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

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dates Given</th>
<th>MA State Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR (Measles, Mumps &amp; Rubella Combined)</strong> or Alternate: Individual vaccines or titers</td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td>2 doses Minimum of 4 weeks between doses 1st dose given after 1st birthday</td>
</tr>
<tr>
<td><strong>Measles</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td>OR Individual vaccines OR Positive Titers</td>
</tr>
<tr>
<td><strong>Mumps</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Rubella</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Oral Polio</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td>Minimum of 3 months between doses if 1-12 years old.</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong> #3__/<strong>/</strong></td>
<td>Minimum of 4 weeks between doses if 13 or older OR Positive Titer OR History of disease</td>
</tr>
<tr>
<td><strong>Tdap (Tetanus, Diphtheria, Pertussis)</strong></td>
<td>Tdap__/<strong>/</strong></td>
<td>Tdap one dose age 11 or &gt; (adult dose)</td>
</tr>
<tr>
<td><strong>Meningococcal Quadrivalent (undergraduate only)</strong></td>
<td><strong>/</strong>/__ OR signed waiver__/<strong>/</strong></td>
<td>One dose given at age 16 or older for all incoming students living in campus housing OR signed waiver (undergraduates only)</td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
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</table>

### Recommended Immunizations

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Dates Given</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Papillomavirus (HPV)</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong> #3__/<strong>/</strong></td>
<td>3 doses Usual schedule at 0,2 &amp; 6 months</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis A &amp; B Combined</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Tdap (Tetanus &amp; Diphtheria)</strong></td>
<td>Date of most recent booster dose:<strong>/</strong>/__ Type of booster: TD______ Tdap______</td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcal Group B</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td>2 doses at least one month apart</td>
</tr>
<tr>
<td><strong>MenB-4C (Bexsero)</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td>3 doses at 0,2 and 6 months</td>
</tr>
<tr>
<td><strong>MenB-FHbp (Trumenba)</strong></td>
<td>#1__/<strong>/</strong> #2__/<strong>/</strong></td>
<td></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 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 DR  Kenya  New Caledonia  Sri Lanka
Algeria  Cote d'Ivoire  Kiribati  Nicaragua  Sudan
Angola  Croatia  Korea-DPR  Niger  Suriname
Anguilla  Djibouti  Korea-Republic  Nigeria  Syrian Arab Republic
Argentina  Dominican Republic  Kuwait  Niue  Swaziland
Armenia  Ecuador  Kyrgyzstan  N. Mariana Islands  Taiwan
Azerbaijan  Egypt  Lao PDR  Pakistan  Tajikistan
Bahamas  El Salvador  Latvia  Palau  Tanzania-UR
Bahrain  Equatorial Guinea  Lesotho  Panama  Thailand
Bangladesh  Eritrea  Liberia  Papua New Guinea  Timor-Leste
Belarus  Estonia  Lithuania  Paraguay  Togo
Belize  Ethiopia  Macedonia-TFYR  Peru  Tokelau
Benin  Fiji  Madagascar  Philippines  Tonga
Bhutan  French Polynesia  Malawi  Poland  Tunisia
Bolivia  Gabon  Malaysia  Portugal  Turkey
Bosnia & Herzegovina  Gambia  Maldives  Qatar  Turkmenistan
Botswana  Georgia  Mali  Romania  Tuvalu
Brazil  Ghana  Marshall Islands  Russian Federation  Uganda
Brunei Darussalam  Guam  Mauritania  Rwanda  Ukraine
Bulgaria  Guatemala  Mauritius  St. Vincent &  Uruguay
Burkina Faso  Guinea  Mexico  The Grenadines  Uzbekistan
Burundi  Guinea-Bissau  Micronesia  Sao Tome & Principe  Vanuatu
Cambodia  Guyana  Moldova-Rep.  Saudi Arabia  Venezuela
Cameroon  Haiti  Mongolia  Senegal  Viet Nam
Cape Verde  Honduras  Montenegro  Seychelles  Wallis & Futuna Islands
Central African Rep.  India  Morocco  Sierra Leone  W. Bank & Gaza Strip
Chad  Indonesia  Mozambique  Singapore  Yemen
China  Iran  Myanmar  Solomon Islands  Zambia
Colombia  Iraq  Namibia  Somalia  Zimbabwe
Comoros  Japan  Nauru  South Africa
Congo  Kazakhstan  Nepal  Spain

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