



Massachusetts General Law 105 CMR 220.600 requires ALL FULL-TIME STUDENTS (12 CREDITS OR MORE) less than 30 years of age to provide the following record of immunizations. All health programs will require additional immunizations. Completed forms are necessary to demonstrate compliance with the law.

This form must be completed and returned to RECORDS@middlesex.edu within 30 days of registration.

Please complete the STUDENT INFORMATION section and attach immunization documentation from your healthcare provider's office, school, or military records.

MCC ID# A00

STUDENT INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Preferred Phone #: () _____

E-mail address: _____

Address: _____ City: _____ State: _____ Zip: _____

REQUIRED IMMUNIZATIONS: Please attach original documentation

TETANUS / DIPHTHERIA / ACELLULAR PERTUSSIS (one dose after 2006) Tdap _____ / _____ / _____ **1**
OR Td _____ / _____ / _____ (if Tdap is greater than 10 years old)

MEASLES, MUMPS, RUBELLA (MMR) (two doses required) **2**
#1 _____ / _____ / _____ (first dose must be after age 12 months) #2 _____ / _____ / _____ (must be at least 1 month after dose #1)
OR Positive blood test titers: Rubeola(Measles): _____ / _____ / _____ Mumps: _____ / _____ / _____ Rubella: _____ / _____ / _____ (attach copy of lab results)

HEPATITIS B **3**
#1 _____ / _____ / _____ #2 _____ / _____ / _____ (must be at least 1 month after #1) #3 _____ / _____ / _____ (must be at least 5 months after #2)
OR HEPLISAV-B #1 _____ / _____ / _____ #2 _____ / _____ / _____ (must be at least 1 month after dose #1)
OR Positive blood test titer: _____ / _____ / _____ (attach copy of lab results)

VARICELLA **4**
#1 _____ / _____ / _____ #2 _____ / _____ / _____
OR History of disease date: _____ / _____ / _____ (not acceptable for health programs)
OR Positive blood test titer: _____ / _____ / _____ (attach copy of lab results)

MENINGOCOCCAL (MenACWY)* Menactra or Menveo (required of full-time students 21 years of age or younger received on or after 16th birthday) **5**
#1 _____ / _____ / _____

Physician/Nurse Signature _____ Date: _____ Phone: _____

RETURN COMPLETED FORM TO →

Student Information Center
Lowell Cowan Center - 3rd Floor
33 Kearney Square - Lowell MA 01852

RECORDS@middlesex.edu

Student Information Center
Bedford Enrollment Center - 1st Floor
591 Springs Road - Bedford, MA 01730

RECORDS@middlesex.edu