IMMUNIZATION RECORD: To be completed, signed, and dated by your health care provider.

Student's Last Name	First Name	Middle Initial	Date of Birth	
Health Care Provider Printed Nam	e		Signature	
In accordance with Massachusetts College Ir	nmunization Law, chapter 76, section 15C, Sto	nehill College requires all full-time undergraduate st	udents to present documentation of	
exact dates for all immunizations. If serology care provider stating the reason(s) that these	y is done, please attach a copy of the report. Re vaccines are contraindicated. Requests for religions of these vaccine-preventable disease.	and meningitis. Documentation must be signed by a hequests for medical exemptions may be granted if the gious exemptions may be granted in accordance with es, students who have been granted exemptions will be a support of the state of the	nere is documentation from a health n Massachusetts state law governing	
REQUIRED IMMUNIZATION	ONS: If serology titer was don	e, please attach a copy of the labo	oratory report.	
MMR: MEASLES, MUMPS, RUBE		c, product actually a copy or and labor	rately reports	
Dose 1: Immunized on or af		Dose 1 Date:		
Dose 2: Given at least 1 mor	•	Dose 2 Date:		
Laboratory Tests proving immur				
Measles: Titer value		Date:		
Mumps: Titer value		Date:		
Rubella: Titer value		Date:		
Rubella. Titel value		Date:		
Tdap: TETANUS-DIPHTHERIA AC	CELLUI AR PERTUSSIS			
Immunization Booster upon ent		Date:		
miniamzation booster apon ent	Ty to conege			
HEPATITIS B VACCINE: 3 doses o	r proof of immunity			
Dose 1 Date:	-	Tests proving immunity, please attach	lab reports	
Dose 2 Date:	-			
Dose 3 Date:				
Menactra □ or Menveo □ (MG □ Massachusetts Meningitis Wa	Varicella info sheet for more deta		lah reports	
Dose 2 Date: Positive Varicella Titer, please attach lab repor				
Dose 2 Date.		Disease Date:		
	Thistory of E	Disease Date		
RECOMMENDED IMMUN	IIZATIONS + SCREENINGS			
HEPATITIS A VACCINE		HUMAN PAPILLOMAVIRUS VACCII	NE (HPV): Gardasil Vaccine	
Dose 1 Date:		Dose 1 Date:		
Dose 2 Date:		Dose 2 Date:		
		Dose 3 Date:		
TUDEDCUI OCIC CODEENING. D		no mondless of major BCC in a sulation		
		regardless of prior BCG inoculation sis and it has been determined that he	e or she is not at risk	
	Negative Induration mm, and dat	e		
	_	e Negative Date		
-	-	- Negative Date		
FOR HEALTH SERVICES USE	ONLY			
Vaccine Date Dose	Site Manufacturer E	xp. + Lot # Date on VIS Adminis	strator Student Signature	