

GRADUATE IMMUNIZATIONS

Return to: Simmons College Health Center
94 Pilgrim Rd., Boston, MA 02215
Fax. 617-521-3467

Name _____ Date of Birth _____

Required

MM/DD/YYYY

MMR (Measles, Mumps, Rubella) 2 doses required.

- Dose 1 (Administered on or after first birthday) _____
- Dose 2 (Administered at least 1 month after Dose 1) _____

If unable to document 2 MMRs, must provide:

- Measles serology: Results _____
- Mumps serology: Results _____
- Rubella serology:* Results _____

Tetanus & Diphtheria

- Td booster within last ten years, or _____
- Tdap (preferred) _____

Hepatitis B Series

#1 _____ #2 _____ #3 _____

If unable to document dates, serology required

- Hepatitis B serology:* Results _____

Meningococcal Vaccine: *(Required only for students living In campus housing)* Polysaccharide vaccine within the last 5 years or conjugate vaccine anytime in the past or a signed waiver.

- Vaccine _____
- Signed waiver _____
- Commuter student _____

Optional

MM/DD/YYYY

PPD

- PPD Results _____
- If positive PPD, Chest X-ray results _____
- Completed course of INH yes ___ no ___ _____

Varicella

- History of disease _____
- Serology results _____
- Vaccine, 1st dose _____
- Vaccine, 2nd dose _____

***All nursing, physical therapy and nutrition students are required to submit rubella serology and hepatitis B serology results in addition to the Hepatitis B and Rubella (MMR) immunizations.**

Signature of Health Care Provider

Telephone Number