

## 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 <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.

COVID-19 Vaccines	Dates Given	UMass Requirements
<b>COVID-19 Initial Vaccine Series</b>		
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"/>	
<b>COVID-19 Booster Dose</b>		
AstraZeneca/Covishield.....	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.
-or-	-or-	
Covaxin.....	Date: __/__/__	
-or-	-or-	
Johnson & Johnson.....	Date: __/__/__	
-or-	-or-	
Moderna.....	Date: __/__/__	
-or-	-or-	
Novavax.....	Date: __/__/__	
-or-	-or-	
Pfizer.....	Date: __/__/__	
-or-	-or-	
Sinopharm.....	Date: __/__/__	
-or-	-or-	
Sinovac/Coronavac.....	Date: __/__/__	
	-or-	
	Approved Exemption: <input type="checkbox"/>	

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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 1<sup>st</sup> 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>	Date: ___/___	One dose
<b>Meningococcal: MenACWY</b> <i>Meningitis vaccine</i> Menactra®/Menveo®..... <p style="text-align: center;">-or-</p> Menomune®..... <p style="text-align: center;">-or-</p> MenQuadfi.....	Date: ___/___ <p style="text-align: center;">-or-</p> 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 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) <p style="text-align: center;">-or-</p> History of disease
<b>Hepatitis B -or-</b> 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"> <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)

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## HIGHLY RECOMMENDED IMMUNIZATIONS

<b>Influenza</b>	Date: __/__/__	Seasonal influenza vaccine is highly recommended for all students. Vaccine will be available on campus.
<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®..... -or- MenQuadfi.....	Date: __/__/__ -or- Date: __/__/__ -or- Date: __/__/__	
<b>Human Papillomavirus (HPV)</b>	#1 __/__/__ #2 __/__/__ #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> <i>Tetanus and Diphtheria</i>	Date of most recent booster dose: __/__/__	
<b>Hepatitis A</b>	#1 __/__/__ #2 __/__/__	
<b>Other vaccinations:</b>		
• Pneumonia.....	Date: __/__/__	
• Typhoid.....	Date: __/__/__	
• Other: _____	Date: __/__/__	

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