



PINE MANOR COLLEGE

400 Heath Street, Chestnut Hill, MA 02467

IMMUNIZATION FORM

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PART I: (to be completed by student)

NAME: (print)	DATE OF BIRTH:	COUNTRY OF BIRTH:
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PART II: REQUIRED IMMUNIZATIONS (to be completed by a medical provider)

★ The following immunizations are required by Massachusetts Law. All dates must include month/day/year.
 If documentation of immunization is not available or if a blood test indicates that you are NOT immune, you must be re-immunized.
 Attached documents in a language other than English **must be translated into English** by the health care provider.

<p>★ HEPATITIS B (Three doses required)</p> <p>Dose 1: ____/____/____</p> <p>Dose 2: ____/____/____ (Must be at least 1 month after #1)</p> <p>Dose 3: ____/____/____ (Must be at least 2 months after #2 and 4 months after #1)</p> <p>OR Lab test proving immunity (attach lab report)</p> <p><input type="checkbox"/> Immune – Titer value _____ Date: ____/____/____</p>	<p>★ MMR (Measles, Mumps, Rubella)</p> <p>Two doses required, at least one month apart, after 12 months of age</p> <p>Dose 1: ____/____/____ Dose 2: ____/____/____</p> <p>OR Lab test proving immunity (attach lab reports)</p> <p>Measles: <input type="checkbox"/> Immune - Titer value _____ Date: ____/____/____</p> <p>Mumps: <input type="checkbox"/> Immune - Titer value _____ Date: ____/____/____</p> <p>Rubella: <input type="checkbox"/> Immune - Titer value _____ Date: ____/____/____</p>
<p>★ TETANUS/DIPHTHERIA/PERTUSSIS</p> <p>A one-time dose of Tdap is required.</p> <p>Tdap Date ____/____/____</p>	<p>★ MENINGITIS</p> <p><input type="checkbox"/> Date vaccine administered: ____/____/____</p> <p><input type="checkbox"/> Menactra (MCV4) <input type="checkbox"/> Menomune (MPSV4) <input type="checkbox"/> Meningococcal (unspecified)</p> <p>PLEASE NOTE: If primary dose prior to 16 years of age, a booster dose is recommended.</p> <p style="text-align: right;">Date of booster: ____/____/____</p>

<p>★ TUBERCULOSIS RISK ASSESSMENT (RAQ)</p> <p>The Tuberculosis Risk Questionnaire (RAQ) Form must be completed and returned with this form. If your answer to any of the four questions on Page 1 is YES, your health care provider must complete Page 2 of the RAQ.</p>	<p>TO BE COMPLETED BY PMC HEALTH SERVICES</p> <p><input type="checkbox"/> LOW RISK <input type="checkbox"/> HIGH RISK <input type="checkbox"/> Hx of positive PPD</p> <p>Date of PPD: ____/____/____ Positive ____mm Negative <input type="checkbox"/></p> <p>Date of Chest X-ray: ____/____/____ Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p>INH therapy: Date started: _____ for # _____ months</p>
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<p>★ VARICELLA (Chicken Pox)</p> <p>History of Disease: <input type="checkbox"/> No <input type="checkbox"/> Yes at age: ____</p> <p>OR</p> <p>Lab test proving immunity (attach lab report)</p> <p><input type="checkbox"/> Immune Titer value _____ Date: ____/____/____</p> <p>OR</p> <p>Vaccine Dose 1 ____/____/____</p> <p>Vaccine Dose 2 ____/____/____</p>	<p>IMPORTANT NOTICE</p> <p>In accordance with Massachusetts College Immunization Law, Chapter 76, Section 15c, Pine Manor College REQUIRES all students have on file a completed Immunization Form. Any student failing to comply MAY NOT BE PERMITTED TO REGISTER FOR CLASSES OR LIVE IN THE RESIDENCE HALLS. The Immunization Form must be filled out by a medical provider.</p>
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PART III: STRONGLY RECOMMENDED IMMUNIZATIONS (to be completed by a medical provider)

<p>HEPATITIS A</p> <p>Hepatitis A Vaccine (at least 6 months apart)</p> <p>Dose 1 ____/____/____ Dose 2 ____/____/____</p> <p>Combined Hepatitis A and B Vaccine</p> <p>Dose 1 ____/____/____</p> <p>Dose 2 ____/____/____</p> <p>Dose 3 ____/____/____</p>	<p>HUMAN PAPILLOMAVIRUS (HPV)</p> <p>Vaccine (at 0, 2 and 6 month intervals)</p> <p><input type="checkbox"/> Gardasil <input type="checkbox"/> Other</p> <p>Dose 1 ____/____/____</p> <p>Dose 2 ____/____/____</p> <p>Dose 3 ____/____/____</p>	<p>Health Care Provider</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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