

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
Phone 617-745-3893 • FAX 617-745-3928

For Health Services Use Only

Date Received: _____

All Requirements complete

AGS Undergraduate

AGS Graduate

Main Campus Graduate

THIS FORM MUST BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER (PHYSICIAN, PA, NP, NURSE, OR SCHOOL HEALTH OFFICIAL) UNLESS THERE IS A COPY OF AN IMMUNIZATION RECORD ATTACHED.

All students must provide documentation of immunity for each required immunization listed below. If titers are done, please include copies of laboratory reports.

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
- MMR Dose #2: Date ____/____/____
At least one month after first (1st) dose
- OR** Lab test proving immunity (attach lab reports)
- Measles Immune – titer value _____ Date ____/____/____
- 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
- Varicella Dose #2 Date ____/____/____
At least one month after first (1st) dose
- OR** Lab test proving immunity (attach lab report)
- Immune- Titer value _____
Date ____/____/____
- OR** Reliable history of chickenpox disease
If this box is checked, this form MUST be signed by an MD, PA, or NP

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/wp-content/uploads/2021/07/Meningitis-Waiver-Form-2021.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. Campus Nurse, 23 East Elm Avenue, Quincy, MA 02170 or FAX to: 617-745-3928. Thank you for your cooperation.