



Last Name

First Name

Date of Birth

REQUIRED IMMUNIZATIONS

We accept your most recent official immunization record from your healthcare provider, medical records official, or other academic institution **or** have your healthcare provider complete and **sign** this form. After submission, please allow 10 business days for processing.

BE AWARE: MA state law requires immunization **compliance** in order for the student to enroll in classes

Required Vaccines	Dates Given	Requirements
MMR (Measles, Mumps & Rubella Combined) OR Alternate: Individual titers	#1 ___/___/___ #2 ___/___/___ OR Positive Measles Titer Date: ___/___/___ Positive Mumps Titer Date: ___/___/___ Positive Rubella Titer Date: ___/___/___	2 doses given after 1 st birthday Minimum of 24 days between doses OR Positive Titers OR US birth before 1957
Tdap (Tetanus, Diphtheria, Pertussis)	Tdap ___/___/___	Tdap one dose age 10 or older.
Meningococcal Quadrivalent (undergraduate only)	___/___/___ OR signed waiver	One dose given at age 16 or older for all undergraduate students OR signed waiver
Varicella	#1 ___/___/___ #2 ___/___/___ OR Positive Titer Date ___/___/___ OR History of Disease: ___ No ___ Yes Date: ___/___/___	2 doses given after 1 st birthday Minimum of 24 days between doses OR Positive Titer OR History of Disease
Hepatitis B (students under 30 years old only) OR Hepatitis A & B Combined OR Hepilisav	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ OR #1 ___/___/___ #2 ___/___/___ #3 ___/___/___ OR #1 ___/___/___ #2 ___/___/___ OR Positive Titer Date ___/___/___	3 doses of Hepatitis B vaccine OR 3 doses of Hep A&B combined OR 2 doses Hepilisav after age 18 OR Positive titers

Signature of Health Care Provider _____

Print

Signature

Date

RECOMMENDED IMMUNIZATIONS

In(Flu)enza vaccine	___/___/___	Strongly recommended yearly between August 1 st and November 1 st Vaccine is not available at Health Service.
COVID Vaccine Pfizer	#1___/___/___ #2___/___/___	Strongly recommended as soon as you have access to it in your community.
Moderna	#1___/___/___ #2___/___/___	Vaccine is not available at Tufts University Health Service.
Johnson & Johnson	#1___/___/___	
Other: _____	#1___/___/___ #2___/___/___	
Human Papillomavirus (HPV)	#1___/___/___ #2___/___/___ #3___/___/___	Typically covered by insurance when series is completed at your primary care's office before the age of 26. Please contact your insurance company's customer service line for further assistance.
Hepatitis A	#1___/___/___ #2___/___/___	Typically covered by insurance. Please contact your insurance company's customer service line for further assistance. Available at Health Service.
Meningococcal Group B MenB-4C (Bexsero) OR MenB-FHbp (Trumenba)	#1___/___/___ #2___/___/___ #1___/___/___ #2___/___/___ #3___/___/___	Vaccine is not available at Tufts University Health Service.
Td (Tetanus)	Most recent Td ___/___/___	Recommended, if Tdap is more than 10 years. Available at Health Service. For cost please contact Health Service.

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

Signature of Health Care Provider _____

Print

Signature

Date

Tuberculosis Risk Assessment Required for All Undergraduate and Graduate Students

Have you had close contact with anyone who was sick with tuberculosis (TB)? Yes ___ No ___
 Where you born in a country with high rates of TB (see list below)? Yes ___ No ___
 Have you traveled or lived for more than a month in one of the countries with a high rate of TB? Yes ___ No ___

If you answered YES to any of the above questions, either a PPD test (Mantoux) OR Interferon Gamma Release Assay (IGRA) must be completed within 6 months prior to entering Tufts University.

PPD (Mantoux) Test:

Date Read: _____ (mm/dd/yy)

Results: (in mm of induration): _____mm
(10 mm or more is positive-Chest X-ray needed)

OR

IGRA DATE: _____ (mm/dd/yy)

Result (circle): **Positive** **Negative**

Chest X-ray required if PPD is positive (10mm or more), **OR** if IGRA is positive and must be completed within 6 months prior to entering Tufts University.

Date Performed: _____ (mm/dd/yy)

Results (circle) **Positive** **Negative**

If you have been treated for a positive PPD, no further testing is required.

Treatment for positive PPD? **YES Describe:** _____

Signature of Health Care Provider _____

	Print	Signature	Date	
Afghanistan	Congo	Iran	Nauru	South Africa
Albania	Congo DR	Iraq	Nepal	Somalia
Algeria	Costa Rica	Japan	New Caledonia	Spain
Andorra	Cote d'Ivoire	Kazakhstan	Nicaragua	Sri Lanka
Angola	Croatia	Kenya	Niger	Sudan and S. Sudan
Anguilla	Djibouti	Kiribati	Nigeria	Suriname
Argentina	Dominica	Korea-DPR	Niue	Syrian Arab Republic
Armenia	Dominican Republic	Korea-Republic	N. Macedonia	Tajikistan
Aruba	Ecuador	Kuwait	N. Mariana Islands	Tanzania-UR
Azerbaijan	Egypt	Kyrgyzstan	Pakistan	Thailand
Bahamas	El Salvador	Laos PDR	Palau	Timor-Leste
Bahrain	Equatorial Guinea	Latvia	Panama	Togo
Bangladesh	Eritrea	Lesotho	Papua New Guinea	Tokelau
Belarus	Estonia	Liberia	Paraguay	Tonga
Belize	Eswatini	Libya	Peru	Trinidad and Tobago
Benin	Ethiopia	Lithuania	Philippines	Tunisia
Bhutan	Fiji	Macao SAR	Poland	Turkey
Bolivia	French Polynesia	Madagascar	Portugal	Turkmenistan
Bosnia & Herzegovina	Gabon	Malawi	Qatar	Turks and Caicos
Botswana	Gambia	Malaysia	Romania	Tuvalu
Brazil	Georgia	Maldives	Russian Federation	Uganda
Brunei Darussalam	Ghana	Mali	Rwanda	Ukraine
Bulgaria	Greenland	Marshall Islands	St. Vincent and the Grenadines	Uruguay
Burkina Faso	Guam	Mauritania	Samoa	Uzbekistan
Burundi	Guatemala	Mexico	Sao Tome & Principe	Vanuatu
Cabo Verde	Guinea	Micronesia FS	Senegal	Venezuela
Cambodia	Guinea-Bissau	Moldova-Rep.	Serbia & Montenegro	Viet Nam
Cameroon	Guyana	Mongolia	Serbia	Wallis and Futuna Island
Central African Rep.	Haiti	Montenegro	Seychelles	Yemen
Chad	Honduras	Montserrat	Sierra Leone	Zambia
Chile	Hungary	Morocco	Singapore	Zimbabwe
China	Hong Kong SAR	Mozambique	Slovakia	
Colombia	India	Myanmar	Slovenia	
Comoros	Indonesia	Namibia	Solomon Islands	

Source: World Health Organization, Tuberculosis Country Profiles. Global Tuberculosis Report 2020. Countries and territories with incidence rates of ≥ 20 cases per 100,000 population. For further updates, refer to <https://www.who.int/tb/country/data/profiles/en/>