="text-align: center;">-or-</p> Positive titer.....	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ <p style="text-align: center;">-or-</p> #1 ___/___/___ #2 ___/___/___ <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"> • Usual schedule at 0, 1 and 4-6 months <p style="text-align: center;">-or-</p> Two doses <ul style="list-style-type: none"> • Minimum of 4 weeks between doses <p style="text-align: center;">-or-</p> Positive titer (blood test for immunity)

HIGHLY RECOMMENDED IMMUNIZATIONS 2022-2023

Influenza	Date: __/__/__	Seasonal influenza vaccine is highly recommended for all students. Vaccine will be available on campus.
Meningococcal Group 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
Human Papillomavirus (HPV)	#1 __/__/__ #2 __/__/__ #3 __/__/__	<ul style="list-style-type: none"> • Three doses • Usually schedule at zero, two and six months
Td <i>Tetanus and Diphtheria</i>	Date of most recent booster dose: __/__/__	
Hepatitis A	#1 __/__/__ #2 __/__/__	
Other vaccinations: • Pneumonia..... • Typhoid..... • Other: _____	Date: __/__/__ Date: __/__/__ Date: __/__/__	
COVID-19 Booster Dose AstraZeneca/Covishield..... -or- Covaxin..... -or- Johnson & Johnson..... -or- Moderna..... -or- Novavax..... -or- Pfizer..... -or- Sinopharm..... -or- Sinovac/Coronovac.....	Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__	One dose 2 months after Johnson & Johnson vaccine -or- One dose 5 months after completing any other COVID-19 vaccine series -or- Approved religious or medical exemption. Go to “Forms” on the Patient Portal to download the exemption request form and submit on the portal “Uploads” page. Students with approved exemptions are currently required to get tested for COVID-19 twice per week.
	Approved Exemption: <input type="checkbox"/>	

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

Healthcare provider signature: _____ Date: __/__/__
Printed Name *Signature*

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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