

Last Name

First Name

Date of Birth

REQUIRED IMMUNIZATIONS

We accept your most recent signed immunization form from your physician's office **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	MA State 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 Minimum of 4 weeks between doses 1 st dose given after 1 st birthday OR Positive Titers
Tdap (Tetanus, Diphtheria, Pertussis)	Tdap ___/___/___ Most recent Td ___/___/___	Tdap one dose age 7
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: ___/___/___	Minimum of 3 months between doses if 1-12 years old. Minimum of 4 weeks between doses if 13 or older OR Positive Titer OR History of Disease
Hepatitis B OR Hepatitis A & B Combined	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___ OR #1 ___/___/___ #2 ___/___/___ #3 ___/___/___	3 doses of Hepatitis B vaccine

RECOMMENDED IMMUNIZATIONS

Human Papillomavirus (HPV)	#1 ___/___/___ #2 ___/___/___ #3 ___/___/___	
Hepatitis A	#1 ___/___/___ #2 ___/___/___	
Meningococcal Group B MenB-4C (Bexsero) OR MenB-FHbp (Trumenba)	#1 ___/___/___ #2 ___/___/___ #1 ___/___/___ #2 ___/___/___ #3 ___/___/___	

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 12 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

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	Iraq	Myanmar	Sri Lanka
Algeria	Congo DR	Kazakhstan	Namibia	Sudan and S. Sudan
Angola	Cote d'Ivoire	Kenya	Nauru	Suriname
Anguilla	Djibouti	Kiribati	Nepal	Tajikistan
Argentina	Dominican Republic	Korea-DPR	Nicaragua	Tanzania-UR
Armenia	Ecuador	Korea-Republic	Niger	Thailand
Azerbaijan	El Salvador	Kuwait	Nigeria	Timor-Leste
Bangladesh	Equatorial Guinea	Kyrgyzstan	Niue	Togo
Belarus	Eritrea	Laos PDR	N. Mariana Islands	Tokelau
Belize	Eswatini	Latvia	Pakistan	Trinidad and Tobago
Benin	Ethiopia	Lesotho	Palau	Tunisia
Bhutan	Fiji	Liberia	Panama	Turkmenistan
Bolivia	French Polynesia	Libya	Papua New Guinea	Tuvalu
Bosnia & Herzegovina	Gabon	Lithuania	Paraguay	Uganda
Botswana	Gambia	Macao SAR	Peru	Ukraine
Brazil	Georgia	Madagascar	Philippines	Uruguay
Brunei Darussalam	Ghana	Malawi	Portugal	Uzbekistan
Bulgaria	Greenland	Malaysia	Qatar	Vanuatu
Burkina Faso	Guam	Maldives	Romania	Venezuela
Burundi	Guatemala	Mali	Russian Federation	Viet Nam
Cambodia	Guinea	Marshall Islands	Rwanda	Yemen
Cameroon	Guinea-Bissau	Mauritania	Sao Tome & Principe	Zambia
Cape Verde	Guyana	Mexico	Senegal	Zimbabwe
Central African Rep.	Haiti	Micronesia	Sierra Leone	
Chad	Honduras	Moldova-Rep.	Singapore	
China	Hong Kong SAR	Mongolia	Solomon Islands	
Colombia	India	Morocco	Somalia	
Comoros	Indonesia	Mozambique	South Africa	

Source: World Health Organization, Tuberculosis Country Profiles. 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/>