University Health Services (413) 577-5000 www.umass.edu/uhs

Last Name

First Name

Date of Birth

Student ID #

### **REQUIRED IMMUNIZATIONS 2022-2023**

Massachusetts state law requires submission of certain immunizations or proof of immunity for admission. In addition, UMass requires students to be vaccinated for COVID-19, including a booster dose when eligible. 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. Login to the UMass Patient Portal at <a href="https://umass.medicatconnect.com">https://umass.medicatconnect.com</a> 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.

COVID-19 Vaccines	Dates Given	UMass Requirements
COVID-19 Initial Vaccine Series		-
AstraZeneca/Covishield	#1/ #2//_	Two doses
-or-	-or-	-or-
Covaxin	#1/ #2//_	One dose of Johnson & Johnson
-or-	-or-	-or-
Johnson & Johnson	Date://	Approved religious or medical
-or-	-or-	exemption. Go to "Forms" on the
Moderna	#1/ #2//_	Patient Portal to download the
-or-	-or-	exemption request form and submit
Novavax	#1/ #2//	on the portal "Uploads" page.
-or-	-or-	Students with approved exemptions
Pfizer	#1/ #2//_	are currently required to get tested
-or-	-or-	for COVID-19 twice per week.
Sinopharm	#1/ #2//_	
-or-	-or-	
Sinovac/Coronavac	#1/ #2//_	
	-or-	
	Approved Exemption: □	
COVID-19 Booster Dose	. , ,	
AstraZeneca/Covishield	Date://	One dose 2 months after Johnson &
-or-	-or-	Johnson vaccine
Covaxin	Date://	-or- One dose 5 months after completing
Johnson & Johnson	Potes / /	any other COVID-19 vaccine series
-or-	Date://_	-or-
Moderna	Date://_	Approved religious or medical
-or-	Date//	exemption. Go to "Forms" on the
Novavax	Date://_	Patient Portal to download the
-or-	-or-	exemption request form and submit
Pfizer	Date://_	on the portal "Uploads" page.
-or-	-or-	Students with approved exemptions
Sinopharm	Date://	are currently required to get tested
-or-	-or-	for COVID-19 twice per week.
Sinovac/Coronavac	Date://	
	-or-	
	Approved Exemption: □	

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# **REQUIRED IMMUNIZATIONS 2022-2023**

