Name_____Class_____DOB_____

LASELL COLLEGE IMMUNIZATION RECORD

This form must be completed and signed by a health care provider

REQUIRED VACCINES

Vaccines	*Dates Given*	*MA State Requirements*
Hepatitis B	#1____/____/____ #2____/____/____ #3____/____/____ OR Positive Titer Date ____/____/____	3 doses **OR** positive titer Minimum of 1 month between doses 1 & 2 Minimum of 4 months between doses 1 &3
Meningococcal	#1_____/_____/_____ ☐ Menactra ☐ Menveo	One dose within past 5 years for first year students living in campus-based housing
MMR	#1___/___/___ #2___/___/___ OR Positive Titer Date ___/___/___	*Option of combined doses **OR** Individual vaccines.
Measles	#1___/___/___ #2___/___/____ OR Positive Titer Date ___/___/____	2 doses **OR** positive titers 1st dose must be given after 1st birthday. Minimum of 4 weeks between doses.
Mumps	#1___/___/___ #2___/___/____ OR Positive Titer Date ___/___/____	
Rubella	#1___/___/___ #2___/___/____ OR Positive Titer Date ___/___/____	
Tdap/Td	Tdap_____/_____/_____ Td _____/_____/_____	1 Tdap within past 10 years **OR** 1 Td within past 5 years
Varicella	#1___/___/___ #2___/___/____ OR Positive Titer Date ___/___/____ History of Disease: ☐ No ☐ Yes	2 doses **OR** positive titer Minimum of 4 weeks between doses

RECOMMENDED/OPTIONAL VACCINES

Vaccines	*Dates Given*	*MA State Requirements*
Hepatitis A	#1____/____/____ #2____/____/____	Recommended if planning travel Interval: 6-12 months between doses 1 &2
Hib	#1____/____/____	Primary Series
HPV	#1____/____/____ #2____/____/____ #3____/____/____	Health care maintenance
Influenza	Most Recent: #1____/____/____	Recommended Annually
Pneumococcal	#1_____/_____/_____ ☐ Polysaccharide (PPV) ☐ Conjugate(PCV)	Chronic Health Problems
Polio	Primary series: ☐ Oral ☐ Injectable Most Recent Booster ____/____/____	Primary Series
Rabies	#1____/____/____ #2____/____/____ #3____/____/____	Travel/Occupational
Typhoid	☐ Oral ☐ Injectable	Travel
Yellow Fever	#1____/____/____	Travel

SIGNATURE OF HEALTHCARE

PROVIDER_____

PRINT **SIGNATURE** **DATE**

rev. 2/17