

Immunization Acknowledgement

GRADUATE PROGRAM

ast Name:	Birth Country:		Date of Birth:
mmunization Requirements for All Car	mpus and Partially O	nline Gradu	iate Program Students
Required Immunizations – If you are miss you are on a <i>Health Compliance Hold</i> .	ing any of the followin	g required d	ocumentation,
 Documentation of 2 MMR vaccines or prod U.S. before 1957) Documentation of a Tdap vaccine given affective. 			
 Documentation of a Tdap vaccine given aff Documentation of Hepatitis B vaccines (3-o 	, ,		
 Documentation of 1 Varicella vaccines or passigned by a doctor, or NP, or PA. (Not requ 	proof of immunity by blood	d test or history	• •
 Documentation of Meningitis ACWY vaccir required if at least 22 years old) 	ne given on or after 16 th bir	thday or a sign	ed waiver (Not
Strongly Recommended Immunizations			
• 2 Meningococcal B (Meningitis B) vaccines -	– between the ages of 16-2	23 years	
• 3 HPV (Human Papillomavirus) vaccines – e	veryone through age 26		
• COVID-19 vaccine - <u>CDC COVID Vaccine Rec</u>	<u>ommendations</u>		
I have read and understand the above informatio class period. If I need the Hepatitis B vaccination date with subsequent follow-up dates recommen Health Services within 30 days after my first clas This fee will be repeated every 30 days.	series, I understand that the	ne first dose ne all required doc	eds to be given prior to this cuments are not received by
I understand that in addition:			
Non-Semester Based Program: After 4 late fees, I will be administratively with is received by Health Services.	drawn from my academic բ	program until a	II required documentation
Semester Based Program:		nentation is rec	

If you have any questions, please call ENC Health Services at 617-745-3893 or email healthservices@enc.edu. The completed Immunization Record and Immunization Acknowledgement forms should be submitted directly to Med+Proctor. Go to medproctor.com to register for a new account and follow the instructions shown there.

Date

Signature