

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 not enrolled in a Health Profession Program.
- 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
Tetanus-Diphtheria-Pertussis: Tdap (1 dose required) then a Td booster every 10 years	<u> </u> / <u> </u> / <u> </u>
MMR: (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>
Varicella: (Vaccine or antibody titer required for Health Profession Students and International Students)	
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
Hepatitis 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
Meningococcal: 1 dose of MenACWY if 21 years and under – or a signed waiver	<u> </u> / <u> </u> / <u> </u>
Tuberculosis Test: (Required for Health Profession Students and International Students)	
<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	
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

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: 857-701-1410

Email: jcrary@rcc.mass.edu

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

Roxbury Community College

Enrollment Center

Academic Building (3), Room 219

1234 Columbus Avenue

Roxbury Crossing, MA 02120

This form must be returned within 30 days of registration.