

Friedman School of Nutrition Science and Policy
Non-Degree/Special Student Immunization Form
Boston Health Sciences Campus ~ Student Advisory & Health Administration Office

Name: _____
 Last First Middle Date of Birth

Address: _____
 Street Apt. City, State, Zip Code

Email Address: _____ Tufts University I.D. Number: _____

REQUIRED IMMUNIZATIONS:

TO BE COMPLETED BY HEALTHCARE PROFESSIONAL

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| <p>Tetanus Diphtheria Acellular Pertussis (Tdap): 1 dose of the adult Tdap vaccine is required, in lieu of Td booster. The Tdap vaccine was licensed in 2005. <i>If Tdap dose is 10 years or older a Td booster is required.</i></p> | <p>Tdap Vaccine Date: _____ If current Td booster is less than 2 years old, wait to receive Tdap vaccine. Td vaccine Date: _____</p> |
| <p>Measles, Mumps and Rubella (MMR): 2 doses of MMR or positive antibody titers for measles, mumps and rubella. <i>If submitting antibody titer(s), must attach laboratory report(s) with titer date(s) and result(s).</i></p> | <p>MMR #1 Date: _____ MMR #2 Date: _____ OR Measles Antibody Titer Date: _____ <input type="checkbox"/> <i>Attach Report</i> Mumps Antibody Titer Date: _____ <input type="checkbox"/> <i>Attach Report</i> Rubella Antibody Titer Date: _____ <input type="checkbox"/> <i>Attach Report</i></p> |
| <p>Tuberculosis Skin Test or QuantiFERON Gold Test: Required within 1 year prior to start date and required annually thereafter. If tuberculin positive, a chest X-ray is required within 1 year prior to start date (reports are required). List history of BCG vaccine and/or INH treatment. If history of positive TB test, documentation of past positive test is required. If documentation of past positive Tuberculosis Skin Test is unavailable, physician verification of positive tuberculin status is required. History of BCG vaccine is not acceptable as proof of positive tuberculin status. BCG recipients must provide documentation of a tuberculosis test.</p> | <p>TB Skin Test Read Date : _____ Induration: _____ Result: _____ OR QuantiFERON-TB Gold Test Date: _____ <input type="checkbox"/> <i>Attach Report</i> <i>If QuantiFERON-TB Gold Test is positive, a Chest X-ray is required</i> Chest X-ray Date: _____ Result: _____ <input type="checkbox"/> <i>Attach Report</i> <i>Documentation of positive TB test required</i> BCG Vaccine Date: _____ INH Treatment Dates: _____ to _____</p> |
| <p>Varicella (Chickenpox): Year of disease, positive antibody titer, or 2 doses of varicella vaccine. <i>If submitting antibody titer, must attach laboratory report with titer date and result.</i></p> | <p>Year of Disease: _____ OR Antibody titer Date: _____ <input type="checkbox"/> <i>Attach Report</i> OR #1 Date: _____ #2 Date: _____</p> |
| <p>Hepatitis B: 3 doses of hepatitis B vaccine or positive antibody titer. Testing for immunity, 2 to 6 months after vaccination is recommended.</p> | <p>#1 Date: _____ #2 Date: _____ #3 Date: _____ OR Antibody Titer Date: _____ <input type="checkbox"/> <i>Attach Report</i> Booster Dose Date: _____ <i>If needed</i></p> |
| <p>Meningococcal: 1 dose of vaccine within 5 years prior to start date or a signed State Waiver Form for all students. <i>(State Waiver Form available on forms page at: http://medicine.tufts.edu/saha)</i></p> | <p>Vaccine Date: _____ or <input type="checkbox"/> <i>Attach signed State Waiver Form</i></p> |
| <p>Influenza: The 2017-18 Seasonal Influenza vaccine is required for all students with patient contact, unless medically contraindicated. (The 2017-18 vaccine will be available in August 2017)</p> | <p>Vaccine Date: _____</p> |
| <p>Polio: Documentation of vaccination is recommended. Proof of vaccination may be required in the future.</p> | <p>Vaccine Date(s): _____</p> |

State requirements under 105 CMR 220.660 shall not apply where: (1) the student provides written documentation that he or she meets the standards for medical or religious exemption set forth in M.G.L.c. 76, 15C.

Signature: _____ OR *Attach other immunization documentation*

Health Care Professional

Provider Name (Please Print): _____ Date: _____
 Provider Address: _____ Phone: _____

Please fax or mail immunization documentation to: Fax: 617-636-2708 – Phone: 617-636-2712 or email to Lucia.Fenney@tufts.edu
 200 Harrison Avenue, Posner Hall 4th Floor, Boston, MA 02111 - <http://medicine.tufts.edu/saha>