MMR   Measles, Mumps and Rubella, combined   #1 #2	Required Vaccines	Dates Given	MA State Requirements
between doses  -orororororororo			
Pirst dose given after 1st birthday	Measles, Mumps and Rubella, combined	#1/ #2//_	<ul> <li>Minimum of four weeks</li> </ul>
Individual vaccines or positive titers   Measles   Or positive titer - date:/   Mumps   #1/#2/   Or positive titer - date:/   Positive titer   Mumps   M			between doses
Individual vaccines or positive titers	-or-	-or-	<ul> <li>First dose given after 1st</li> </ul>
Measles			birthday
Mumps	Individual vaccines or positive titers		-or-
Mumps       #1	Measles		Individual vaccines
Rubella			-or-
Tidap Tetanus, Diphtheria, Pertussis Meningococcal: MenACWY Meningitis vaccine Menorune® — or- MenOquadfi	Mumps		Positive titers (blood tests for
Tdap Tetanus, Diphtheria, Pertussis  Meningococcal: MenACWY Meningitis vaccine Menactra®/Menveo® Menomune® —or MenQuadfi			immunity)
Tdap Tetanus, Diphtheria, Pertussis  Meningococcal: MenACWY Meningitis vaccine Menactra®/Menveo® —or- Menomune® —or- MenQuadfi	Rubella		
Tetanus, Diphtheria, Pertussis  Meningococcal: MenACWY  Meningitis vaccine  Menactra®/Menveo®  —or-  MenOguadfi  —or-  MenQuadfi  —or-  MenQuadfi  —or-  MenQuadfi  —or-  Positive titer  —or-  History of disease  Hepatitis B-or- Hepatitis A and B combined  —or-  Heplisav  B®  —or-  Positive  —or-  Heplisav  B®  —or-  Positive  —or-  Heplisav  B®  —or-  Positive  —or-  Positive  —or-  Hone Quadfi  —or-  Positive  —or-  Heplisav  B®  —or-  Positive  —or-  Positive  —or-  Heplisav  B®  —or-  Positive  —or-  Positive  —or-  Positive  —or-  Positive  —or-  Heplisav  B®  —or-  Positive  —or-  Positive titer  —or-  Positive  —or-  Positive titer  —or-  Positive titer (blood test for immunity)  —or-  —or-  —or-  —or-  —or-  —or-  Positive titer  —or-  Positive titer  —or-  Positive titer  —or-  Positive titer  —or-  Positive titer (blood test for immunity)  —or-  —or		Or positive titer – date://_	
Tetanus, Diphtheria, Pertussis  Meningococcal: MenACWY  Meningitis vaccine  Menactra®/Menveo®  —or-  MenOuadfi —or-  MenQuadfi —or-  MenQuadfi —or-  MenQuadfi —or-  MenQuadfi —or-  Menotriella (Chicken Pox) —or-  Positive titer —or-  History of disease  History of disease  Hepatitis B-or- Hepatitis A and B combined —or-  Hepatitis B or-  Hepatitis A and B combined —or-  Hepatitis B or-  Hepatitis B or-  Hepatitis B or-  History of disease —in-  History of	Tdap	Date: / /	One dose
Meningotoccal: MenACWY  Meningitis vaccine  Menotra®/Menveo®			
Meningitis vaccine       Date:       for all incoming students age 21 or younger         Menomune®			One dose at age 16 or older
Menactra®/Menveo®	Meningitis vaccine		_
Menomune®	Menactra®/Menveo®	Date://	
Tor- MenQuadfi	-or-	-or-	<ul> <li>Second dose highly</li> </ul>
MenQuadfi	Menomune <sup>®</sup>	Date://	recommended
Three doses Hepatitis B -or- Hepatitis B -or- Hepatitis A and B combined  -or- Heplisav Be	-or-	-or-	-or-
Signed Waiver: □  Varicella (Chicken Pox) -or- Positive titer -or- History of disease  History of disease  Hepatitis B -or- Hepatitis A and B combined -or- Heplisav B° -or- Heplisav B° -or- Positive  -or- Positive  -or- Positive  -or- Positive  -or- Heplisav B° -or- Positive  -or- Positive titer (blood test for immunity)  -or- History of disease  -or- Positive titer (blood test for immunity)  -or- Two doses  -or- Positive titer (blood test for immunity)	MenQuadfi	Date://	Signed waiver. Go to the "Forms"
Varicella (Chicken Pox) -or- Positive titer -or- History of disease  History of disease: □ No □ Yes If yes, date:/ Hepatitis B -or- Hepatitis A and B combined -or- Heplisav B® -or- Positive Titer — date:/ First dose given after 1st birthday  Minimum of 3 months between doses if given between doses if given between doses if given at 13 or older -or- Positive titer (blood test for immunity) -or- History of disease  #1/#2/ Hepatitis B or Hep A & B combined -or- Heplisav B® -or- Positive titer. Positive anti-HBs titer —  Positive titer (blood test for immunity)  First dose given after 1st birthday  Minimum of 3 months between doses if given between doses if given at 13 or older  Three doses Hepatitis B or Hep A & B combined  Usual schedule at 0, 1 and 4-6 months -or- Two doses  Minimum of 4 weeks between doses  Minimum of 4 weeks between doses  Minimum of 4 weeks between doses  Positive titer (blood test for immunity)		-or-	tab on the Patient Portal
Positive titer  -or- History of disease  History of disease  Hepatitis B -or- Heplisav -or- Heplisav B®  -or- Positive titer  -or- Positive  -or- Positive  -or- Positive  -or- Positive  -or- Heplisav B®  -or- Positive  titer  -or- Positive  titer  -or- Positive  -or- Positive anti-HBs titer -  -or- Positive titer (blood test for immunity)  -or- History of disease  -or-  -or- Two doses  -or- Positive titer  -or- Positive anti-HBs titer -  -or- Positive titer  -or- Positive titer  -or- Positive anti-HBs titer -  -or- Positive titer  -or- Positive tite		Signed Waiver: □	
Positive titer  -or- History of disease  History of disease:   History of disease:   No Yes If yes, date:   History of disease:   No Yes If yes, date:   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  -or- Positive titer (blood test for immunity)  -or- History of disease  Hepatitis B -or- Hepatitis A and B combined  -or- Heplisav  -or- Positive  #1#2  -or- Positive anti-HBs titer -  Positive titer (blood test for immunity)  -or- Positive titer (blood test for immunity)	Varicella (Chicken Pox)	#1/#2/	<ul> <li>First dose given after 1st</li> </ul>
-or- History of disease  History of disease: □ No □ Yes If yes, date:/  History of disease: □ No □ Yes If yes, date:/  Minimum of 4 weeks between doses if given at 13 or older  -or- Positive titer (blood test for immunity)  -or- History of disease  Hepatitis B -or- Hepatitis A and B combined  -or- Heplisav  -or- Positive titer.  Positive titer.  Positive anti-HBs titer —  Desitive anti-HBs titer —  Desitive titer (blood test for immunity)  -or- History of disease  Three doses Hepatitis B or Hep A & B combined  • Usual schedule at 0, 1 and 4-6 months  -or- Two doses  • Minimum of 4 weeks between doses  • Minimum of 4 weeks between doses  -or- Positive anti-HBs titer —	-or-	-or-	birthday
History of disease    History of disease:   No   Yes   Sire   No   Yes   Sire   No   Yes   No   Yes   Sire   No   Yes   No   No   Yes	Positive titer	Positive Titer – date://	<ul> <li>Minimum of 3 months</li> </ul>
If yes, date:/   • Minimum of 4 weeks between doses if given at 13 or older  -or- Positive titer (blood test for immunity)  -or- History of disease  #1/_ #2/   For- Heplisav  -or- Heplisav  -or- Positive  -or- Positive  -or- Positive  -or- Positive  -or- Positive anti-HBs titer —  Positive titer (blood test for immunity)  -or- History of disease  Three doses Hepatitis B or Hep A & B combined  • Usual schedule at 0, 1 and 4-6 months  -or- Two doses  • Minimum of 4 weeks between doses  • Minimum of 4 weeks between doses  -or- Positive titer (blood test for immunity)	-or-	-or-	between doses if given
between doses if given at 13 or older  -or- Positive titer (blood test for immunity)  -or- History of disease  Hepatitis B -or- Hepatitis A and B combined  -or- Heplisav  -or- B®	History of disease	History of disease: □ No □ Yes	between 1-12 years old
between doses if given at 13 or older  -or- Positive titer (blood test for immunity)  -or- History of disease  Hepatitis B -or- Hepatitis A and B combined  -or- Heplisav -or- B®		· ·	<ul> <li>Minimum of 4 weeks</li> </ul>
-or- Positive titer (blood test for immunity) -or- History of disease  Hepatitis B -or- Hepatitis A and B combined -or- Heplisav -or- Heplisav -or- Positive  -or- Positive  Three doses Hepatitis B or Hep A & B combined  • Usual schedule at 0, 1 and 4-6 months -or- Two doses • Minimum of 4 weeks between doses -or- Positive anti-HBs titer -  Positive titer (blood test for immunity)			between doses if given at 13
Hepatitis B -or- Hepatitis A and B combined -or- Heplisav Bellow -or- Bellow -or- Positive titer			or older
Hepatitis B -or- Hepatitis A and B combined -or- Heplisav Bellow -or- Bellow -or- Positive titer			-or-
Hepatitis B -or- Hepatitis A and B combined  -or- Heplisav Beor- Beor- Positive titer			Positive titer (blood test for
Hepatitis B -or- Hepatitis A and B combined -or- Heplisav -or- B°			immunity)
Hepatitis B -or- Hepatitis A and B combined  -or- Heplisav B° -or- Positive titer			
Hepatitis A and B combined  -or-  Heplisav  -or-  B®			-
-or- Heplisav -or- B®	· ·		
Heplisav	· ·	#3//_	
B®			· ·
Positive titer	-	-or-	
Positive titer Positive anti-HBs titer Positive titer (blood test for			1
titer			
Tostave and Tibs titel			
	uter	date: / /	immunity)

