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.

<table>
<thead>
<tr>
<th>Required Vaccines</th>
<th>Dates Given</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR (Measles, Mumps &amp; Rubella Combined)</strong></td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em></td>
<td>2 doses given after 1st birthday Minimum of 24 days between doses OR Positive Titer OR US birth before 1957</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Alternate: Individual titers</td>
<td></td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>OR Positive Measles Titer Date: <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR Positive Mumps Titer Date: <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR Positive Rubella Titer Date: <em><strong>/</strong></em>/___</td>
<td></td>
</tr>
<tr>
<td><strong>Tdap (Tetanus, Diphtheria, Pertussis)</strong></td>
<td>Tdap <em><strong>/</strong></em>/___</td>
<td>Tdap one dose age 10 or older.</td>
</tr>
<tr>
<td><strong>Meningococcal Quadrivalent (undergraduate only)</strong></td>
<td><em><strong>/</strong></em>/___</td>
<td>One dose given at age <strong>16 or older</strong> for all undergraduate students OR signed waiver</td>
</tr>
<tr>
<td>OR signed waiver</td>
<td></td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em></td>
<td>2 doses given after 1st birthday Minimum of 24 days between doses OR Positive Titer OR History of Disease</td>
</tr>
<tr>
<td>OR History of Disease: <em><strong>No <em><strong>Yes Date:</strong></em>/</strong></em>/___</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B (students under 30 years old only)</strong></td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em> #3/<em><strong>/</strong></em></td>
<td>3 doses of Hepatitis B vaccine OR 3 doses of Hep A&amp;B combined OR 2 doses Heplisav after age 18 OR Positive titers</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Hepatitis A &amp; B Combined</strong></td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em> #3/<em><strong>/</strong></em></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Heplisav</strong></td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em></td>
<td>Required by July 1st. Students need to be fully immunized before arriving on campus Fall 2021. We you get the vaccine in your country, as soon as you have access to it.</td>
</tr>
<tr>
<td>OR Positive Titer Date <em><strong>/</strong></em>/___</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COVID Vaccine</strong></td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em></td>
<td>Required by July 1st. Students need to be fully immunized before arriving on campus Fall 2021. We you get the vaccine in your country, as soon as you have access to it.</td>
</tr>
<tr>
<td>Pfizer</td>
<td></td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Moderna</td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em></td>
<td>Vaccine is not available at Tufts University Health Service.</td>
</tr>
<tr>
<td>Johnson &amp; Johnson</td>
<td>#1/<em><strong>/</strong></em></td>
<td>For more information please visit our Coronavirus website.</td>
</tr>
<tr>
<td>Other: __________________________</td>
<td>#1/<em><strong>/</strong></em> #2/<em><strong>/</strong></em></td>
<td></td>
</tr>
</tbody>
</table>
## RECOMMENDED IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>In(Flu)enza vaccine</td>
<td><em><strong>/</strong></em>/___</td>
<td>Strongly recommended yearly between August 1st and November 1st</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vaccine is not available at Health Service.</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV)</td>
<td>#1___/<em><strong>/</strong></em> #2___/<em><strong>/</strong></em> #3___/<em><strong>/</strong></em></td>
<td>Typically covered by insurance when series is completed at your primary care’s office until the age of 45. Please contact your insurance company’s customer service line for further assistance.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>#1___/<em><strong>/</strong></em> #2___/<em><strong>/</strong></em></td>
<td>Typically covered by insurance. Please contact your insurance company’s customer service line for further assistance. Available at Health Service.</td>
</tr>
<tr>
<td>Meningococcal Group B</td>
<td>#1___/<em><strong>/</strong></em> #2___/<em><strong>/</strong></em> #1___/<em><strong>/</strong></em> #2___/<em><strong>/</strong></em> #3___/<em><strong>/</strong></em></td>
<td>Vaccine is not available at Tufts University Health Service.</td>
</tr>
<tr>
<td>MenB-4C (Bexsero) OR MenB-FHbp (Trumenba)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Td (Tetanus)</td>
<td>Most recent Td <em><strong>/</strong></em>/___</td>
<td>Recommended, if Tdap is more than 10 years. Available at Health Service. For cost please contact Health Service.</td>
</tr>
</tbody>
</table>

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