

## BUNKER HILL COMMUNITY COLLEGE IMMUNIZATION RECORD

Students must return the completed form within 30 days of registration to:

**Admissions and Registration Desk  
Bunker Hill Community College  
250 New Rutherford Avenue  
Boston, MA 02129**

The following students are subject to immunization requirements for college entry in accordance with Massachusetts Law:

- All full-time students enrolled in 12 or more credit hours
- All full-time and part-time students enrolled in health professions programs
- All full-time and part-time students that are attending while on a student visa, including a student attending or visiting classes or programs as part of a formal visitation or exchange program.

**Please Print**

Today's Date: \_\_\_\_\_ Social Security # or Student ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Program of Study: \_\_\_\_\_

**Check one of the categories below and submit verification as indicated. Please sign your name at the bottom of the page.**

In accordance with this law:

- I am submitting a copy of my school immunization record that includes all the required immunizations or disease history as listed on the back of this form.
- I am submitting an immunity history signed by a physician or registered nurse verifying all my immunizations, titers or disease history as listed on the back of this form.

I am exempt from this requirement because of the reason checked and I understand that should a case of vaccine preventable or communicable disease develop in the College, I may be excluded from the College as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 CMR 300.00).

- I am a part-time student not enrolled in a health professions program.
- I am submitting a physician's signed statement verifying that an immunization is not medically advisable.
- I am submitting a statement that immunizations conflict with my sincere religious beliefs.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*STUDENT SIGNATURE AUTHORIZES RELEASE OF IMMUNIZATION INFORMATION TO BUNKER HILL COMMUNITY COLLEGE*

**ALL SECTIONS ARE TO BE COMPLETED BY A PHYSICIAN OR REGISTERED NURSE**

**REQUIRED IMMUNIZATIONS**

**MEASLES, MUMPS, RUBELLA** (MMR) 2 Doses required, separated by at least one month, with the initial dose given on or after 1<sup>st</sup> birthday **or** serologic proof of immunity. Birth before 1957 in the U.S. is also acceptable, except for health professions students.

Dose # 1 – Date: \_\_\_/\_\_\_/\_\_\_                      Dose #2 – Date: \_\_\_/\_\_\_/\_\_\_

\*Positive Measles Titer - Date: \_\_\_/\_\_\_/\_\_\_; \*Positive Mumps Titer – Date: \_\_\_/\_\_\_/\_\_\_

\*Positive Rubella Titer – Date: \_\_\_/\_\_\_/\_\_\_; Born in the U.S. Before 1957 – DOB: \_\_\_/\_\_\_/\_\_\_

**TETANUS/DIPHTHERIA/ACELLULAR PERTUSSIS** (Tdap) One dose given after 2005

Tdap – Date: \_\_\_/\_\_\_/\_\_\_;                      Td Booster - Date: \_\_\_/\_\_\_/\_\_\_

**HEPATITIS B** Series of three doses **or** serologic proof of immunity.

Dose #1 - Date: \_\_\_/\_\_\_/\_\_\_; Dose #2 - Date: \_\_\_/\_\_\_/\_\_\_; Date #3: - Date: \_\_\_/\_\_\_/\_\_\_

\*Positive Titer – Date: \_\_\_/\_\_\_/\_\_\_

**VARICELLA** (Chickenpox) 2 Doses of varicella vaccine, separated by at least one month, **or** serologic proof of immunity. Health provider reported history of chickenpox disease and birth before 1980 in U.S. are acceptable except for health professions students.

Dose #1 – Date: \_\_\_/\_\_\_/\_\_\_                      Dose #2 – Date: \_\_\_/\_\_\_/\_\_\_

\*Positive Titer – Date: \_\_\_/\_\_\_/\_\_\_

Reliable History of Chickenpox Disease: Date of Illness - \_\_\_/\_\_\_/\_\_\_

Born in the U.S. before 1980 - DOB: \_\_\_/\_\_\_/\_\_\_

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**NOTE:** Students with serologic proof of immunity to Measles, Mumps, Rubella, Hepatitis B and/or Varicella, must have a *laboratory confirmed* result on file.

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**THE ABOVE IMMUNIZATION DOCUMENTATION IS IN COMPLIANCE WITH MASSACHUSETTS LAW.**

**SIGNED:** \_\_\_\_\_ **RN/MD**    **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**NOTE:** This original form will become part of the student’s permanent record. Please make copies for your future use.