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### **REQUIRED IMMUNIZATIONS 2022-2023**

# HIGHLY RECOMMENDED IMMUNIZATIONS

Influenza	Date://_	Seasonal influenza vaccine is highly		
		recommended for all students.		
		Vaccine will be available on campus.		
Meningococcal Group B				
MenB-4C (Bexsero®)		Two doses at least one month apart		
-or-	-or-	-or-		
MenB-FHbp (Trumenba®)	#1/#2//_ #3//	Three doses at zero, two and six		
	#3//	months		
Second dose Meningococcal: MenACWY				
Menactra®/Menveo®	Date://_			
-or-	-or-			
Menomune®	Date://			
-or-	-or-			
MenQuadfi	Date://			
Human Papillomavirus (HPV)	#1/ #2//	Three doses		
	#3//_	Usually schedule at zero,		
		two and six months		
Td	Date of most recent booster			
Tetanus and Diphtheria	dose://			
Hepatitis A	#1/ #2//			
Other vaccinations:				
Pneumonia	Date://			
• Typhoid	Date://			
• Other:	Date://			
there is a medical contraindication to any immunization, explain:				
lealthcare provider signature:		Date://_		
Printed Name	Signatı			

#### **Action Item! 2 Steps:**

- 1. Login to the UMass Patient Portal at <a href="https://umass.medicatconnect.com">https://umass.medicatconnect.com</a> 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