

## IMMUNIZATION AND HEALTH INFORMATION FORM

### PART A: STUDENT INFORMATION

Last Name	First Name	MI	
Date of Birth	Student ID	Telephone Number	
Street Address	City	State	Zip Code

According to Massachusetts law 105 CMR 220.600, all full-time students (12 or more credits) under the age of 30 and all full-time and part-time students in Health Profession programs must present evidence of immunization against measles, mumps, rubella; tetanus, diphtheria and pertussis; varicella (chickenpox), Hepatitis B, and Meningitis (if 21 years and under), to attend classes.

If you are exempt from the Massachusetts law 105 CMR 220.600, please check the **below** reason, sign your name and date below, and complete PART C (Health Information Form).

- I am a part-time student OR not enrolled in a Health Profession Program OR over 30 years of age.
- Such immunizations conflict with my religious beliefs (see M.G.L. c. 76s.15C).
- I am submitting a physician's statement, which verifies that my physical condition will be endangered by the required immunizations.

If you are NOT exempt from the Massachusetts law 105 CMR 220.600, please complete PART C and have your health care provider, (MD,NP, PA) complete PART B.

Student's signature	Date <u>   </u> / <u>   </u> / <u>   </u>
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### PART B: IMMUNIZATION VERIFICATION (To be completed by a health care provider)

IMMUNIZATIONS	DATE(S): MONTH/DAY/YEAR
<b>Tetanus-Diphtheria-Pertussis:</b> Tdap (1 dose required) then a Td booster every 10 years	<u>   </u> / <u>   </u> / <u>   </u>
<b>MMR:</b> (2 doses or positive titers for Measles, Mumps, Rubella)	
Measles (2 doses required)	#1 <u>   </u> / <u>   </u> / <u>   </u> #2 <u>   </u> / <u>   </u> / <u>   </u>
Mumps (2 doses required)	#1 <u>   </u> / <u>   </u> / <u>   </u> #2 <u>   </u> / <u>   </u> / <u>   </u>
Rubella (2 doses required)	#1 <u>   </u> / <u>   </u> / <u>   </u> #2 <u>   </u> / <u>   </u> / <u>   </u>
<b>Varicella: (Vaccine or antibody titer required for Health Profession Students and International Students)</b>	
1. History of Varicella (chickenpox) <input type="checkbox"/> Yes <input type="checkbox"/> No (exempt if born in the United States before 1980)	
2. Varicella vaccine	#1 <u>   </u> / <u>   </u> / <u>   </u> #2 <u>   </u> / <u>   </u> / <u>   </u>
3. Varicella titer results	Date: <u>   </u> / <u>   </u> / <u>   </u> <input type="checkbox"/> Pos <input type="checkbox"/> Neg
<b>Hepatitis B:</b> (3 doses required or titer results)	#1 <u>   </u> / <u>   </u> / <u>   </u> #2 <u>   </u> / <u>   </u> / <u>   </u> #3 <u>   </u> / <u>   </u> / <u>   </u>
Titer results	Date: <u>   </u> / <u>   </u> / <u>   </u> <input type="checkbox"/> Pos <input type="checkbox"/> Neg
<b>Meningococcal:</b> 1 dose of MenACWY if 21 years and under – or a signed waiver	<u>   </u> / <u>   </u> / <u>   </u>
<b>Tuberculosis Test: (Required for Health Profession Students and International Students)</b>	
<i>TB test results - within past 6 months.</i>	Date: <u>   </u> / <u>   </u> / <u>   </u> Results: <u>   </u> # mm <u>   </u>
<i>Submit official chest x-ray report if PPD is positive.</i>	Date: <u>   </u> / <u>   </u> / <u>   </u> Results: <u>   </u>

Signature	Printed Name	Date <u>   </u> / <u>   </u> / <u>   </u>	
Street Address	City	State	Zip Code
Telephone number			

**PART C: HEALTH INFORMATION FORM**

To be completed by the student – please print

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Date of Birth Student ID Telephone Number

\_\_\_\_\_  
Street Address City State Zip Code

**Contact Person In Case of Emergency**

\_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
Home Phone Number Work Phone Number Cell Phone Number

\_\_\_\_\_  
Street Address City State Zip Code

If you have a health condition that you would like the College Nurse to know about, please contact:

**Student Health Services**

Health Sciences Building (4), Room 313

Tel: 857-701-1657

Email: [rhines@rcc.mass.edu](mailto:rhines@rcc.mass.edu)

If you have a disability that you would like the Accessibilities Director to know about, please contact:

**Student Accessibilities**

Academic Building (3), Room 201A

Tel: 857-701-1278

Email: [accessibility@rcc.mass.edu](mailto:accessibility@rcc.mass.edu)

**This form must be returned within 30 days of registration to:**

Roxbury Community College

**Enrollment Center**

Administration Building (2), Room 102

1234 Columbus Avenue

Roxbury Crossing, MA 02120

**This form must be returned within 30 days of registration.**