

Please Note

Massachusetts law requires all full-time students have these immunizations documented with the college. (The majority of Adult and Graduate Studies students are considered full-time students.)

Deadline - 30 days prior to first day of class.

Any student failing to provide the required documentation by the first day of class will be placed on Medical Probation.

A \$50.00 Late Fee will be assessed if these requirements are not met by 30 days after the first day of class and will be repeated every 30 days until documentation is complete.

**Eastern Nazarene College
Adult and Graduate Studies
IMMUNIZATION RECORD**



23 East Elm Avenue
Quincy, MA 02170
Telephone 617-745-3893
Fax 617-745-3928

For Health Services Use Only

Date Received: _____

All Requirements complete

LEAD Undergraduate

LEAD Graduate

Main Campus Graduate

This form must be completed and signed by a health care provider (physician, nurse, or school health official) unless there is a copy of an immunization record attached. If documentation of immunization is not available or if a blood test (titer) indicates that you are NOT immune, you must be re-immunized. History of chickenpox disease must be signed by an MD, PA or NP. Please include copies of laboratory reports, if titers done.

Name: _____ Date of Birth: ____/____/____
Last First MI Month Day Year

Address: _____
Street City State Zip Country

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

MMR – Measles, Mumps Rubella • Required of all students unless born in the US before 1957
Two doses required or a blood titer to show immunity to the disease

MMR Dose #1: Date ____/____/____
Must be given after first (1st) birthday

OR Lab test proving immunity (attach lab reports)

Measles Immune – titer value _____ Date ____/____/____

MMR Dose #2: Date ____/____/____
At least one month after first (1st) dose

Mumps Immune – titer value _____ Date ____/____/____

Rubella Immune – titer value _____ Date ____/____/____

Tdap TETANUS-DIPHTHERIA-PERTUSSIS • Required of all students.

Tdap Date ____/____/____
Must be given after 7 years of age

HEPATITIS B • Required of all students

3-dose series
Hepatitis B Dose #1 Date ____/____/____
Hepatitis B Dose #2 Date ____/____/____
Must be at least 1 month after #1
Hepatitis B Dose #3 Date ____/____/____
Must be at least 2 months after #2 and 4 months after #1

OR Lab test proving immunity (attach lab report)

Immune – titer value _____
Date: ____/____/____

VARICELLA-CHICKENPOX • Required of all students unless born in the US before 1980

Varicella Dose #1 Date ____/____/____
Must be given after first (1st) birthday

OR Lab test proving immunity (attach lab report)

OR Reliable history of chickenpox disease

Immune- Titer value _____

Varicella Dose #2 Date ____/____/____
At least one month after first (1st) dose

Date ____/____/____

MENINGITIS (A, C, W, Y) • Required of all students 21 years of age or younger.

Must be given on or after 16th birthday

Meningitis Vaccine Date ____/____/____

OR DPH Waiver, if not immunized, must be signed and returned with this form.

Waiver can be downloaded at: <https://enc.edu/app/uploads/2017/08/Meningococcal-waiver-10-2016.pdf>

PLEASE READ THE ENCLOSED INFORMATION ABOUT MENINGOCOCCAL DISEASE FROM THE DEPARTMENT OF PUBLIC HEALTH. THE INFORMATION CAN ALSO BE ACCESSED AT: <http://www.mass.gov/dph/cdc/factsheets/fsmdcs.pdf>

HEALTH CARE PROVIDER (please print) _____ Phone _____
Address _____ FAX _____
Provider's Signature _____ Date _____

Please send this form to: Eastern Nazarene College, Attn. Patsy Malas, 23 East Elm Avenue, Quincy, MA 02170 or FAX to: 617-745-3928. Thank you for your cooperation.