

# 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 \_\_\_\_\_

*\*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.*

## Optional

MM/DD/YYYY

### PPD (See Questionnaire on back)

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

### Varicella

- History of disease \_\_\_\_\_
- Serology results \_\_\_\_\_
- Vaccine, 1<sup>st</sup> dose \_\_\_\_\_
- Vaccine, 2<sup>nd</sup> dose \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider

\_\_\_\_\_  
Telephone Number