

Merrimack College Hamel Health and Counseling Center Immunization Record

Student Name: _____ Date of Birth: _____

In accordance with Massachusetts state law, Merrimack College requires all full time students, All International students, and All Health Science majors regardless of credit load, to submit documentation of the following required immunizations or proof of immunity to Hamel Health and Counseling Center.

Required Immunizations	
Hepatitis B - 3 Dose Series <input type="checkbox"/> 3 doses required OR Hepatitis B - 2 Dose Series (for ages 11-15 yrs. only (1.0cc)) <input type="checkbox"/> 2 doses required OR <input type="checkbox"/> Hepatitis B Titer (Serology) <input type="checkbox"/> Attach lab documentation of immunity	<u>3-Dose Series</u> Month/Day/Year Dose 1 _____/_____/_____ Dose 2 (1 month after 1 st Dose) _____/_____/_____ Dose 3 (4-6 months after 1 st Dose) _____/_____/_____ OR <u>2-Dose Series (@ ages 11-15)</u> Dose 1 _____/_____/_____ Dose2 (4-6 months after 1 st Dose) _____/_____/_____ OR <input type="radio"/> Attach lab documentation of immunity
Tetanus-Diphtheria and Pertussis (Tdap) <input type="checkbox"/> 1 dose of adult Tdap Within the past 10 years	Month/Day/ Year _____/_____/_____
Measles, Mumps, and Rubella (MMR) <input type="checkbox"/> 2 doses of MMR OR <input type="checkbox"/> Positive Measles, Mumps, and Rubella Titer (Serology) accepted <input type="checkbox"/> Attach lab documentation of Positive Titers	Month/Day/Year <u>2-Dose Series</u> MMR Dose 1 _____/_____/_____ MMR Dose 2 (1 month after 1 st Dose) _____/_____/_____ OR <input type="radio"/> Attach lab documentation of Positive Titers
Meningococcal Meningitis (Menactra or Menveo) Quadravalent REQUIRED for all newly enrolled full-time students 21 years of age and younger administered on or after 16 th birthday.	Month/Day/Year _____/_____/_____ _____/_____/_____
Meningococcal Group B Vaccine (Trumenba 2-3 dose series or Bexsero 2 dose series) (OPTIONAL)	Month/Day/Year _____/_____/_____ _____/_____/_____ _____/_____/_____
Varicella (Chicken Pox) <input type="checkbox"/> 2 doses of Varicella required OR <input type="checkbox"/> History of disease documented by Health Professional (Not an acceptable form of documentation for Nursing Majors) OR <input type="checkbox"/> Positive Varicella Titer (Serology) accepted <input type="checkbox"/> Attach lab documentation of Positive Titers	Month/Day/Year <u>2-Dose Series</u> Dose 1 _____/_____/_____ Dose2 (1 month after 1 st Dose) _____/_____/_____ OR History of Varicella Disease _____/_____/_____ OR <input type="radio"/> Attach lab documentation of Positive Titers

The only exceptions to obtaining these vaccinations are Religious and/or Medical Exemptions.

For a Medical Exemption, we must receive a letter from a physician stating that there is a medical reason why the student cannot receive each vaccination.

For a Religious Exemption, contact Hamel Health Center to complete the religious exemption form.

In both cases, the student may be excluded from the campus in the event of an outbreak of a communicable disease for which he or she has not been immunized.

Provider Printed Name: _____ Provider Signature: _____

Address and Phone Number: _____

**Upload this form once completed by your healthcare provider
OR**

Upload a copy obtained from your healthcare provider