Hampshire College

Health and Counseling Services
893 West Street | Amherst, MA 01002 | 413.559.5458

Last Name First Date of birth

REQUIRED IMMUNIZATIONS 2023-2024

Massachusetts state law requires submission of certain immunizations or proof of immunity for admission.
To request vaccine exemption forms, please call Health and Counseling Services at (413) 559-5458

TAKE ACTION – Please Complete ALL 3 steps.

1. Have your healthcare provider complete and sign this form, or attach immunization documents from your provider, school, or military sources in lieu of signature.
2. Login to the UMass / Hampshire College Patient Portal at https://umass.medicatconnect.com and go to the Upload page to upload this form and all supporting documents (immunization and titer records).
3. Enter dates of vaccinations or titer results into fields on the Patient Portal Immunization page.

Required Vaccines	Dates Given	MA State Requirements
MMR *Measles, Mumps and Rubella, combined* **-or-** *Individual vaccines or positive titers* **Measles**..... **Mumps**..... **Rubella**.....	#1 __/__/__ #2 __/__/__ **-or-** #1 __/__/__ #2 __/__/__ Or positive titer – date: __/__/__ #1 __/__/__ #2 __/__/__ Or positive titer – date: __/__/__ #1 __/__/__ #2 __/__/__ Or positive titer – date: __/__/__	Two doses: • Minimum of four weeks between doses • First dose given after 1st birthday **-or-** Individual vaccines **-or-** Positive titers (blood tests for immunity)
Tdap *Tetanus, Diphtheria, Pertussis*	Date: __/__/__	One dose
Meningococcal: MenACWY *Meningitis vaccine* Menactra®/Menveo®..... **-or-** Menomune®..... **-or-** MenQuadfi.....	Date: __/__/__ **-or-** Date: __/__/__ **-or-** Date: __/__/__ **-or-** Signed Waiver: ☐	• One dose at age 16 or older for all incoming students age 21 or younger **-or-** Signed waiver. Go to the "Forms" tab on the Patient Portal
Varicella (Chicken Pox) **-or-** Positive titer **-or-** History of disease	#1 __/__/__ #2 __/__/__ **-or-** Positive Titer – date: __/__/__ **-or-** History of disease: ☐ No ☐ Yes If yes, date: __/__/__	• First dose given after 1st birthday • Minimum of 3 months between doses if given between 1-12 years old • Minimum of 4 weeks between doses if given at 13 or older **-or-** Positive titer (blood test for immunity) **-or-** History of disease
Hepatitis B -or- Hepatitis A and B combined **-or-** Heplisav B®..... **-or-** Positive titer.....	#1 __/__/__ #2 __/__/__ #3 __/__/__ **-or-** #1 __/__/__ #2 __/__/__ **-or-** Positive anti-HBs titer – date: __/__/__	Three doses Hepatitis B or Hep A & B combined • Usual schedule at 0, 1 and 4-6 months **-or-** Two doses • Minimum of 4 weeks between doses **-or-** Positive titer (blood test for immunity)

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HIGHLY RECOMMENDED IMMUNIZATIONS 2023-2024

COVID-19 Updated Booster Dose(s) *(Received after 8/2022)* **Moderna**……. **Pfizer**……	 Date(s): __/__/__, __/__/__ Date(s): __/__/__, __/__/__	

Influenza	Date: __/__/__	Seasonal influenza vaccine is highly recommended for all students. Vaccine will be available on campus.
Meningococcal Group B MenB-4C (Bexsero®)…… **-or-** MenB-FHbp (Trumenba®)……	#1 __/__/__ #2 __/__/__ **-or-** #1 __/__/__ #2 __/__/__ #3 __/__/__	Two doses at least one month apart **-or-** Three doses at zero, two and six months
Second dose Meningococcal: MenACWY Menactra®/Menveo®…… **-or-** Menomune®…… **-or-** MenQuadfi……	Date: __/__/__ **-or-** Date: __/__/__ **-or-** Date: __/__/__	
Human Papillomavirus (HPV)	#1 __/__/__ #2 __/__/__ #3 __/__/__	Two or Three Doses
Td *Tetanus and Diphtheria*	Date of most recent booster dose: __/__/__	
Hepatitis A	#1 __/__/__ #2 __/__/__	
Other vaccinations: • Pneumonia…… • Typhoid…… • Other: _____	 Date: __/__/__ Date: __/__/__ Date: __/__/__	

If there is a medical contraindication to any immunization, explain: _____

_____

_____

Healthcare provider signature: _____ **Date:** __/__/_

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